AN EXPLORATION OF STAKEHOLDER PERCEPTIONS OF ACADEMIC DISHONESTY AND APPROACHES USED TO PROMOTE ACADEMIC INTEGRITY IN NURSING STUDENTS

A thesis submitted to the University of Manchester
for the degree of
Doctorate in Education (EdD)
in the Faculty of Humanities

2013

NIGEL HARRISON

SCHOOL OF EDUCATION

LIST OF CONTENTS

List of figures……4

List of tables……5

List of appendices…… 6

List of abbreviations……8

Abstract……11

Declaration…….....12

Copyright statement…….. 12

Dedication……...14

Acknowledgement……. 14

1.0 Preface…….....15

1.1 Introduction…… 15
1.2 Personal experience in nursing and nurse education…….15
1.3 Personal responsibilities internal and external to the school…….16
1.4 Development of the research process…….. 19
1.5 Structure of the theses…….....21

2.0 Literature review part one: Nursing standards, academic dishonisty and risk ……..... 23

2.1 Introduction…… 23
2.2 Professional standards and competencies in nursing…… 24
2.3 Academic dishonesty…….....29
2.4 Risk in everyday life, nursing practice and nurse education……..64
2.5 Summary…… 68

3.0 Literature review part two: Academic integrity and a person centred approach ……71

3.1 Introduction…… 71
3.2 Academic integrity…… 71
3.3 A person centred approach…….85
3.4 Summary……..... 90

4.0 Research design and data collection methods…….....92

4.1 Introduction…….....92
4.2 The research aim…….....92
4.3 The research questions……...93
4.4 Philosophical underpinnings of the research……... 93
4.5 Case study design…….....95
4.6 Selection of participants…….. 97
4.7 Use of semi-structured interviews…….....99
4.8 Use of nominal groups……...100
4.9 Collection of documentary evidence……..... 102
4.10 Data analysis……...103
4.11 Ethical approval…….. 104
4.12 Ethical governance……106
4.13 Summary……..109

5.0 Research findings……111

5.1 Introduction……111
5.2 The research participants……111
5.3 Defining academic dishonesty……118
5.4 Features of academic dishonesty……126
5.5 Approaches used to promote academic integrity……144
5.6 Summary……152

6.0 Discussion……155

6.1 Introduction……155
6.2 Academic and practice misconduct (APM)……156
6.3 Risk assessment and management of nursing students……166
6.4 Personal risk assessment of academic and practice misconduct (PRAAPM)……171
6.5 Academic and practice integrity (API)……174
6.6 Self assessment of promotion of academic and practice integrity (SAPAPI)……189
6.7 Summary……191

7.0 Conclusion and recommendations……193

7.1 Personal reflection and development……193
7.2 Limitations of the research……198
7.3 Dissemination of the research findings and recommendations……199
7.4 Conclusion……202

8.0 Reference list……204

9.0 Appendices……237

Total word count: 54, 664

List of figures

2.1 Types and features of academic dishonesty occurring in nursing…. 46

3.1. Model of academic integrity derived from the literature…… 84

5.1 Process of developing an integrated definition of academic dishonesty…… 124

5.2 Number of nursing students invited in to an investigation between 2004 - 2010 and found with evidence of academic dishonesty…….. 127

5.3 Number of different types of academic dishonesty which occurred within nursing students n=133…….. 128

5.4 Types of academic dishonesty which occured within each academic year…… 129

5.5 Total number of different types of assessment where academic dishonesty occurred in nursing students……130

5.6 Types of assessments where academic dishonesty occurred within each academic year…… 131

5.7 Total numbers of academic dishonesty which occurred at different academic levels between 2004-2010 in nursing students …… 132

5.8 Academic levels where academic dishonesty occurred in nursing students within each academic year……133

5.9 Total number of male and female nurses found with evidence of academic dishonesty……..134

5.10 Number of male and female nurses found with evidence of dishonesty within each academic year…… 135

6.1 The process of Academic and Practice Misconduct……. 162

6.2 A hierarchy of Academic and Practice Misconduct……...164

6.3 A collaborative cycle of involvement for promoting academic and practice integrity with nursing students (summary)……...178

6.4 A collaborative cycle of involvement for promoting academic and practice integrity with nursing students……... 179

6.5 Time line of approaches used for promoting academic integrity in A practice placement……..185

List of tables

2.1 Summary of definitions used within literature……30
3.1 Roles and responsibilities in promoting for academic integrity……83
5.1 Numbers of participants recruited to each nominal group……113
5.2 Student data collected in school monitoring log…… 117
5.3 Definition of academic dishonesty (individual interviews)…… 119
5.4 Definition of academic dishonesty (nominal groups)……122
5.5 Definition of Academic and Practice Misconduct occurring in nursing students……..125
5.6 Number of investigations initiated by academic staff between 2004-10…… 136
5.7 Features of academic dishonesty occurring in university and practice settings derived from interviews…… 139
5.8 Rank ordering of features of academic dishonesty occurring in nursing students (nominal groups)……...143
5.9 Rank ordering of approaches used to promote academic integrity with nursing students (nominal groups)……146
5.10 Hints and tips for stakeholders for promoting academic and practice integrity…… 151
6.1 Self-assessment checklist of questions for completion by nursing Students to ascertain personal level of risk of Academic and Practice Misconduct……172
6.2 Checklist of questions for self-assessment by academic staff of their Level of engagement in promoting academic and practice integrity…190

List of appendices

1 Vignettes illustrating examples of plagiarism, cheating and collusion undertaken by nursing students within the school…… 236
2 10 principles of academic integrity (McCabe and Pavela 2005)……. 238
3 Gantt chart outlining planned schedule of research activity……239
4 Semi-structured individual interview schedule and questions……. 240
5 Overview of nominal group technique…… 241
6 Nominal group technique individual exercise: academic dishonesty. 243
7 Nominal group technique individual exercise academic integrity……244
8 Invitation to participate in an individual interview……...245
9 Invitation to participate in a nominal group…… 246
10 Participant information sheet……247
11 Consent form for participation in an interview…… 250
12 Consent form for participation in a nominal group……251
13 Ethical approval – University of Manchester…….. 252
14 Relationship between research ethics (Haig 2008) and BERA guidelines (2004)…… ……253
15 Extract taken from participants' responses to question number 1 in individual interviews: Define academic dishonesty?……254
16 Definitions of academic dishonesty derived from each of the four nominal groups…… 256
17 Extract from monitoring log recordings……257
18 Summary of academic staff who initiated investigations for alleged academic dishonesty with nursing students…….. 260
19 Thematic analysis of individual interviews question number 2: What are the key features of academic dishonesty occurring In university settings?..... 261
20 Ranking of themes which emerged from the four nominal groups…. 264

21 Extracts taken from individual interviews illustrating themes emerging of approaches used for promotion of academic integrity in university and practice settings……. 266
22 Extracts taken from participants' exercise sheets completed individually within each nominal group on how academic integrity can be promoted……..... 269
23 Self-assessment of risk of Academic and Practice Misconduct by nursing students…… 271
24 Self-assessment of promotion of academic and practice integrity by academic staff……. 282
25 Proposed outline for teaching session in teacher, practice teacher and mentorship courses……..293
26 Checklist of recommendations…….……294

List of abbreviations

API	Academic and Practice Integrity
APM	Academic and Practice Misconduct
AEI	Approved Education Institution
AHP	Allied Health Professional
AMBeR	Academic Misconduct Benchmarking Research
ARSC	Academic Regulations Sub-Committee
ASQAC	Academic Standards and Quality Assurance Committee
BSc	Bachelor of Science
CAI	Centre for Academic Integrity
CBT	Cognitive Behaviour Therapy
COREC	Central Office for Research Ethics Committees
CPD	Continuing Professional Development
CRB	Criminal Records Bureau
CRM	Courtesy Reply Mail
DipHE	Diploma in Higher Education
DoH	Department of Health
DPhil	Doctor of Philosophy
EdD	Doctorate in Education
EU	European Union
FE	Further Education
FoHREC	Faculty of Health Research Ethics Committee
FRC	Financial Reporting Council
GMC	General Medical Council

HEA	Higher Education Academy
HEI	Higher Education Institution
HIRRE	Honesty Integrity Respect Responsibility and Ethics
ICRI	Institute of Clinical Research India
IELTS	International English Language Testing System
IRAS	Integrated Research Application System
JISC	Joint Information Systems Committee
LETBs	Local Education and Training Boards
LINKs	Local Involvement Networks
NHS	National Health Service
NHS NW REC	NHS North West Research Ethics Committee
NMC	Nursing and Midwifery Council
OFQUAL	Office of Qualifications
OIAHE	Office of the Independent Adjudicator for Higher Education
OSCE	Objective Structured Clinical Examination
PALS	Patient Advice and Liaison Services
PhD	Doctor of Philosophy
PLAG	Placement Learning Advisory Group
PLATO	Plagiarism Teaching Online
PRAAPM	Personal Risk Assessment of Academic and Practice Misconduct
PREP	Post Registration Education Portfolio
PSRB	Professional Statutory Regulatory Body
QAA	Quality Assurance Agency
QIPP	Quality Innovation Productivity and Prevention

RAE	Research Assessment Exercise
RCN	Royal College of Nursing
REF	Research Excellence Framework
RN (A)	Registered Nurse (Adult)
RN (C)	Registered Nurse (Child)
RN (MH)	Registered Nurse (Mental Health)
SAPAPI	Self-Assessment of Promotion of Academic and Practice Integrity
SCONUL	Society of College, National and Universities Libraries
SET	School Executive Team
TOAST	Text Originality And Similarity Tool
UAE	United Arab Emirates
UCLan	University of Central Lancashire
UK	United kingdom
UKRIO	United Kingdom Research Integrity Office
USA	United States of America
WEB CT	World Wide Web Course Tools

Abstract

The University of Manchester

Nigel Harrison

Doctorate in Education

An exploration of stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students

2013

An increased number of investigations for academic dishonesty with nursing students was a catalyst for this research. The aim was to explore stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity. Literature reviewed was largely anecdotal, focusing on accounts of incidents and concern over nurses' fitness to practise, recognising a need to enhance understanding and strategic solutions. A single case study design was utilised, capturing views of expert witnesses, including nursing students, academic staff, practice mentors and administrative and support staff, using individual interviews and nominal groups. Documentary evidence of incidence occurring between 2004 and 2010 were also analysed. An integrated definition of Academic and Practice Misconduct specific to nursing was developed and a range of contributing factors influencing students identified. Incidence within the school was found to have gradually reduced, where collusion and plagiarism was found to be the most common types occurring; highest at academic level five and in essays. Almost half of academic staff had reported an alleged incident. A hierarchy of Academic and Practice Misconduct emerged, indicating a range of severity and degrees of deliberateness. A self-assessment tool has been developed to enable students to measure their level of risk of Academic and Practice Misconduct. Five themes emerged from thematic analysis of data on approaches used to promote academic integrity: devising strategies, policies and procedures; educating stakeholders; implementing holistic preventative processes and deterrents; detecting and managing alleged incidents; and on-going monitoring and enhancement. This was synthesised into a collaborative cycle with four phases for use by stakeholders, listing activities undertaken at course, school and university level and in practice settings. A self-assessment tool has been developed for academic staff to measure their level of involvement in promoting Academic and Practice Integrity. The concepts of risk and person centred approaches are utilised as theoretical frameworks to underpin the research findings. The study is presented as an integration of research, education and practice.

Declaration

I hereby swear that the work submitted is my own and all sources used have been suitably acknowledged and attributed.

I confirm that this thesis has not been submitted previously for an award at the University of Manchester or any other university or Higher Education Institution.

Effort has been made to respect and protect the anonymity of participants involved within the research.

Copyright statement

I. The author of this thesis (including any appendices and / or schedules to this thesis) owns certain copyright or related rights in it (the ‘Copyright’) and s/he has given The University of Manchester certain rights to use such Copyright, including for administrative purposes.

II. Copies of this thesis, either in full or in extracts and whether in hard or electronic copy, may be made only in accordance with the Copyright, Designs and Patents Act 1988 (as amended) and regulations issued under it or, where appropriate, in accordance with licensing agreements which the University had from time to time. This page must from part of any such copies made.

III. The ownership of certain Copyright, patents, designs, trademarks and other intellectual property (the ‘Intellectual Property’) and any reproductions of copyright works in the thesis, for example graphs and tables (‘Reproductions’), which may be described in this thesis, may not be owned by the author and may be owned by third parties. Such Intellectual Property and Reproductions cannot and must not be made available for use without the prior written permission of the owner(s) of the relevant Intellectual Property and / or Reproductions.

IV. Further information on the conditions under which disclosure, publication and commercialisation of this thesis, the Copyright and any Intellectual Property and / or Reproductions described in it may take place is available in the University IP Policy (see http://www.campus.manchester.ac.uk/medialibrary/policies/intellectual-property.pdf), in any relevant Thesis restriction declarations deposited in the University Library, The University Library's regulations (see http://www.manchester.ac.uk/library/aboutus/regulations) and in The University's policy on presentation of Theses.

Dedication

I dedicate this thesis to all academic staff, practice mentors, administrative and support staff, and nursing students who have contributed to promoting academic integrity with nursing students.

Acknowledgement

I acknowledge the valuable wisdom, advice and support provided by my research supervisors' Professor Mel West and Professor Daniel Muijs in the School of Education at the University of Manchester.

I also acknowledge the informal advice, guidance and motivation provided by Dr Bernie Carter, Professor of Children's Nursing in the School of Health at the University of Central Lancashire.

I would like to thank the previous Dean of the School of Health at the University of Central Lancashire, Dr Bernard Gibbon, for providing me with part funding for the doctoral programme, together with mentorship and access to a rich learning community.

I thank all academic and support staff within the School of Health at the University of Central Lancashire, for their continuous encouragement and inspiration, particularly Dr Christina Lyons, Senior Research Fellow.

I am particularly appreciative of the expert witnesses and scribes who passionately gave their time and shared their wealth of experience and ideas as participants within the research.

Special thanks go to my partner, Kevin Dutton for his patience, loyalty, support and faith in me, prior to and during the period of this research.

In memory of Rhea my dog, who sat faithfully at my feet for hours in the study and accompanied me on walks during times of reflection and contemplation.

I am deeply grateful to them all.

1.0 Preface

1.1 Introduction

Within the preface I will initially outline my personal experience, values and perspectives on nursing and nurse education. I will then highlight the responsibilities that I have held internal and external to the School of Health and university where I am currently employed which has influenced my approach to the research. I will clarify the rationale for undertaking the research and how the focus crystallised, linked with my involvement in managing academic dishonesty with nursing students. Finally, I will outline the structure of the thesis, which will build on the three research papers written for part fulfilment of the Doctorate in Education (EdD) (Harrison 2008a; Harrison 2009a; Harrison 2009b).

1.2 Personal experience in nursing and nurse education

I initially qualified as a Registered Nurse (Adult) (RNA) and worked within intensive care and coronary care units. I then undertook a shortened course to qualify as a Registered Nurse (Mental Health) (RNMH). I remember academic staff and clinical mentors emphasising the importance of being professional, and being guided by what is now recognised as 'The Code' and standards of conduct, performance and ethics for nurses (NMC, 2008a). Standards of behaviour expected of nurses became imprinted in my memory. I gained employment promoting mental health and well-being within a range of settings, working with children and adolescents and later with older people. I was ambitious and held a strong work ethic. I worked as a ward manager within a professorial unit within a London Teaching Hospital and then as a Senior Nurse Manager, managing a number of wards, day and community services. This involved taking responsibility to ensure services were delivered by a competent workforce responsive to patients' needs, guided by national and local health care policy and Department of Health (DoH) targets.

I then chose to specialise and undertook two post graduate courses to develop competence as a counsellor and as a cognitive behaviour therapist

(CBT). I worked part time as a cognitive therapist in a range of statutory and voluntary organisations in London, the Midlands and the North West of England. This role required building therapeutic relationships with people, demonstrating person centred qualities and skills, including acceptance, congruence, empathy and integrity (Tolan, 2003). I remember debating with colleagues whether these were innate qualities or skills that therapists and nurses could develop. I concluded, like Tolan (2003) that these values are an integration of both, in that a person has innate qualities that can be built upon and developed through a combination of education, experience and supervision. Consequently, I have always been committed to continuing professional development for myself and others. I have striven to enhance my competence and have completed undergraduate and post graduate qualifications in my own time and predominantly at my own expense. I admire and respect the achievements of student nurses undertaking study while juggling placements, family and social commitments.

I commenced working in Nurse Education in 1989 teaching on pre and post registration courses, focused on supporting nurses and other health care professionals in developing their knowledge, skills and personal values. My teaching has focused on facilitating counselling skills, mentorship, cognitive behavioural therapy and solution focused interventions. This has involved small group facilitation and continuous feedback to students on their development. I learned to accept that some students, despite continuous guidance and support, will be unable to demonstrate competence and may fail in theory and / or practice. I believe that it is important that nurses who are not competent are not permitted to practice. This is important in safeguarding the public (NMC, 2010a). I am particularly mindful of high profile cases in recent years where standards of nursing care, education and supervision have been criticised such as the Staffordshire Hospital inquiry (Francis, 2010).

1.3 Personal responsibilities internal and external to the school

I have worked at the university where I am currently employed since 2002, initially as Divisional Leader for Mental Health and from 2004 as the Associate

Head of School. In October 2011 I was appointed as the Dean of the School of Health. I have had responsibility across the school for enhancing service user involvement in course development, delivery and evaluation (Harrison, 2010a). This has involved working in partnership with a range of people with experience of nursing care, who have been willing to share their personal narratives with students. Students have positively evaluated patients' and carers' contributions. I have subsequently reinforced the value of service users' and carers' contributions in teaching and research (Harrison, 2010a). I have worked collaboratively over a number of years to incorporate this approach in school policies and course design. This experience has enabled me to value people's personal experiences, recognising them as experts with unique contributions to make to nurse education.

I have chaired a number of school and university committees relating to enhancing the quality of student experience and I have represented the school on the university Academic Regulations Sub-Committee (ARSC) and the university Academic Standards and Quality Assurance Committee (ASQAC). I have contributed to the review of the university academic regulations on 'unfair means to enhance performance' commonly known as academic dishonesty, providing a health care perspective, ensuring that regulations meet requirements of the professional statutory regulatory body (PSRB) for nursing. University regulations define plagiarism, cheating and collusion and provide guidance for investigations. I was intrigued that the definitions and penalties had been amended every year for six years in an attempt to gain improvement and clarity (UCLan, 2010a). I contributed to the process, respecting the needs and requirements of students undertaking professionally regulated courses. This experience formed the beginnings of my interest in academic dishonesty and in my developing an understanding of academic integrity which was absent from the regulations.

My role involved chairing assessment boards and confirming when individual students had met competencies and standards set out by the respective professional statutory regulatory bodies (PSRB), to enable them to apply to be entered onto a national register. I chaired all investigations within the school

between 2004 and 2010 (n=154), for alleged incidents of plagiarism, cheating and collusion. I provided the school executive Team (SET) with an annual report summarising the incidence occurring throughout each year, the learning gained from investigations undertaken and any enhancements that needed to be made to school policies and procedures for the forthcoming year. I was mindful that this information was largely anecdotal based on circumstantial evidence. There had been an increase in incidence between 2004 and 2007 and students had been brought in for investigation where evidence was not substantiated, suggesting a need for better screening. This experience raised a number of questions which inspired me and this research.

There are a number of my responsibilities which are external to the university which have also shaped my thinking and the development of the research. As a Nursing & Midwifery Council reviewer, I have visited other universities within the UK to approve and monitor that nationally agreed educational standards are being upheld within nursing courses. Recently there has been an increased emphasis on asking nursing course teams to provide reassurance that robust systems are in place to ensure 'no student activity or learning opportunity, or the performance, health or conduct of any individual student, puts people's safety as risk' (NMC 2010a, p.49). I was aware that this requirement applied to nursing courses within my own school and we needed to be able to provide evidence of what controls were in place to protect vulnerable patients from exposure to nurses who were not competent. This provided me with further impetus to undertake a study.

Working as a partner governor within a large Mental Health Foundation Trust within the North West of England afforded me the opportunity to work strategically within the trust and observe the challenges facing services in delivering national targets and requirements of commissioners. Students from my university undertake clinical placements within this trust. I have recognised the importance of partnership working and that changes within the trust or the university will have an impact on the other partner. The pre-registration nursing course structure, assessments and polices, including management of academic dishonesty, impacts on roles and responsibilities of clinical mentors

and requires good communication for effective management. Any study would therefore need to include partner representation.

I meet regularly with Executive Nurse Directors from partner NHS Trusts. The agendas for meetings are negotiated and have addressed how to manage students who have failed academically or in practice and how we share information to better manage students who have poor attendance, conduct and / or performance. Discussions have considered pre and post registered nurses who have plagiarised or forged clinical practice documents and the role mentors and managers have in this process. This has involved discussion on how to enhance communication between the university and practice partners. Features of collaborative working and the roles and responsibilities of academic and practice staff appeared to need further exploration.

1.4 Development of the research focus

When chairing investigations for academic dishonesty I have been interested by a number of factors within different student cases. A small number are illustrated which have been influential in developing my ideas for the focus of the research. Students' details have been anonymised (Appendix 1). A number of incidents involved examinations where students have taken in notes which were not permitted and discovered by invigilators. Students have also either written assignments together or copied personal reflections or learning statements in clinical assessment documents while on placement. Similarly, students have copied extracts from written work submitted by other students or their mentors or friends, sometimes with and at other times without consent. This has included students with extenuating circumstances who have not utilised pastoral or academic support. It therefore seems appropriate to involve a range of stakeholders, within a study to explore not only what academic dishonesty is, what it looks like and how to promote academic integrity.

What became clear from chairing investigations was that there had been examples where student assessment guidelines could have been clearer and

information on academic dishonesty and support available to students made more explicit. I have used investigations as an opportunity for students to learn from incidents and for academic staff to develop action plans to make enhancements. However, the education that I provided to students, academic and practice staff is based on personal experience. It would be beneficial if such education was based on research informed by the perceptions of all stakeholders involved in the support of nursing students. This information has not been available within my university. It is acknowledged that there has been an absence of studies focused on nursing (Paterson et al. 2003).

I have been curious how many academic staff within my school had reported cases. A study would help investigate this. There is a need to understand how nursing students carry out academic dishonesty in university and practice settings, in order to devise and implement appropriate strategies for management and prevention. The national Turnitin data base has been increasingly used over recent years within the school to detect and deter plagiarism (nlearning undated). However, stakeholder perceptions on academic dishonesty and approaches used to promote academic integrity have not been captured. This requires a more systematic exploration to capture examples of good practice. The research will enable me and staff involved in supporting nursing students to review practice and receive recommendations for enhancement. The school and university would benefit from the research and could disseminate learning gained across all schools and practice partner organisations. This could be made available to academic staff, practice staff and students from other Higher Education Institutions from nursing and other health care backgrounds.

In paper one (Harrison, 2008a) I acknowledged that universities are now being sued by students accused and penalised for plagiarism (BBC 2004; Sherriff 2004; Shibley 2006) or when they believed that the university was negligent for not stopping them (Guardian 2004). Owen and Behrens (2011) reported that type of complaints received from students at the Office of the Independent Adjudicator (OIA) mostly relate to whether the university has abided by its regulations and handled appeals correctly. This has included

students questioning whether the university was within its powers to accuse them of plagiarism and whether they conducted a fair investigation (Owen and Behrens 2011). This adds pressure for universities to enhance their regulations and develop and implement fully integrated robust systems.

I envisage that this research will be beneficial to my own school and university and act as ‘an exemplar of a more general phenomenon’ and problem occurring in other schools of nursing (Willing 2001, p,73). When I presented a literature review and pilot study at the international plagiarism conference I was approached by academic staff who expressed their support for the research and interest in the findings (Harrison 2008b; Harrison 2009b; Harrison 2010b).

1.5 Structure of the thesis

A ‘linear-analytical structure’ is utilised for the format of this case study based thesis as advocated by Yin (2003, p.152) and is written in the first person. The thesis has seven chapters; chapters two and three are a review of the literature. Chapter two focuses on professional standards and competencies in nursing and an appraisal of what is already known about academic dishonesty and risk. Chapter three presents a review of literature on academic integrity and person centred approaches to learning and nursing. Reference is made to the first paper I completed for the EdD (Harrison, 2008a) involving a literature search on plagiarism, cheating and collusion.

The fourth chapter outlines the ‘research design and data collection methods’ used, clarifying the research aim and research questions and the rationale for utilising a qualitative and critical realist approach. My reason for using a single case study design is summarised, together with an outline and reasoning behind the data collection methods. Reference is made to pilot studies outlined in papers two and three (Harrison 2009a; Harrison 2009b). The use of thematic analysis as the method of data analysis is clarified and the process used for selecting participants is also delineated. The ethical approval process completed and governance guiding the research is included.

The fifth chapter presents the ‘research findings’ initially describing the participants who were involved. The results are presented sequenced around the three research questions. Figures and tables are used to summarise the data collected, and descriptive statistical data and themes which have emerged following data analysis are presented.

The sixth chapter titled ‘discussion’ utilises literature on risk in everyday life, risk controls and risk management in nursing and nurse education to generate a theoretical framework to underpin the research findings on Academic and Practice Misconduct. A definition and process of academic and practice misconduct specific to nursing is presented. A hierarchy of Academic and Practice Misconduct emerged, indicating a range of severity and degrees of deliberateness is outlined. A self-assessment tool for use with nursing students is delineated based on the themes which emerged within the research. The underlying theory supporting person centred learning and person centred nursing is also used for underpinning the research findings on Academic and Practice Integrity. The process of socialising nursing students to professional nursing values and ethical nursing practice is highlighted. A collaborative model for promoting Academic and Practice Integrity in nursing students is presented. A self-assessment tool for use by academic staff for measuring level of contribution to promoting academic integrity is summarised.

Chapter seven highlights my personal reflection and learning gained from undertaking the research. Limitations of the research are acknowledged. Finally, conclusions are drawn from the research findings and recommendations made for dissemination and follow up of the findings, including suggestions for future research.

2.0 Literature review part one: Nursing standards, academic dishonesty and risk

2.1 Introduction

Within chapter two literature will be appraised in three subject areas: 1. Professional standards and competencies in nursing; 2. Academic dishonesty occurring in nursing students and 3. Risk in everyday life, nursing practice and nurse education. Key findings from the literature review undertaken in paper one (Harrison, 2008a) will be summarised, complemented by appraisal of recent literature.

Key words used in the literature review were: nursing; nursing students; academic dishonesty; academic misconduct; plagiarism; cheating; collusion; unfair means; academic integrity; professional; preventative; strategic and holistic approaches. Terms were truncated and the search refined to use what Davis et al. (2009) refer to as second layer terms, such as nurs* which brought up nurse, nurses and nursing and dishonest* which brought up dishonest, dishonesty and dishonestly. Combinations of the above terms were used e.g. academic dishonest* and preventative; professional and nurs*. A range of data sources were accessed with no restriction on the date of the literature. Electronic bibliographic data base searches included CINAHL, Medline, PsychINFO and ERIC. Hand search references were also undertaken to follow up reference lists. The internet search engine Google Scholar was used to access additional publications and grey literature. Specialist web sites were searched including the Quality Assurance Agency (QAA) and Nursing Midwifery Council (NMC). This also included the Joint Information Systems Committee (JISC) Plagiarism Advisory Service resources at Northumbria University; the Learning Development Centre at the University of Warwick and the Centre for Academic Integrity at Clemson University (previously Duke University, USA)(Duke University Libraries undated).

A number of articles discovered related to students in Further Education (FE) and Higher Education and although not specific to nursing, appeared relevant since nursing candidates are members of the wider education community. Consequently, literature linked to education was included. This provided a broad perspective and captured work by experts such as Carroll (2007) who is recognised for her work in deterring plagiarism and had worked for a period as a midwife, but would have been otherwise excluded (Crace, 2005).

Within the chapter I will seek to demonstrate new insight within the subject, synthesising existing literature and research arranged in themes. Hart (1998) likens this to showing greater understanding into the specifics of a subject and need to make a new contribution.

2.2 Professional standards and competencies in nursing

2.2.1 The Nursing and Midwifery Council

It is important to initially provide a background context and acknowledge how professionalism is at the core of nursing practice and therefore an integral component of all education of pre and post registration nursing students. The Nursing and Midwifery Council (NMC, 2008a) clarify their overall purpose as setting standards for conduct of nurses; ensuring nurses update their skills and knowledge and uphold standards within the professional code; and to investigate allegations of breaches of The Code. As a health care regulator, the NMC set standards for education and monitor that standards are upheld by Approved Education Institutions (AEI) in collaboration with their practice partners. The primary aim of the NMC is illustrated in the slogan ‘protecting the public through professional standards’ (NMC, 2004). The responsibility for achieving this is shared by individual nurses and midwives, education providers, managers and mentors in provider organisations. Nursing students, unlike many other students in universities, need to comply with university academic regulations to achieve a named academic award and additionally fulfil the requirements of the NMC standards and competencies to be eligible to apply for a professionally recognised registered or recordable qualification.

2.2.2 NMC standards for education

The NMC outline standards for courses leading to professional registration and recordable qualifications, which are approved and monitored annually by trained reviewers (Mott MacDonald / NMC, 2010). Standards are nationally recognised by HEIs and employers and regularly reviewed to ensure standards and curricula remain contemporary to prepare students for employment within a continually changing working environment. Standards for pre-registration nursing have been updated following consultation with a broad range of stakeholders including service users (NMC 2004; NMC 2010a). The new (NMC, 2010a) pre-registration nursing standards are to be implemented by all Approved Education Institutions by 2013 involving the re-validation of all courses within the UK. Professionalism, honesty, trustworthiness, integrity, ethical and legal practice are explicitly stated within the generic and field specific standards. The requirements and essential skills cluster are mandatory to demonstrate competence. The standards state what a student needs to demonstrate to achieve competence. Academic integrity is not cited within the competencies. It remains up to course teams to monitor whether students fail to achieve the standards or are in breach of the NMC code or fitness to practice regulations.

2.2.3 NMC guidance on good health and good character

Requirement R3.13 of the pre-registration nursing course states that 'AEIs must ensure that students comply with NMC requirements for good health and character at completion' (NMC 2010a, p.62). To assist with this the NMC provide guidance for students requiring them to demonstrate this annually and on completion of their course (Sellman, 2007). The guidance for professional conduct published for students also highlights this stressing the importance of nurses being honest and trustworthy (NMC, 2011). The guidance clarifies that good character is based on a person's conduct, behaviour and attitude and that 'a person's character must be sufficiently good for them to be capable of safe and effective practice without supervision' (NMC 2011, p.6). If a student attempts to deceive assessors by cheating, plagiarising or colluding, it questions whether a student can be signed off as being of good character at

the end of their course. The named HEI lead has to decide whether a student nurse found guilty of academic dishonesty is capable of safe and effective practice. Larkham and Manns (2002) argue that professional bodies should have a view on cheating and argue research into the attitude of professional bodies would be beneficial. The NMC (2008b) provide education institutions with guidance on good health and good character including definitions, legislative frameworks and case study examples. A scenario provided for illustration questions a student's character, reporting on a third year student being referred to the university fitness to practise panel. The case involved plagiarism whereby the student had copied the work of another person and submitted it as their own. It was acknowledged that the student had previously been taught how to reference and had submitted work demonstrating the ability to successfully do this. The student was discontinued from their course (NMC, 2008b). In my own school the student would have received a different penalty. There appears to be a need to review guidance available for nursing, to provide a consistent approach to all Higher Education Institutions.

2.2.4 Standards of conduct, performance and ethics

A nurse also has to demonstrate compliance with the NMC Code (NMC, 2008a) which outlines standards of conduct, performance and ethics for nurses and places emphasis on nurses managing risk. The Code (NMC, 2008a) emphasises being open and honest, acting with integrity and upholding the reputation of the profession, outlining personal responsibility to inform employers if fitness to practise is impaired. While there is no reference to academic dishonesty or academic integrity in The Code, it could be viewed as being implicit in the section on honesty and integrity. The following statement could be added to make this more explicit 'You must not plagiarise, cheat, collude or falsify course assessments and take steps to promote academic and practice integrity in self and others'. This would build on the earlier part of The Code which places importance on taking part in learning activities that maintain and develop competence. Further consideration could be given by the NMC in cases of registered nurses plagiarising, cheating or colluding and whether this is in breach of The Code, which could be perceived as dishonest and unethical.

2.2.5 Guidance on professional conduct

The NMC (2011) have updated guidance on professional conduct for pre-registration nursing students, asking each nurse to be 'the best they can be', through the NMC rules, standards and guidance. This message would be enhanced by emphasising the expectation that nursing students adhere and comply with the guidance by removing the misleading statement 'It's important that, even as a student, you conduct yourself professionally' (NMC 2011, p.3).This could be replaced by a statement which states 'as a nursing or midwifery student you are expected to conduct yourself professionally at all times'. The guidance does stress the importance of conducting oneself professionally inside and outside of the university (NMC, 2011).The guidance lists cheating and plagiarism as areas of concern relating to fitness to practise, such as cheating in examinations, plagiarism in written work and forgery of mentor signatures in clinical assessments. The guidance is stated as being based on the standards in the NMC code (NMC, 2008a) and asks students to be honest, act with integrity and not plagiarise or falsify course work or clinical assessments. Unfortunately it does not include collusion or fabrication of course work which would be useful additions. Education and partner placement providers are encouraged to promote awareness of these guidelines early in the course. However, this would be beneficial if undertaken as a continuous process.

2.2.6 Fitness to practise

'NMC and You' is a magazine for students to provide information on policies and to raise awareness on topical issues (NMC, 2010b). The September 2010 edition presented a number of issues in a user friendly format using case examples related to nursing students. An article focused on student support, openness and honesty with an example of temptation to take short cuts when under pressure (Lloyd, 2010). Lloyd (2010) suggests that a student who falsifies their clinical assessment record or plagiarises a written assignment calls into question their fitness to practise. Unfortunately the article plays down the seriousness of the example given, suggesting that 'if it's a mistake that's caused no serious harm, and the student made that error without fully

understanding the repercussions, then their tutor or mentor will probably talk through the issues with them' (Lloyd 2010, p.12). This is misleading and ignores the possibility of formal disciplinary procedures which could be undertaken. Another case study illustrates two students seen by a professional suitability panel and given written warnings for collusion. The NMC clarify that 'if there are ever concerns about fitness to practise 'these will be investigated and addressed by the university' (NMC 2011, p.6). Contrary to the example given if a student had falsified their clinical assessment records in my school this would warrant a fitness to practise investigation. This raises issues of fairness and consistency, need for clearer guidance by the NMC and use of a sliding scale of penalties to fit the act committed. There is lack of clarity of features of academic dishonesty, tariff of offences and penalties.

The NMC (2010c) also provide employers of nurses with information relating to concerns about fitness to practise. The process of employers collecting evidence of incidents and undertaking their own internal investigations is outlined with illustration of when cases are typically referred to the NMC to be heard by the Conduct and Competence Committee. Most cases refer to nurses who receive criminal convictions or have deterioration in health and are struggling to fulfil the requirements of their role. There is no reference to any type of academic dishonesty. This would be a useful addition to the NMC 'Advice and information for employers' document (NMC, 2010c) together with clarification when it is appropriate to bring cases of academic dishonesty to a Conduct and Competence Committee. Key questions include whether HEIs are bringing post registration students to university fitness to practise panels and whether if they are found guilty they need referring to the NMC and whose responsibility it is to do this: the HEI or employer. Kenny (2007) raises concerns about the long term implications of a student cheating and getting away with it. A study would be useful to explore if any cases referred to the NMC for fitness to practise hearings include nurses who as students had previously been found guilty of academic dishonesty. This would enable clarification whether there is a link between academic dishonesty occurring in nursing students and fitness to practice occurring in registered nurses.

Payne (2009) reported on a registered nurse facing an NMC hearing accused of selling two essays on ebay previously submitted by them while a student at a university in Scotland. The nurse was charged with five separate counts including selling two essays on eBay; advertising that the two essays achieved higher marks than they had been awarded and acting dishonestly. The nurse was issued with a caution order for one year. The nurse admitted impairment of fitness to practise and damaging the good reputation of the profession (Payne 2009). A key focus was on the nurse acting dishonestly and falsifying the marks that had been awarded and not their lack of integrity or the implications for patient care. Deacon (2007, p.13) appears to respond to this type of case when proposing that 'gaining an NMC award based on plagiarism is both fraudulent and unprofessional'. Deacon (2007) continues asking colleagues 'to consider how they would feel if a loved one was being cared for by a nurse with a qualification that had been obtained through academic misconduct'. Deacon (2007) argues that this raises serious fitness to practise issues when caring for vulnerable people. Kenny (2007) echoes these views and argues that a range of professional bodies suggest that new legislation may serve to alleviate concerns about fitness to practise linked to academic misconduct, particularly at the point of registration. Harper (2006) adds that academic dishonesty is a predictor of professional misconduct and efforts are needed to address the problem. In summary, the links between academic dishonesty and the need to safeguard the public could be more explicit within some NMC standards and policy guidance documents.

2.3 Academic dishonesty

2.3.1 Definitions and categorisation

I will now examine the literature on academic dishonesty occurring in nursing students. The definition of academic dishonesty and related terms, together with types of academic dishonesty and classification will be explored. The prevalence and causes of academic dishonesty and cultural influences will then be appraised. The impact of high profile cases will then be considered. Finally, the process of detection, investigation, awarding of penalties and consequences will be examined. Within paper one (Harrison, 2008a), a

literature review was completed using the key terms plagiarism; cheating; collusion and unfair means, the latter being the term used in my own university. Twenty one different terms were discovered showing different author's attempts to provide a definition. Further review of the literature extended this total to thirty five terms (Table 2.1).

Table 2.1 summarises terms and definitions discovered within the titles, abstracts, introductions and main body of publications reviewed. Unfortunately terms used in literature are not always clearly defined. Definitions have been grouped under core thematic areas: generic terms; plagiarism; cheating; collusion and fabrication / falsification; research / publications and student behaviour. The source of each term is indicated by the reference to the right of the table. References in italics denote those sources which relate specifically to nursing and those not in italics relate to a range of professional disciplines including other disciplines in health and social care and to academic dishonesty occurring in schools and colleges. Key themes will now be reviewed.

Table 2.1: Summary of definitions used within literature (presented in alphabetical order)

Term	**Source**
Generic terms	
Academic dishonesty	Aluede et al 2006; *Arhin 2009;* Austin et al 2005; Davis et al 1992; *DiBartolo & Walsh 2010;* Elzubeir & Rizk 2003; *Fontana 2009; Gaberson 1997; Ganske 2010; Harper 2006; Kolanko et al 2006;* Marsden et al 2005; McCabe 1999; *McCabe 2009; Price 2003;* Simon et al 2003; *Solomon & DeNatale 2000*

Generic terms	
Academic malpractice	Park 2004
Academic misconduct	*Bailey 2001; Daniel et al 1994;* Elzubeir & Rizk 2003; *McCrink 2010; Mitchell & Carroll 2008;Osinski 2003; Wilkinson 2009*
Academic misdemeanour	Aluede et al 2006
Disciplinary misconduct	*Osinski 2003*
Examination malpractice	Aluede et al 2006
Professional misconduct	*Harper 2006*
Unfair means to enhance performance	UCLan 2007; UCLan 2008; UCLan 2009; UCLan 2010a
Plagiarism	
Cryptomnesia - inadvertent plagiarism Cryptomnesia - unconscious plagiarism	Brown & Murphy 1989 Marsh & Landau 1995
Cyber plagiarism	*Harper 2006; Kralik 2003;* Smith 2003
Digital plagiarism	Park 2003
Institutional plagiarism	*Logue 2004*
Internet plagiarism	Culwin 2006; Embleton & Helfer 2007; *Moore & Hart 2004; Parish 2004*
Plagiarism	*Anderson 2009; Bassendowski & Salgado 2005; Bellack 2005; Burns 2009;* Carroll 2007; Collins & Amodeo 2005; *Cronin 2003*; *Foster 2007; Ganske 2010; Kennedy 2011; Kiehl 2006*; *McCabe 2009;* Park 2004; *Paterson et al 2003; Pierson 2010;* Roig 2001; *Smith & Wren 2010*; *Tippitt et al 2009; Wilkinson 2009*
Self-plagiarism	*Baggs 2008; Broome 2004*
Web plagiarism	*Harrison 2005*

Cheating	
Academic cheating	Deacan 2007; Embleton & Helfer 2007; Finn & Frone 2004; Marsden et al 2005
Assignment and test cheating	Marsden et al 2005
Cheating	*Bailey 2001; Ganske 2010; Harper 2006; Kiehl 2006;* Larkham & Manns 2002; Lathrop & Foss 2005; *McCabe 2009; Schmidt 2006; Tippitt et al 2009;* Williams 2001; *Wilkinson 2009*
Classroom cheating	*McCabe 2009*
Clinical cheating	Hoyer et al 1991
Collusion	
Academic collusion	*Price 2003*
Collusion	Carroll 2007; UCLan 2007
Fabrication / falsification / fraud	
Academic fraud	*Bailey 2001;* Yingqi & Yong 2012
Fabrication / falsification	Lathrop & Foss 2005; *McCabe 2009*
Research / publication focused	
Author misconduct	Brice & Bligh 2004
Duplicate publication	*Hegyvary 2005; O'Connor 2010*
Fraudulent publication	*Flanagin 1993*
Salami publishing	*Baggs 2008*
Scientific dishonesty	Nilstun et al 2010
Scientific fraud	*Chop & Cipriano Silva 1991*
Scientific misconduct	*Broome 2004; Mitchell & Carroll 2008; Njie & Thomas 2001;* Rankin & Esteves 1997; Redman & Merz 2008; *Tanner 2004*
Student behaviour / location focused	
Classroom and clinical setting misconduct	*Bailey 2001*
Unethical classroom and clinical behaviours	*Hilbert 1985; Hilbert 1987 ; Hilbert 1988*

2.3.2 Academic dishonesty

Academic dishonesty appears widely used as an umbrella term to include a broad range of dishonest acts and omissions. Aluede et al. (2006, p.99) offer a comprehensive definition covering a range of assessments stating that academic dishonesty involves,

> 'lying, cheating on examinations, copying or using other people's work without permission, altering or forging documents, buying papers, plagiarism, purposely not following the rules, altering research results, providing false excuses for missed tests and assignments, making up sources'

Elzubeir and Rizk (2003) provide examples of academic dishonesty occurring in medical students including cheating in examinations, plagiarising, using someone else's work and intentionally helping others to cheat. Similarly, McCabe (2009) asserts that academic dishonesty encompasses plagiarism and cheating.

Gaberson (1997) and Arhin (2009) write about academic dishonesty in a nursing context. Gaberson (1997) discusses the approach adopted within her own School of Nursing within Duquesne University, adopting a broad perspective suggesting it includes lying, cheating, plagiarism, forgery, and assisting another in dishonest acts. Gaberson (1997) expands arguing that it is intentional participation in practices regarding one's academic work or the work of another. A key point made is that a nursing student does this while undertaking academic work on a course within a university, hence the term 'academic' dishonesty. This could suggest that dishonest acts undertaken by a nurse not undertaking a course would be managed by their employer under their own fitness to practise or disciplinary procedures and only when it involves assessed work does the university manage alleged incidents. Arhin (2009) reports on a pilot study she undertook exploring the perceptions of academic dishonesty by nursing students using a validated instrument used in the UK in pharmacy education (Bates et al. 2005). The scenarios were

amended for nursing students and focus on cheating in examinations, collusion between students, plagiarism (including the internet) and fabrication of research findings. None focus on assessment in clinical practice which constitutes a significant part of nursing courses.

2.3.3 Academic misconduct

Academic misconduct is also a generic term used to define a number of types of dishonesty occurring within academic work, used similarly to the term academic dishonesty. Daniel et al. (1994, p.278) argued that there was no collective consensus that existed among nursing 'faculty in institutions of higher learning as to what constitutes the specific underpinnings of academic misconduct' and provides a range of conflicting definitions citing a number of authors. However, Daniel et al. (1994) argue academic misconduct includes acts of plagiarism, cheating and falsification which can occur in classroom and / or clinical settings. Similarly, Moon (2005, p.15) defines it as 'abuse of academic conventions unfairly to one's advantage. The term includes examination cheating, plagiarism and collusion'. In nursing both Bailey (2001) and Wilkinson (2009) suggest that plagiarism and cheating are forms of academic misconduct. In contrast, Osinski (2003, p.55) suggests that academic misconduct is a failure to achieve the required standard and defines disciplinary misconduct as 'failure to comply with a code of conduct or the university rules and regulations' and gives examples of cheating, plagiarism and use of alcoholic beverages on campus. This is inconsistent with other definitions.

The term misconduct implies a breach. McCrink (2010, p.653) points out that 'nursing is grounded on ethical nursing practice' bound by a code of ethics, caring and standards and anything less devalues the profession. McCrink (2010) develops this argument stating that academic misconduct involves deceptive practices in academic work consisting of misconduct behaviours in classroom or clinical settings. Wicker (2007) refers to serious cases as malpractice and Park (2004) refers to 'academic malpractice'. In summary, this implies that a nurse engaging in academic misconduct is in breach of both academic regulations and a professional ethical code. The term misconduct

may therefore be appropriate and preferable than the more widely used term academic dishonesty which appears to be theoretically focused with less emphasis on practice.

2.3.4 Plagiarism

MacDonald and Carroll (2006) note that literature on plagiarism has grown since 2000. It is the most widely used term in the literature reviewed. Logue (2004) describes plagiarism occurring in Ireland in AD 561 where one monk copied an illustrated manuscript from another monk and the King arbitrated deciding that the primary author 'had exclusive rights to the copy as well as the original' (Logue 2004, p.40). Logue (2004) suggests that the event became well known in Irish legal society and was used to recognise claim to ownership. Kralik (2003, p.539) adds that plagiarism is 'derived from the Latin plagiarius ('kidnapper'), a form of intellectual theft' a view endorsed by Park (2003, p.472) who refers to plagiarism as 'literary theft' and stealing. Vogelsang (1997) agrees that plagiarism is stealing, demonstrating strength of feeling about this subject when involving nurses. Burns (2009) also refers to plagiarism as the equivalent of fraud adopting a legal perspective. In contrast, Park (2004) views plagiarism as a breach of academic integrity which is unacceptable behaviour to be managed by university academic regulations but not to be criminalised.

There appear to be many interpretations of plagiarism. Neville (2010) asserts that there is no universally agreed definition in Britain and each institution develops its own. In the literature plagiarism appears to be defined and used in different ways, as a generic term to encompass different types of academic dishonesty and more specifically as a particular type of activity. Park (2004, p.292) provides an all-inclusive definition stating that 'plagiarism is a form of cheating or academic malpractice, which also includes cheating in examinations, fabrication of results, duplication and false declaration'. Neville (2010) also refers to plagiarism as a generic term involving a lack of academic integrity and includes copying from others with or without their consent.

Neville (2010, p.20) adds a cautionary note questioning whether 'all imitative learning is plagiarism. We use ideas from other people all the time; weave them into our working lives, gradually taking ownership of them'. Nursing students learn skills in university laboratories and clinical settings from clinical experts acting as role models. Students assimilate and internalise this learning as part of their everyday practice, and are able to defend it. If at a later date they choose to reflect on this within a case study as part of a summative assessment, is this a case of plagiarism? Who owns the skill, experience and rationale? Neville (2010) suggests that it may sometimes be genuinely difficult to identify the original source and influence.

In contrast, plagiarism is used to describe when students fail to reference their work using established protocols. Carroll (2007, p.13) defines plagiarism as 'submitting someone else's work as your own'. Similarly, Lathrop and Foss (2005, p.83) define plagiarism as 'the inclusion of another's words, ideas or data as one's own work' in unpublished and published work. There is debate about whether plagiarism is deliberate. Neville (2010, p.29) states that plagiarism 'refers to an intentional decision not to acknowledge the work of others in assignments' which can be presented using a variety of mediums including print, internet, audio-visual, theatrical, cinematic and choreographic forms. A small number of these mediums are used in nursing assessments. Similarly, Neville (2010, p.30) suggests that plagiarism describes 'a practice that involves knowingly taking and using another person's work and claiming it, directly or indirectly, as your own'. Others argue that plagiarism may not always be deliberate (Marsh and Landau 1995; Williams and Carroll 2009).

Embleton and Helfer (2007) are librarians interested in plagiarism, who acknowledge the influence of the internet and World Wide Web. They outline problems with internet plagiarism and use of paper mills where students can purchase a previous student's assignment or have their work custom written. Embleton and Helfer (2007) report on a bespoke paper written for a student put through Turnitin detection software which was not detected. They warn that the quality of the papers written may not be good dependent on who is commissioned, with no money back guarantees. A number of similar terms

have emerged to describe this process including cyber plagiarism (Harper 2006; Kralik 2003; Smith 2003), web plagiarism (Harrison, 2005) and digital plagiarism (Smith, 2003). All examples refer to cutting and pasting information from the internet without acknowledging the source. There is a focus by students on passing assignments rather than personal and professional development. Burnard (2002) warns that nurse education is in danger of becoming a commodity.

2.3.5 Cheating

Another term used is cheating. Marsden et al. (2005) suggest there are two types of cheating based on types of assessment used: assignment and test. Assignment cheating is said to relate to plagiarism or collaboration with other students, where this has been prohibited. Test and examination cheating includes use of high tech gadgetry. This description includes the act of collusion which can be confusing for academic staff and students. Lathrop and Foss (2005, p.83) provide a generic definition suggesting cheating is 'an act or attempted act by which a student deceives, acts dishonestly, or misrepresents work that he / she has produced on an academic exercise or assists another to misrepresent his / her work'. Likewise, McCrink (2010) provides a broad range of creative ways nursing students may cheat including: copying test answers from another student; downloading term papers from the internet; using electronic devices such mobile phones; pen scanners; programmable watches; writing notes on clothing inside caps and pleats of skirts and back of labels on drinks.

Conversely, the UCLan (2011a) academic regulations on cheating relate specifically to examinations. This includes using crib notes / electronic devices, impersonation, copying from or talking to other students or having prior access to examination questions. Barrett (2011) illustrates this citing case examples shared by different universities including impersonation and using notes in an examination on an MP 3 player.

In summary, cheating is used as a specific term to describe dishonesty occurring in examinations and as a generic term involving different types of

assessment similar to academic dishonesty. This may be influenced by the layperson's use of the term cheat as it appears in the dictionary referring to an act of fraud, deceit, to swindle, rip off or hoodwink (Chambers, 1991).

2.3.6 Collusion

Collusion appears to be a more recent and less widely used term. Carroll (2007, p.18) contends that collusion is where 'a student submits work done jointly as if it had been done individually or passes off work where no student effort was involved, perhaps by copying'. Similarly, the UCLan (2011a) regulations define collusion as an attempt to deceive the examiners by disguising true authorship involving students copying each other's work, or jointly writing assignments. Bailey (2001) reports on nursing students collaborating on assignments and handing in someone else's work. Students need help clarifying what is acceptable and what is not, separating out the process of learning together such as in problem based learning, debates, discussions and seminars, which are to be encouraged and distinguishing this from assessment which they need to submit individually. Meizlish (2005, p.6) points out that 'collaborative assignments and group work have become increasingly typical in higher education but bring with them several ethical challenges that should concern all instructors' arguing that students become confused over boundaries between individual and collective efforts. Bassendowski and Salgado (2005) acknowledge that teachers have always shared ideas, teaching strategies and access to materials. This could be seen as hypocritical if the teacher does not acknowledge the source of their teaching content.

Barrett and Cox (2005, p.112) used scenarios within a questionnaire 'to investigate whether participants understand what is meant by plagiarism and collusion' with 59 staff and 451 undergraduate and post graduate students at the University of Hertfordshire in the departments of Computer Science and Psychology. The results showed that plagiarism was well understood but collusion was not and staff and students felt that collusion was much more acceptable than plagiarism (Barrett and Cox, 2005).

2.3.7 Forgery and fabrication

Table 1.1 indicates that forgery and fabrication, like collusion, appear to be terms which are more seldom used. Faucher and Caves (2009) describe nursing students fabricating assessment information and Bailey (2001) reports on nursing students falsifying their clinical documentation, forging signatures and nursing care plans and fabricating home visits not made as well as lying. Similarly, Kececi et al. (2011) describe student's making up research data. The terms forgery and fabrication while used to refer to specific acts are also used interchangeably. Aluede et al. (2006, p.98) outline fabrication as 'intentional and unauthorized falsification or invention of any information or citation in any academic exercise'. Lathrop and Foss (2005, p.83) contend that fabrication is 'the use of invented information or the falsification of research or other findings'. It is helpful to academic staff and students if consistent definitions are used. There is a great strength of feeling attached to forgery and fabrication because they more directly question the character of a nursing student and their suitability for the profession. McCrink (2010) reports observing nursing students falsifying patient care records including vital signs and medication records. The NMC guidance on professional conduct states that students should not 'falsify coursework or clinical assessments' (NMC 2011, p.17).

Duffin (2006, p.12) from the NMC reports on bogus 'nurses from mainland Europe presenting falsified documents to get on the register' involving forging of examination certificates and university references. Duffin (2006, p.12) adds that 'some applicants from outside the EU get someone else to sit the NMC approved English examination' for them or falsifying their application stating that they have passed the International English Language Testing System examination (IELTS). The NMC has trained staff to address the problem who are aware of websites helping with forgery (Duffin, 2006).

2.3.8 Scientific and research misconduct

Research terms focusing on academic dishonesty include scientific misconduct (Habermann et al. 2010; Hansen and Hansen 1995; Njie and

Thomas 2001; Redman and Merz 2008), scientific dishonesty (Nilstun et al. 2010) scientific fraud (Chop and Cipriano, 1991) and research misconduct (Mitchell and Carroll, 2008). Hansen and Hansen (1995) suggest that misconduct in nursing research is not new although the incidence is not known, suggesting that misconduct amongst research students and post-doctoral research fellows maybe underreported, a view supported by others (Mitchell and Carroll, 2008). They argue that breaches of scientific or professional etiquette can be managed by the institution and acknowledge causes of poor socialisation and mentoring of students (Hansen and Hansen, 1995). They distinguish between this and research fraud and serious misconduct, viewing the former as a 'misdemeanour' and the later as a 'felony'. This simple classification suggests a strategy for what can be managed at a university and what needs to be referred externally. Hansen and Hansen (1995) expand clarifying that research misconduct can involve plagiarism, falsification, fabrication and problems in undertaking or reporting on research. Similarly, Mitchell and Carroll (2008) distinguish between misconduct in research activity and publication of research of students undertaking a doctoral programme and plagiarise literature, or falsify or fabricate their results; using another student's philosophical framework and not referencing appropriately (Mitchell and Carroll, 2008). Chop and Cipriano Silver (1991) outline four types of scientific fraud occurring in nursing research: plagiarism, falsification, fabrication and irresponsible authorship, which can be intentional or non-intentional, claiming the most common reasons for such acts 'are to attain high levels of personal and professional success' (Chop and Cipriano Silver 1991, p.167).

Mitchell and Carroll (2008) warn that cases involving research are likely to increase as more nurses undertake doctoral study. Nursing students also have projects and dissertations to complete as part of taught courses. Explicit guidance is provided within university academic regulations and NHS Trust research policies. The Integrated Research Advisory Committee (IRAS) provide robust scrutiny for ethical approval (Mitchell and Carroll, 2008). Research councils and funders reviewing tender applications and systems for dissemination of research findings form part of a student's research training,

establishing standards of ethical practice. Nurses and other health care researchers have responsibility to role model good practice and socialise students to good ethical research practice (Mitchell and Carroll, 2008).

In summary, plagiarism, fabrication and falsification can occur amongst nursing students undertaking research within a taught or research degree and be grouped under the broad heading of academic misconduct. Definitions of scientific and research misconduct could then be retained for qualified heath care staff when established research protocols are breached.

2.3.9 Student behaviour and location of dishonesty

An alternative way of defining academic misconduct is by student behaviour or the location where dishonesty occurred. Bailey (2001) mailed out 523 questionnaires to capture perceptions of academic misconduct from deans and nurse educators in the United States. Access to participants was through the National League for Nursing. Ethical approval of the study and use of informed consent was not clarified. In the article 197 (40%) of deans and 160 (32%) of nurse educators responded. Various types of cheating and plagiarism were described categorised according to occurrence in classrooms, clinical settings or 'other'. Deans mainly reported incidents of cheating and plagiarism (83%) with some incidents of stealing exam papers, changing answers on score sheets and lying (Bailey, 2001). Positive and negative experiences appeared linked to the level of manager support and effectiveness of policies. Bailey (2001) reports negative experiences linked to leniency of penalties awarded and students getting off with technicalities, with insufficient evidence available at investigation due to poor paper trails. A member of staff was reported as leaving employment due to not feeling supported by peers (Bailey, 2001). The paper would have been enhanced if preventive strategies used had been better articulated. While Bailey (2001) uses the terms classroom and clinical setting misconduct these could be termed as plagiarism and cheating using earlier definitions reviewed (Carroll 2007; McCabe 2009; Tippitt et al 2009).

Clark and Springer (2007a) used a survey ‘to investigate the problem of incivility in university-based nursing education from both student and faculty perceptions’ within a nursing department of a north west American university (Clark and Springer 2007a, p.7). Students completed the survey during class time with 324 (69.4%) of students responding and 32 (88.9%) staff completions. Sixteen student incivilities were listed and a likert scale used where participants rated the degree to which a behaviour was considered uncivil and the frequency of occurrence. Cheating on examinations or quizzes was most often reported as uncivil behaviour by both students and staff but rated as the second least occurring. Clark and Springer (2007a, p.14) expressed concern that many nursing students accepted these behaviours as normal and asserted that ‘policies should clearly set the expectations as well as the consequences for these behaviors’ and that they should work together to develop strategies to improve the academic milieu and produce a healthier learning environment, suggesting that it is a shared responsibility. Viewing cheating as uncivil adopts a moral perspective.

2.3.10 Interchangeability of terms

There is evidence in the literature where terms are used interchangeably. Aluede et al. (2006, p.98) acknowledge different terms used in the literature such as malpractice, academic dishonesty and cheating but within their paper ‘terms are used interchangeably to represent students’ academic misdemeanours’. Similarly, Elzubeir and Rizk (2003) in their abstract and introduction summarising the rational, methodology and results of a study exploring perceptions of medical students on academic integrity, use all of the following terms: educational misconduct; unethical educational practices; plagiarism; academic misconduct; dishonest behaviour; professional misconduct and academic dishonesty. While some effort is made to define academic dishonesty and clarify that plagiarism is an example of an unethical educational practice, terms are used interchangeably and many are not defined (Elzubeir and Rizk, 2003). Some authors use more than one term linked to nurse education (McCrink, 2010). When terms are neither defined nor distinguished, confusion can arise.

2.3.11 Types and classification

Faucher and Caves (2009, p.38) contend that 'academic dishonesty can be classified in three domains, based on student's behaviour and use of low-tech techniques and advanced equipment':

- Taking, giving or receiving information from others
- Use of forbidden materials or information
- Circumventing the process of assessment

They provide examples of the first two relating to activities students undertake when cheating in examinations using forbidden materials such as 'cheat sheets', pocket calculators, notes written on parts of the body or taped to clothing and use of high tech devices such as micro-recorders, iPods, cameras and access to the internet. They also provide a small number of examples in clinical practice including fabricating assessment information and lying about leaving clinical preparation work at home. There were no examples of plagiarism, collusion, falsification or fabrication of written academic work which appear to be significant omissions.

Another attempt to classify is by the severity of academic dishonesty. Paterson et al. (2003) suggest that there are degrees of plagiarism ranging from minor to major. Warn (2006) also distinguishes between minor and major plagiarism using a word count as the deciding factor but acknowledges that this does not recognise mixed forms of plagiarism where students paraphrase. Paterson et al. (2003) provides an example of minor plagiarism where a student does not understand how to cite references. Major plagiarism is said to be where a student lacks moral integrity, for example, attempting to pass off someone else's work as their own (Paterson et al. 2003). A distinction appears to be made between non-deliberate and deliberate acts, although this is hard to evidence. Marsh (2007), a qualified nurse, expands on the notion of unintentional plagiarism in a letter written in response to an article on plagiarism. Marsh (2007) acknowledges that referencing is not easy and nursing students may have difficulty following referencing protocols,

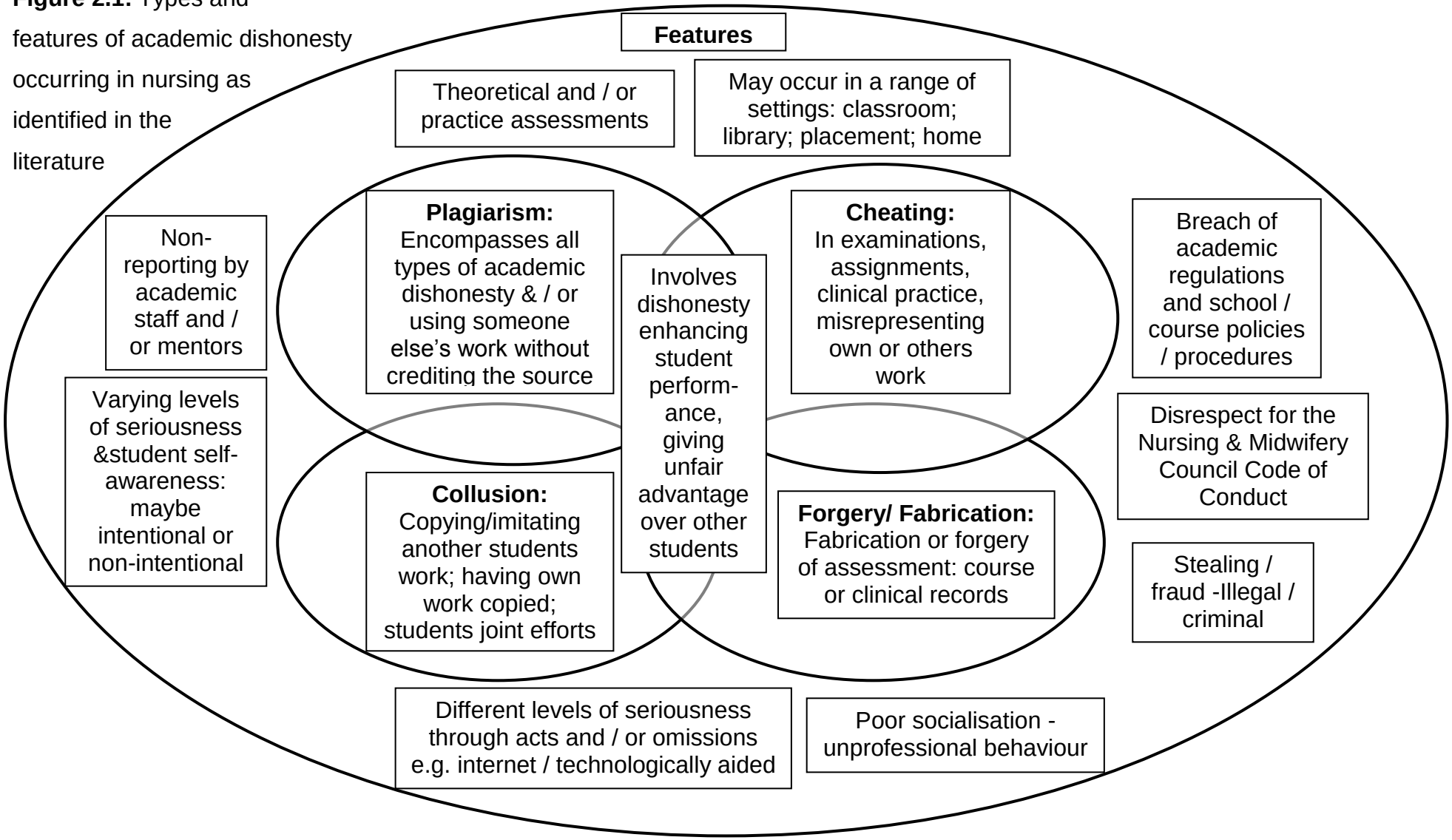
arguing that markers also have their own individual variation on referencing which causes confusion. Marsh (2007) suggests that priority should be focused on extreme cases where one student has clearly copied work from another student or used on-line writing services. Marsh (2007, p.452) attempts to defend and rationalise her own behaviour admitting that she used other people's ideas without referencing them correctly, did not always identify sources correctly and believes that 'too many references get in the way of the flow' of an article. Wicker (2007) the author of the original article responds to this nurse's letter arguing that students need to use evidence to support their ideas, stating that references are the 'payment' for using someone else's information and without it this is stealing and that there should be a zero tolerance to all forms of plagiarism.

In summary, although academic dishonesty has appeared for more than 60 years in literature, this has increased in the past 20 years (Davis et al. 1992). Terms predominantly used are academic dishonesty and plagiarism. Academic misconduct and cheating are also popular terms used. All of these terms are used as generic terms to denote dishonest acts and or omissions in academic work. Plagiarism and cheating are also used to denote specific types of academic dishonesty. There has been an increase in literature focusing on health care professions including nursing. A number of terms are used generically to encompass a variety of types of dishonesty occurring in students undertaking a course within an academic institution indicating that the term 'academic dishonesty' is appropriate. These terms may also be used when academic staff, clinicians, researchers and / or managers plagiarise, cheat, collude, fabricate or falsify documents or records within their work but not linked to undertaking a course of study. Where this occurs it is the concern of the employer and may be dealt with under fitness to practise and / or disciplinary polices. The literature does not always make this distinction. Nursing students are part of the health care community and are influenced by experiences around them so need good role models in university and practice to socialise them to professional nursing values and standards. The key features which have emerged within definitions reviewed are:

- acts / omissions;
- illegal / criminal
- unethical / immoral
- internet / technologically aided
- unprofessional
- levels of seriousness
- poor socialisation

In paper one (Harrison, 2008a) different types of academic dishonesty were summarised diagrammatically. This diagram has been updated to incorporate the new definitions discovered since 2008 (Figure 2.1), and outlines the key types of academic dishonesty and terms that have been used in the literature: plagiarism, cheating, collusion and forgery / falsification. All types involve acting dishonestly and gaining unfair advantage over other students. The outer boxes illustrate the features involved including the setting; types of assessment; breaches of university academic regulations; breaches of the professional code of nursing; different levels of seriousness; whether deliberate or non-deliberate and non-reporting. For the purpose of this study a broad all-encompassing definition of academic dishonesty is utilised as adopted by Gaberson (1997) incorporating plagiarism, collusion, cheating, forgery and fabrication.

Figure 2.1: Types and features of academic dishonesty occurring in nursing as identified in the literature



2.3.12 Prevalence of academic dishonesty

Having reviewed the definitions and types of academic dishonesty, I will proceed by examining the prevalence and causes. There has been concern in colleges and Higher Education Institutions of the increasing incidence of academic dishonesty (Arhin 2009; Duggan 2006; Warger 2005). Lathrop and Foss (2005) assert that rates of cheating have gone up over the past three decades in school and college students in the USA and Park (2003, p.471) noted 'mounting evidence that student cheating in general, and plagiarism in particular' were becoming more common and widespread. Attwood (2008a, p.11) reports that in a 'survey of 93 UK Higher Education Institutions, a total of 9,229 cases were recorded in one year, and 143 students were expelled' with the average rate of plagiarism being 0.72% equivalent to 7.2 cases in every 1000 students. The rate was higher among post graduate students at 1.19% (0.67% for undergraduate students), the majority (92.3%) being first offences (Tennant and Duggan, 2008). Specific figures for nursing were not reported.

More recently Barrett (2011) stated that a cheating epidemic is currently occurring in universities. He summarises findings in a survey of eighty universities reporting over 17,000 cases of cheating recorded in 2009/10, an increase of nearly 50% in four years. This has occurred in undergraduate and post graduate students, across a broad range of subject areas, mostly plagiarism in essays and coursework. Barrett (2011) reports that only a handful of students had been dismissed, citing a range of penalties including fines for taking mobile phones into exams and work being marked down or being awarded a zero mark (Barrett, 2011). UCLan is cited where students were caught using listening / communication devices in examinations. Use of unseen examinations is advocated as a potential solution. A league table is provided comparing numbers of cases reported between 2005/06 to 2009/10. UCLan is listed as having 642 cases, amounting to the fifth most cases out of the 80 universities who provided figures. The highest was Sheffield Hallam with 801 incidents (Barrett, 2011). It could be that some HEIs have better detection and reporting systems, but questions whether there are adequate

deterrents in place, particularly if only a few students were dismissed. It is unclear how many were nurses.

McCabe (2009, p.614) asserts that ‘nursing education has not been immune to student cheating, and a growing number of studies confirm this’. The Liverpool Record Office which retains the poor law register, notes a probationer nurse who had started on 10.07.1899 and left on 11.11.1900 had ‘admitted she had charted a pulse and respiration which she had not taken’ and records that the probationer (nursing student) had been dismissed (Register of Probationer Nurses, 1893-1902). More recently a nurse (anonymous 2005, p.38) glibly writes in a letter to a nursing journal ‘I remember when the going rate for essays was two large gin and tonics’. The nurse recounts how when studying nursing in the 1970s’ the student union shop stocked photocopies of essays written by the previous year’s students, priced according to grade’ (anonymous 2005, p.38). While this would be most unusual practice now it is important to recognise that there has been a cultural shift in nurse education and university customs and practice. As cultural norms change, expectations also change. It could be argued that this was the predecessor of essays being available for sale on the internet.

McCrink (2010, p.653) asserts that ‘academic misconduct by nursing students is a long-standing area of concern for nurse educators’ and cites examples from the 1980s onwards. Overland (2006) reported on the findings of a court in Manila which ordered that no students who passed the Philippines national nursing examinations receive licence to practice. A student reported to an investigating committee of the Philippine senate, that he and hundreds of other nursing students taking final examination had been given sample questions and answers. This questions the authenticity of their knowledge and questions the practice of the academic staff and School of Nursing preparing the students. This high profile case has implications for the reputation of the students, staff, schools and universities involved. This incidence will have increased the incidence of cheating recorded in nursing and questions what constitutes acceptable practice in nurse education.

2.3.13 Causes of academic dishonesty

There are a number of causes influencing whether a student engages in academic dishonesty including pressure to succeed, opportunities and internet resources, student's attitude, academic standards, cultural influences and deteriorating moral standards in society. These will now be examined. Davis et al. (1992) discovered pressure to succeed affecting whether students cheat when undertaking an anonymous survey (n=>600 students) at large state schools in the USA and concluded that several factors are important determinants of cheating; 'pressures for good grades, student stress, ineffective deterrents, and condoning teachers'. Finn and Frone (2004, p.115) shared similar findings asserting that 'academic dishonesty is a significant problem among students from elementary school through to college'. A survey of 315 full time students drawn from 37 high schools in New York aged 16-19 years discovered those affected were engaged or had little confidence in maintaining high grades (Finn and Frone, 2004). Emphasising grades and increased pressure to perform was seen as problematic, suggesting 'risk is elevated when achievement stakes are high and there is personal consequence for failure' (Finn and Frone 2004, p.121). Providing student support and valuing worth and achievement seems important.

Students may be provided with opportunity to cheat by practices and systems internal and external to the university. Examples include academic staff leaving examination papers in photocopying rooms, pressure from everyday life (Tanner, 2004) and the internet (Berlins, 2009; Warger, 2005). A student's attitude and personal traits may also be an influencing factor. Bailey (2001) suggests that changes in the institutional character of schools have contributed to changing student attitudes about cheating, arguing that larger student numbers within higher education within a business culture has impacted on making the student experience less personal. Teaching staff making academic standards explicit to students and maintaining robust quality assurance systems when assessing students, also seems important in preventing academic dishonesty. Attwood reports (2009) criticism by the QAA of Cranfield University and their MSc in clinical research, offered in

partnership with the Institute of Clinical Research India (ICRI). As well as problems with staff marking at master's level in India, there was failure to clarify rules on plagiarism or to identify cases early on in the students' course. There were no checks 'made for plagiarism in the coursework submitted by students in India' (Attwood 2009, p.11). Attwood (2009) reports that Cranfield did not take the risks seriously enough. This serves as a warning to all universities offering courses with international partner institutions, so that regulations, guidance and monitoring are in place.

When students come to study in the UK and English is not their first language and their previous study has been undertaken within a non-western society, they may require specific help in avoiding plagiarism due to cultural influences. Gill (2008) advocates that finding out cultural attitudes to knowledge amongst Chinese students suggesting plagiarism is alien to the Chinese culture where there is no ownership of intellectual property and where a claim to be the originator of knowledge could be dangerous. Using evidence to support your claims through referencing is said to be a new experience for Chinese students (Gill, 2008). Park (2003, p.473) adds that in non-western cultures imitation is 'considered the highest form of flattery'. Plagiarism and paying journals to publish work has been documented amongst staff in Chinese universities (Mooney, 2006). Mooney (2006) reports where an Assistant Dean of a medical school was dismissed after claiming research and a publication on his curriculum vitae which belonged to someone else. Over 100 academic staff signed a letter asking the government to intervene which received high media coverage. The Ministry of Education established a committee to monitor the problem and establish guidelines (Mooney, 2006; Yingqi and Yong, 2012).

Liu (2005) challenges the view that copying others work is allowed or encouraged in China, stating that plagiarism is seen as immoral and when translated means to rob and steal and provides examples of books stating the need to credit the source of a citation. Liu (2005) argues that inadequate language proficiency, poor writing skills and the urge to cheat are influencing factors. Leask (2006) suggests that some academic may simply be unable to

explain and warns against stereotyping Asian students as inferior. Ha Phan (2006) asserts that plagiarism is not acceptable in Vietnam and is viewed as unethical. Ha Phan (2006) states that showing respect for authority does not equate to encouraging plagiarism, suggesting that it is how communities treat common knowledge that may lead to plagiarism. Ha Phan (2006) explains that students in Vietnamese universities are not taught Harvard styles of referencing, but are taught that it is acceptable to hand in a bibliography at the end of an essay without including in text referencing and it is common to use but not acknowledge a teachers lecture notes.

There has been limited research around cultural influences as causes of academic dishonesty. Hayes and Introna (2005) study involved students on two post graduate courses at the University of Lancaster using questionnaires and focus groups capturing 'students' past practices and judgements on academic malpractice as encountered at their universities in their respective countries. While the study was ethically and methodically flawed, they found problems for students moving from an education system focused on recall to one expecting critical analysis, together with financial pressures, exposure to different teaching methods and studying in a second language (Hayes and Introna, 2005). They suggest that students typically revert to repeating the words of others but without accurate referencing (Hayes and Introna, 2005). They report that 'collaboration in tests and exams was said to be common in all of the non-UK countries represented' and as the feeling of alienation increased there is a justification to cheat (Hayes and Introna 2005, p.229).

Few studies have focused on causes of academic dishonesty in nursing students particularly in the UK. Daniel et al. (1994) explored the perceptions of 191 associate and baccalaureate nursing students enrolled in five schools of nursing in southern USA. Two instruments were used to collect data on academic misconduct and clinical misconduct using likert scales. Maslow's need-goal motivation model (1970) was used as a framework linked to perceptions of their peers involvement in academic misconduct (Daniel et al. 1994). Results showed 'age, marital status, seriousness, and ability level, are not perceived as being related to academic misconduct' (Daniel et al. 1994,

p.286). Daniel et al. (1994, p.280) argued that ‘students may perceive academic misconduct as the only way to guarantee that’ their higher level needs are met, suggesting that they may be willing to take risks and make sacrifices to meet their self-actualisation needs. The long term benefits of obtaining a nursing qualification may justify the short term consequences of academic misconduct. They acknowledge that this is an over simplistic explanation. While this research was undertaken in the early 1990s and other causes have been identified for students engaging in academic misconduct when considering approaches to promoting academic integrity it may be worth considering whether students’ needs are met in each of Maslow’s categories to limit temptation: 1.physiological; 2. security; 3. social; 4. self-esteem; 5. self-actualisation (Maslow, 1970).

There is concern that values have deteriorated within society which impacts on the quality of applicants to nursing. Tanner (2004, p.292) asks ‘has dishonesty become so pervasive in our culture that cheating and plagiarism are becoming acceptable practice, necessities for survival in this fast-paced, demanding society?’ Tanner (2004, p.292) argues that there is evidence of dishonesty everywhere and questions whether it is the result of an ‘unravelling of the moral fabric of our society’, where nurses are people living alongside others whose personal moral and ethical standards have lowered. A nursing course focuses on students’ development and demonstration of competencies and professionalism. It is important that the moral and ethical expectations are realistic and reflect the practice settings in which nurses live and work, while not compromising the core values of the profession, notably honesty, trustworthiness and integrity. Tanner (2004, p.292) reassuringly states that ‘despite the prevalence of dishonesty in our culture, I believe there are things we can do as nursing faculty to create a culture of academic and professional integrity.’ A longitudinal study would be useful to follow attitudes of nursing students before, during and after their course.

Faucher and Caves (2009, p.38) summarise factors which contribute to academic dishonesty including: competition for better grades; low ethical standards; thrill of taking the risk of being caught; poor organisation skills;

financial impact of failing; acceptance of cheating by staff and psychological rationalisation to justify the act. Park (2003, p.479) builds on this drawing upon others work to develop a typology of reasons why students plagiarise:

- Genuine lack of understanding e.g. referencing protocol
- Efficiency gain i.e. to get better grades
- Time management problems
- Personal values / attitudes e.g. social pressures/perceive short cuts as clever
- Defiance and lack of respect for authority
- Students' attitudes towards teachers and class and assignments
- Denial or neutralisation passing blame onto others
- Temptation and opportunity
- Lack of deterrence where benefits outweigh the risk

While this is comprehensive it focuses on the student and not on how academic staff or the university contributes. Bailey (2001) argues that how the academic community views honesty and integrity on a campus may affect the levels of cheating amongst students and help change students' attitudes. This suggests that all university staff in academic, administrative and support roles have responsibility to the prevention of academic dishonesty.

2.3.14 High profile cases

There have been a number of high profile cases of plagiarism with extensive media coverage, involving health care professionals and senior academics. Jenkins (2008) reported on Dr Raj Persaud, Consultant Psychiatrist at the Maudlsey Hospital in London, who 'appeared regularly on the TV show 'This Morning' and on the BBC Radio 4 programme 'All in the Mind'. Persaud was given a three month suspension from practising by the General Medical Council (GMC) Fitness to Practise panel, for copying the work of his peers in journal articles and a book he published without proper acknowledgment of others work (BBC 2008; Jenkins 2008). Sturcke and Wainwright (2008) explain that Dr Persuad disgraced himself and attempted to blame subeditors

for missing out attributions which the tribunal panel dismissed. Four months after the hearing he stepped down from his position at the Maudsley hospital and subsequently lost media commissions (Sturcke and Wainwright, 2008). This case signals severe consequences of plagiarism for qualified health care staff and the stance taken by professional bodies, with implications for the reputation of the individual, profession and employer.

More recently Philip Baker, Dean of Medicine at the University of Alberta, in his school banquet graduation speech used an address from Dr Gawande's graduation address at Stanford University (Boesveld, 2011). Boesveld (2011) reports that students recognised the speech and found it on The New Yorker web site on their iPhones and followed it word for word during the speech. Although Dr Baker apologised for his behaviour, the president of the graduating class expressed concern that this would reflect badly on them, the medical school and university (Boesveld, 2011).

In the UK in Higher Education there have also been incidents involving senior academics. Tahir (2008) reports that Tony Antoniou, Dean of the Business School at Durham University was dismissed following a disciplinary tribunal discovered evidence that he had plagiarised a journal article and his DPhil thesis. As a consequence the DPhil thesis obtained in 1986 at the University of York was rescinded (Tahir, 2008). Unfortunately the act of plagiarism not only lost Tony Antoniou his job but also brought into question the validity of other work he had undertaken including the research students he had supervised, resulting in the university needing to defend the robustness of procedures they had in place for joint supervision and examination (Tahir, 2008). It also had implications for the reputation of the University of York where Tony Antoniou had obtained his DPhil. It appears that the impact of academic dishonesty has far reaching consequences for many people and organisations well after the occurrence. These cases should serve as deterrents for students.

2.3.15 Detection of academic dishonesty

I will now examine the process of detection, investigation, awarding of penalties and the consequences of academic dishonesty. Leask (2006) suggests that there are difficulties in detecting plagiarism. Thompson (2005) a PhD student adds that it is simple to catch students who cheat in obvious ways but suggests that very few students are caught. Elzubeir and Rizk (2003) used an anonymous questionnaire with eighty eight medical students and interns within the United Arab Emirates and found only 13 (15%) would report their peers if they suspected dishonest behaviour. Langone (2007) acknowledges that the literature suggests that self-reporting of cheating by nursing students is also low.

Electronic software has been developed to assist with detection. Owen et al. (2011) note the use of digital technology now used in Higher Education to enhance practice. This includes plagiarism detection software which they suggest would have not been conceived ten years previously. There are now a number of detection software products available. Turnitin is recommended by the JISC Plagiarism Advisory Service, it is used by over 90% of UK universities, a growing number of professional bodies' and in further and secondary education (JISC Collections 2007, p.1). In 2007 the Turnitin database had over eight billion pages of content made up of publisher's subscriptions and uploads. A user loads a student's work to Turnitin and the 'service searches through its database to detect suspected instances of plagiarism and reports are produced based on these search results' with a similarity percentage match between the students' work and text discovered within the data base (JISC Collections 2007, p.1). Warger (2005, p.34) describes this as 'ratings of probability of plagiarism'. This can be misleading since a student may have a high percentage match, but have accurately referenced all sources used. One criticism which Turnitin acknowledge is that 'users are not provided with access to material stored within the database thereby limiting access to evidence (JISC Collections, 2007). JISC Collections (2007, p.2) acknowledge other limitations stating that Turnitin 'does not make decisions about the intention of unoriginal work', or if the unoriginal content is

incorrectly referenced or plagiarised. This is the decision of the person reviewing the report and the chair of an investigatory panel. Turnitin provides a report for scrutiny which needs to be interpreted. Version 2 of Turnitin now has 13 billion web pages and over 125 million student papers together with thousands of books, newspaper, magazine and journal articles (nlearning, 2010). Version 2 allows reports to be customised either by highlighting the student's text in their work submitted or by formatting citations using block quotes (nlearning, 2010). In my experience a report may indicate that text highlighted in a student's work matches with a student from another university, but does not show where the highlighted text originally came from i.e. a particular website. There is a need to enhance detection software to strengthen resources available to investigatory panels. Northumbria University, where Turnitin is based, produces a range of publications for education of staff and students, including how to use Turnitin for electronic marking and grading (nlearning, undated a; nlearning, undated b).

Warn (2006, p.195) advocates caution, arguing that plagiarism software is not a magic bullet and has limitations, suggesting that 'students will resort to increased use of paraphrase in order to drop below the radar of the detection software'. Warn (2006) explains while students may change words to disguise what they have copied, software can be used to review the total percentage of copied material, the number of separate word strings copied and the longest continuous piece copied. Warn (2006, p.198) reviewed the work of three students submitting management essays using software developed in house named as 'Text originality and similarity (detection) tool (TOAST)'. Students brought in for alleged cases of academic misconduct were presented with copies of reports and generally admitted plagiarism. Warn (2006, p.201) suggests 'a software package like WebCT be used as an electronic platform for receiving and downloading essays' which is an approach increasingly utilised within my own school. Warn (2006, p.202) argues that 'determining when the level of verbatim copying shifts from minor to major is a subjective exercise'. He provides an example where unattributed paraphrasing was only proven when the source of the article copied by the student was found and then matched manually by an academic member of staff. I have had many

instances where the article copied and not referenced by a student was not detected within a Turnitin report, but the module leader's familiarity with specialist literature enabled them to locate and manually map literature against the student's work. Although the Turnitin data base has web robots automated to update the data base daily to include outputs from journals and essay mills, the detection tool is reliant on whether specialist journals subscribe to Turnitin. Detection tools are used mainly for plagiarism and some forms of collusion. They do not detect where students have purchased from bespoke writing services or cheat in examinations. If a student from a previous cohort or another university provides a student with their work to copy, this will only be detected if the work has been submitted to Turnitin. It would seem a useful policy to have all students submit work electronically and routinely run through Turnitin. However, it remains important for academic staff to screen work, identifying changes in a student's style of writing, format, grammar, spelling and syntax.

Badge et al. (2007) report on a two year trial of the JISC Plagiarism Detection Service within a school of biological sciences at the University of Leicester. Anonymised undergraduate students essays were loaded into Turnitin within an initial pilot study. All but one of the cases already identified by academic staff was located, together with two further undetected cases (Badge et al. 2007). The main study undertaken in 2005 involved twelve undergraduate and two post graduate modules, approximately 465 students submitting 513 assignments ranging from essays, practical reports, mini reviews and end of course projects. Assignments were submitted online using blackboard and automatically loaded into Turnitin. Reports produced were reviewed by module leaders and suspected cases referred for investigation. Self-selected module leaders completed a questionnaire either face to face or by e-mail correspondence (Badge et al. 2007). The findings illustrate the features of plagiarism which occurred. Badge et al. (2007, p.437) discovered that 'plagiarism from second year students consisted predominantly of cutting and pasting from websites, while third year students were more likely to include unattributed sections of peer reviewed articles available on-line'. Clarity on the process of ethical approval, participant consent, use of the questionnaire and

method of data analysis would have enhanced this report. Academic staff reported that use of Turnitin appeared to prevent plagiarism, reporting that incidence rose then dropped in subsequent years. Badge et al. (2007) informed students that Turnitin would be used for all assignments submitted electronically which appeared to act as a deterrent.

Detection of plagiarism has provided commercial opportunities. Netskills.ac.uk (undated) at Newcastle University provides on-site workshops, training materials, advice and consultancy focused on detecting and deterring plagiarism including a BTEC qualification. There has been an explosion of detection software available developed by education institutions, funded projects and commercial investors. This includes: CopyGuard; EVE2; Glatt Plagiarism Screening Program; Mediaphor Software AG; Wcopyfind and Turnitin (Warger, 2005). Alternatively, McCullough and Holmberg (2005) advocate use of the google search engine and Hamilton (2003) notes use of word check and copycat gold software and the search engines Yahoo and ask Jeeves. Asthana and Francis-Pape (2007) outline the use of 'Copycatch' software being introduced in 2007 by UCAS for scrutinising university applications personal statements. Eight hundred medical student applications are reported to have had the same anecdotes and personal information copied from web sites. Copycatch compares applications (Asthana and Francis-Pape, 2007). In recent years the UCAS system has been used for nursing applications and the software is a welcome tool for use by nursing admissions tutors.

2.3.16 Investigation of academic dishonesty

Universities have responsibility delegated to them by professional bodies to manage students' alleged academic dishonesty as part of managing student progression. Osinski (2003) clarifies that universities can invoke a range of university academic regulations to investigate and manage student academic dishonesty including regulations specifically written for academic misconduct, fitness to practise procedures and / or disciplinary action. The NMC states that they 'expect education and clinical placement providers' to include NMC guidance in courses and use it to determine a student's fitness to practise

(NMC 2011, p.10). However, Shepherd (2009) points out that as universities crackdown on cheating the OIA received a record number of student complaints and appeals about the processes of handling plagiarism, with most complaints coming from students studying law, business, medicine and nursing. Sixty-nine students had challenged allegations of plagiarism or misconduct. Fittingly, Warn (2006) emphasises the importance of record keeping and reporting procedures within a policy manual on academic dishonesty. Useful guides are now being made available to guide managers in conducting investigations including the UK Research Integrity Office (UKRIO, 2008) which provides a system for the investigation of misconduct and fraud in research.

2.3.17 Penalties and consequences of academic dishonesty

There is a wide variation of penalties used in cases of academic dishonesty (Bailey 2001; Langone 2007; Wilkinson 2009). Hayes (2007) refers to the stance adopted by Deech, the Independent Adjudicator of research on malpractice, who argues that the punishment must fit the crime. Wilkinson (2009, p98) suggests that 'the seriousness with which academics view plagiarism is reflected in institutional polices' and in the most serious cases lead to expulsion. At the other end of the spectrum, Bailey (2001) reports on nursing students' grades being reduced or being awarded a zero grade for the assessment where there was evidence of plagiarism or cheating with a further opportunity at the assessment being provided. In cases of forgery or fabrication a range of penalties have been awarded including probation; suspension; voluntarily withdrawal through to dismissal (Bailey 2001). Carter and Punyanunt-Carter (2007) asked 267 social science college students from a South-western public university in the USA their perceptions of what was acceptable treatment of plagiarism using a case scenario and five vignettes. The students indicated that the student having a fail grade and being allowed to redo the assignment as most preferable and appearing before a review board or doing nothing as least acceptable.

The AMBeR research project was developed as a result of concern about inconsistent application of penalties and aimed to identify the range and

nature of penalties applicable to cases of plagiarism in UK Higher Education Institutions (Tennant et al. 2007). Part one of the project involved a scoping of policies and procedures. One hundred and sixty eight UK HEIs were contacted with a 91% response rate; twenty five different penalties were used ranging between no further action required to expulsion (Tennant et al. 2007). Penalties varied for different offences between and within institutions influenced by a student's previous history of misconduct and their academic level of study (Tennant et al. 2007). Tennant and Rowell (2009) developed a national points based benchmark tariff based on the information provided, allocating points against five criteria to determine the appropriate penalty including: student history and first or repeat offence; the amount and percentage plagiarised; the academic level; size of module and whether the offence appeared deliberate.

In contrast, Attwood (2008b) advocates an affirming approach which rewards student originality rather than penalising plagiarism. Plagiarism detection software is described as being used to provide a score for authenticity and self-expression worth up to 30% of marks. The value of fostering a positive culture amongst students is acknowledged. While this may reward students for good practice it is questionable whether students who plagiarise are appropriately managed (Attwood, 2008b). Alternatively, Kiehl (2006) outlines an ethical decision making model for determining consequences for plagiarism in nursing students using an A-B-C-D-E- model:

A - assessment of the situation and seriousness of the event
B - benefit and affect of the decision to students, stakeholders and future students
C - consequences in the process and consultation with all stakeholders
D - duty of the teacher to the student, other staff and patients, the university and profession
E - education of students and staff

Kiehl (2006) asks if a nursing student who cheats only acknowledges this when presented with evidence what would they do when faced with an ethical

dilemma in practice, suggesting integrity is essential. Sileo and Kopala (1993) outline a decision making model comprising five ethical principles: autonomy, beneficence, non-maleficence, veracity, and fidelity which Kiehl (2006) utilises. The model appears holistic viewing plagiarism from students' and stakeholders' perspectives, within a structured process with the potential of managing the emotions of everyone involved. It would have been useful for Kiehl's (2006) illustration of the model to show how to document an investigation using the A-B-C-D-E format with links to the university academic regulations.

The above are examples of incidents managed by the university. It seems important to also review a case managed externally. Symon (2010, p.390) argues that the 'NMC Fitness to practice procedures are highly legal in structure and tone' and reports on a case of a registered nurse undertaking a post registration midwifery course. The student had 'forged the signatures of two midwives in her practice placement record of hours, and had falsified her labour ward record card'. The university failed the student on her placement, withheld opportunity to retake the placement and referred the student to the NMC (Symon 2010, p.390). The student admitted the two charges but disputed that the NMC was justified in suspending her nurse registration. The student's appeal, heard in the Court of Session in Edinburgh, was not supported and the NMC's fitness to practise committee is quoted as stating that it was 'a deliberate attempt to deceive professional colleagues' (Symon 2010, p.390). This case example illustrates the ultimate penalty where a post-registration student received a penalty from the university and withdrawal from the midwifery course, as well as suspension as a nurse by an NMC fitness to practise panel. The consequences in this case are severe. Symon (2010, p.390) summarises stating that 'no health professional or student is unaware of the importance of honesty in documentation'. The judge is quoted as stating 'the appellant's actions, which constituted common law crimes, were directed to the obtaining of a professional qualification where her competence had not been proved and where a lack of competence could have serious consequences' (Symon 2010, p.390).

2.3.18 Staff and student perspectives of academic dishonesty

Bailey (2001) asserts that there has been an increase in literature on academic misconduct over the preceding ten years focused on ethical-moral issues, implications for staff and staff and student perceptions. Staff and student perspectives of academic dishonesty will now be examined. Elzubeir and Rizk (2003) explored perceptions of senior medical students (n=88) and interns at the United Arab Emirates University using a self-administered questionnaire. Eighty two (93.2%) considered misconduct to be wrong and 78 (88.6%) reported that they would not engage in such acts. However, 'unethical educational practices such as plagiarism were viewed less seriously than other educational misconduct such as misuse of power' (Elzubeir and Rizk 2003, p.589). Similarly, Paterson et al. (2003) interviewed eight self-selected academic staff and ten nursing students' about what has influenced their understanding of plagiarism (Paterson et al. 2003). Participants viewed 'plagiarism primarily as a student problem caused by moral breakdown or ignorance' (Paterson et al. 2003, p.147). All teachers reported occasions when they had not reported it if it was considered unintentional or a result of stress and acknowledged that plagiarism involves a lot of work for the teacher revealing views such as 'sloppy referencing does not warrant hours of detective work and documentation' (Paterson et al. 2003, p.155). A number of factors were reported as influencing a teacher's response, including potential backlash by the student's supporters in the community, having to encounter the student again and occurrence of other recent cases giving poor impression of staff (Paterson et al. 2003). Students did not understand plagiarism other than copying large sections of articles but appeared aware that plagiarism was wrong. Fear of retribution was not sufficient to restrain students and students identified rewards of plagiarising including better grades and contact with the teacher (Paterson et al. 2003). The small number of teachers and students who participated means that it is not possible to generalise the findings. Cheating and collusion were not explored and the method of data analysis could have been clearer. It would be useful to know how the findings were disseminated and used in the school.

Tanner (2004) reports on several years' experience of managing student academic dishonesty in her role as a nursing academic administrator in the USA. Tanner (2004) recounts listening to students justify plagiarism and collusion linked to the amount of reading on the course and desire to help and support their colleagues. Kececi et al. (2011) undertook a descriptive study involving 196 pre-registration nursing students studying in two universities in Turkey, using a questionnaire. The purpose of the study was to examine academic dishonesty among nursing students and the factors involved. Kececi et al. (2011) report that there had been no cases where disciplinary action had been taken against a student for academic dishonesty linked with a reluctance to apply penalties, acknowledging that this may have influenced the increase in incidence. The absence of any investigations or penalties being awarded means that a valuable deterrent is not utilised.

Arhin (2009) also outlines the results of a study using twelve scenarios in a questionnaire completed by 44 baccalaureate nursing students in a south eastern region of the USA. Four scenarios focused on examinations; five on class assignments and three on practical laboratory experiences. Participants were asked to indicate whether they perceived the scenario to be cheating, rated as Yes, No or Not Sure. Arhin (2009, p.17) reports that participants were 'clear on the definition of academic dishonesty in examination situations but had difficulty identifying academic dishonest behaviors during classroom and laboratory assignments'. Arhin (2009) acknowledges the limitation of using a convenience sample and small number of students from one university. Arhin (2009, p.20) reports that students' 'perceived the behaviour of copying a peer's work with permission as more acceptable and honest than copying without permission'. Students 'were ambivalent as to whether the behaviours of cutting and pasting and improper use of referencing constituted academic dishonesty' (Arhin 2009, p.20). Arhin (2009, p.20) suggests that 'inherent characteristics of today's Generation Y student may contribute to why a number of academic dishonest behaviours are normalised by students'. The average age of students in the study was 24 years, born after 1981 coming from single parent households and categorised as generation Y or MTC generation: independent, resourceful, inventive, self-sufficient problem

solvers, accustomed to immediate gratification and technologically literate (Arhin, 2009). Arhin (2009) suggests young students' survival tactics involves using the internet and mobile phones as a means to getting what they want and may involve sacrificing personal moral standards.

2.4 Risk in everyday life, nursing practice and nurse education

Literature on professional standards and competencies inherent within nursing and the multiple facets of academic dishonesty have been examined. Literature on risk will now be explored on the premise that students are taking a risk when they engage in academic dishonesty, linked with the range of penalties and consequences which may occur. I will initially appraise literature on risk occurring in everyday life; then review risk in nursing practice and nurse education; followed by appraisal of risk controls and risk management.

2.4.1 Risk taking in everyday life

Beck (1992, p.2) focused on reflexive modernisation and risk, asserting that 'the consequences of scientific and industrial development are a set of risks and hazards' which had not previously been faced. Beck illustrates how 'a post-industrial society produces wealth and risk, where risk is often invisible, unknowable and not easily calculable' (Godin 2006, p.6). Reflexive modernisation involves individuals making decisions about how to live their lives, as social agents not constrained by structures in society and choosing their own future, 'where individuals reflect upon and flexibly restructure the rules and resources of the workplace and of their leisure time' (Beck 1992, p.3). Advances in medicine and nursing practice have been prolific over the past fifty years, often involving ethical debate about risk. People are said to live in a risk society 'with a sense of risk that affects all aspects of their everyday lives' (Pontin 2006, p.130). This includes use of the internet, email and other forms of electronic communication such as mobile phones and social networking. Beck (1992) and Godin (2006) contend that while industrialisation had benefits it brought increased risk into the work, social and recreational life of people and thereby changed the culture in which we live. Ironically Beck (1992, p.15) acknowledges tongue in cheek, that many parts

of his text book ‘are virtually plagiarisms of personal conversations and shared life’, but acknowledges people who influenced his ideas.

Tulloch and Lupton (2003) build on Beck’s notion of modernity using socio-cultural theory exploring how risk is perceived by people and influences their daily activities and relationships. Tulloch and Lupton (2003) explain how following industrialisation more flexible patterns of work resulted in upward social mobility and emergence of new professional groups. Tulloch and Lupton (2003) suggest that a lowering of social values occurred linked with a period of uncertainty, insecurity, inability to predict and feelings of lack of control. There was an acceptance that risk was a part of everyday life in contrast to before where life had been more routine and predictable. Lupton and Tulloch (2002) interviewed people in Australia who reported risk being a part of everyday life, viewing risk taking as positive, but viewed government as having a role in protecting citizens. Tulloch and Lupton (2003) assert that people are aware that a job is no longer for life and are fearful about their employment, crime, family, education, their economic position, health and their environment. People are more prepared to take calculated risks, in business and personally in their lives in areas such as sport. Tulloch and Lupton (2003) also acknowledge the effect that gender, social class, ethnicity, sexual orientation, occupation, geographical location and nationality have on personal awareness and experience of risk. Tulloch and Lupton (2003, p.69) contend that ‘knowledge and power were seen as integrally related, and citizenship denied because knowledge was denied’, but that now the new risk citizen takes responsibility to inform themselves of knowledge via the internet and take controlled risks based on newly acquired information. Beck (1992) acknowledges that sub-political structures provide power to professions such as medicine, who control access to their research, innovation, and standards for education. Malpractice is decided based on professionally determined norms determined by members of the profession. Similar structures exist in nursing.

Nurses, as well as belonging to a discreet professional group, are fundamentally members of society and therefore their values, perceptions and

experience will be shaped by the society in which they live. Nursing involves a nurse bringing their personal qualities to their relationships with patients as well has their knowledge and skills (NMC, 2010a). If social values have been lowered as Tulloch and Lupton (2003) suggest, then the pool of people in society with the professional values which are required in nursing, will make selection and recruitment more challenging because of a reduced pool of suitable candidates. Once recruited this places increasing emphasis on the need to socialise nursing students to professional nursing values. Price (2008, p.12) acknowledges that professional socialisation involves a 'process of learning skills, attitudes and behaviours' and the understanding of the professional values and norms of the profession of nursing.

2.4.2. Risk in nursing and nurse education

As well as risk taking being part of current society, risk also pervades many aspects of nursing practice and nurse education. Godin (2006) builds on the concept of a risk society and relates sociological theories to risk in nursing practice in patient safety, clinical practice, clinical governance and violence. Godin's (2006) book 'Risk and Nursing Practice' has contributions from authors illustrating types of risk assessment, risk taking, risk controls and approaches to risk management within different specialities, including working with adults, older people, children and people with mental health problems and learning difficulties, in a range of in-patient and community settings. Godin (2006) acknowledges widespread use of the term risk and discusses fear of litigation within a health care climate focused on risk. He asserts that health care policy focuses on reducing risk, avoiding disease and injury and minimising harm (Godin, 2006). NHS Direct is as an example of facilitating self-assessment of symptoms and advice for people to self-care and manage their own health. This approach fits with what Godin (2006, p.17) describes as advanced liberalism emphasising 'responsibility on people to rationally manage their own health, welfare, education and general wellbeing' including an expectation to calculate and manage risk.

National policy has created a culture within nursing and health care professionals focused on reducing harm and injury involving risk assessment,

self-monitoring and implementation of action plans for quality improvement. Research has also focused on organising patient safety and identification of risks and hazards (Battles and Liford, 2003). Johansson et al. (2009) outline the experience of nurses and factors which contribute to and or reduce falls in older people with dementia in nursing homes. The study illustrates the ethical dilemma of 'balancing integrity and autonomy versus risk of falling' (Johansson et al. 2009, p.61). Similarly, Kaitani et al. (2010) undertook a study to identify factors influencing development of pressure ulcers, to determine interventions which might be undertaken. The focus was on decreasing the risk of pressure ulcer development. There is emphasis on embedding an infrastructure which safeguards vulnerable adults and children.

In nurse education risk is also a prominent feature of systems and infrastructure. The NMC (2010a) Standards of Proficiency for Pre-registration Nursing Education focus on risk assessment and risk management as components of the course standards and requirements. Academic staff, nursing students and mentors focus on students developing competence in assessing patients' risk in a variety of aspects of care such as nutrition, infection, medicines and falls and safeguarding procedures and controls in place to minimise risk for the patient, family and community with an emphasis on health and well-being (NMC, 2010a).

2.4.3 Risk controls and risk management

A risk based approach is reinforced by the NMC (Mott MacDonald / NMC (2010) implemented within course approval and annual monitoring visits to universities. The emphasis is on reviewing the HEI and placement providers level of key risks and extent to which controls are in place within defined areas including resources; admissions and progression; practice learning; fitness for practice and quality assurance. In my role as an NMC reviewer I have been responsible for gathering and verifying evidence 'able to test the hypothesis of risk and or good practice identified' and triangulate different sources of information to arrive at a grading of how well risk controls are in place ranging from unsatisfactory, satisfactory, good through to outstanding (Mott MacDonald / NMC 2010, p.36).

The School where I am employed also maintains a risk register to comply with internal university procedures and monitoring guided by a university risk management policy and procedure (UCLan, 2011c). Self-assessment of risk incorporating risk controls are updated three times a year utilising the Financial Reporting Council (FRC) guidance on internal control and risk management (Financial Reporting Council, 2005).

Recently there has been focused interest in nursing on reducing patient harm and managing risk. Quality Innovation Productivity and Prevention (QIPP) (DoH, 2011) is a government transformational programme involving NHS staff, clinicians, patients and voluntary organisations with the aim of reinvesting efficiency savings to enhance the quality of care operationalised through national work streams. Case studies have been used to share good practice. A particular focus has been on improving nutrition and reducing falls in patients, reducing infection rates and complications of care and treatment. Self-assessment tools have been developed to assist NHS Trusts in managing risk, ensuring risk controls and prevention is in place (DoH, 2011). Risks have always been present in nursing practice and education but have not been as clearly defined as they are today. A motivator for risk management is health care staff and their organisations being investigated and sued for incompetence with high media coverage (Francis, 2010). However, Godin (2006) outlines advantages of moving from a compensation culture to one of common sense and highlights how mental health nurses view risk as a threat, whereas learning disability nurses view this as an opportunity.

2.5 Summary

The literature appraised included journal editorials; case studies; personal reflections by academic staff; summaries of policy and strategy and literature reviews. I found limited research on academic dishonesty occurring in the UK, which is also acknowledged by Bailey (2001). Studies by health care professionals have recently emerged in higher education. Literature appeared

mainly from the UK and USA, with some from Australia, UAE, and Nigeria. The terms academic dishonesty and academic misconduct appear to be used to include similar types of dishonesty in a broad range of assessments. The term academic misconduct appeared preferable as a global term covering dishonesty occurring in nursing students engaged in both theoretical and practice assessments, which are typical requirements of nursing courses underpinned by professional statutory regulatory body standards and requirements. Terms are often used interchangeably in literature. The term plagiarism is used as a generic term referring to different types of dishonesty in a range of assessments and as a more specific act when failing to acknowledge sources of information in written assignments. The terms collusion, cheating, fabrication and falsification are more seldom used but have far reaching implications when occurring in nursing. Examples of collusion have been reviewed where students have shared their work or benefited from working together and cheating relating to misdemeanours in examinations. There is evidence of plagiarism, fabrication and falsification occurring within nursing students undertaking research degrees. Using these terms would be preferable rather than scientific and research misconduct which also appears in the literature. Scientific and research misconduct could then be used to refer to students and qualified heath care staff engaged in breaches of established research protocols, thereby avoiding multiple use of terms. While the terms classroom and clinical setting misconduct are used as an alternative way of defining specific types of academic misconduct these acts could be referred to under plagiarism and cheating. Viewing cheating as uncivil adopts a moral perspective. Attempts to classify academic dishonesty have been reviewed. Academic dishonesty could be viewed as a symptom of the general deterioration in decline of moral values in society. If this is correct, one solution maybe to ensure that selection of student nurses is robust.

Marsden et al. (2005, p.3) contend that ‘the vast majority of studies have been interested in measuring levels of incidence of cheating behaviour rather than proposing and testing theoretical models to explain behaviour’. This identifies a gap in the literature and evidence base. Incidence appears to be increasing possibly reflecting wider societal changes as previously discussed. Literature

indicates that there are a number of influencing factors. There is an increasing need for academic staff and mentors to act as effective role models reinforcing professional values. There have been a number of high profile cases of plagiarism of senior academics and clinicians with consequences for the individual, profession and universities involved.

Detection of plagiarism has provided commercial opportunities with a range of electronic software tools being developed. Unfortunately these do not detect where students have purchased bespoke writing services or cheating in examinations and should not detract from the importance of academic staff screening. There appear to be a wide variation of penalties used for academic dishonesty. A national point based benchmark tariff developed for guidance on penalties needs amending to accommodate students undertaking professionally regulated courses (Tennant and Rowell, 2009).

There is a general acceptance that risk now pervades everyday life. Improvement in medicine and nursing in diagnostics and treatment has resulted in projects, research trials and changes in practice and care delivery all which contain an element of mitigated risk. Risk in nursing practice and education has become commercialised through national and organisation funding driven by targets to increase productivity and make efficiency savings. Risk taking has been acknowledged as implicit within all specialist fields of nursing practice, risk for nurses themselves, their patients, carers and their colleagues. Risk assessment, risk taking, risk controls and risk management is now integrated into healthcare infrastructure and governance processes. National policy now drives targets for achievements in efficiency savings and increased productivity while also focusing on prevention and self-care and reduction of harm to patients. Various aspects of risk are implicit within nursing courses curriculum content, guided by professional body education standards. Higher Education providers are subject to approval and monitoring, where the NMC seek reassurance that measures are in place to control risk in university and practice settings where courses are delivered.

3.0 Literature review part two: Academic integrity and a person centred approach

3.1 Introduction

This chapter will build on the literature reviewed in the previous chapter and examine literature on approaches used to promote academic integrity in nursing students and person centred approaches in nursing practice and nurse education. The previous chapter focused on developing an understanding of the problem of academic dishonesty. This chapter will focus on a review of preventative strategies and solutions.

3.2 Academic integrity

Following a review of the literature there appeared limited research focused on academic integrity in nursing. Tippitt et al. (2009, p.240) point out that it is 'surprising to realize that discussions of academic integrity are minimal, particularly given the nursing profession's expectations related to honesty, trust, respect, dignity, and responsibility'. Tippitt et al. (2009, p.239) contend that 'little has been written in the nursing literature regarding academic integrity and means of promoting this value' suggesting a need to address this omission. I will initially define academic integrity and explore characteristics inherent within a strategic approach. I will then review the role of education, assessment methods, and deterrents. Finally, different roles and responsibilities for promoting academic integrity and student and staff perspectives will be examined.

3.2.1 Definition

Academic integrity appears difficult to define. Elzubeir and Rizk (2003) use the terms academic integrity and educational integrity, educational conduct and ethical educational practices interchangeably. Some authors prefer to list activities inherent within the process rather than provide a definition. Meizlish (2005) argues that promoting academic integrity is integral to being part of an

academic community and there are a range of resources and processes to support this including ‘honor codes’, adjudication procedures, penalties and roles of staff and students.

Tanner (2004) uses the terms scientific integrity and argues that academic staff have a key role in creating a culture of academic and professional integrity to ensure ideas are attributed accurately. Tanner (2004) appears to use terms interchangeably but does not clearly define professional integrity but highlights the importance of learning over measures of academic achievement. Literature suggests that academic integrity can be promoted in individual students, staff and in communities.

It is worth considering the purpose of academic integrity. McCrink (2010, p.444) reminds nurses that ‘when we are responsible and accountable and maintain our integrity, we epitomize the worth society places in our profession’. Langone (2007) outlines a code of academic and clinical integrity for nursing students emphasising that this is as important in the clinical setting as it is in the classroom. The term ‘academic integrity’ may be inadequate to reflect the requirements of nursing students completing placement experience. Development of an integrated definition of Academic and Practice Integrity specific to nursing clarifying roles and responsibilities in university and practice settings may be useful. Literature focuses on the process involved rather than defining it. The process will now be explored.

3.2.2 Strategy and policy

Paterson et al. (2003) assert that most universities have focused on correcting the ignorance of students by defining plagiarism and clarifying the significance for them, despite recommendations to adopt more holistic approaches involving staff and students. Literature is emerging on strategies and policies documenting preventative holistic approaches. MacDonald and Carroll (2006) assert that there had been a concentration on deterrence, detection and punishment and there was now a need for a holistic institutional approach with shared responsibility being taken by the student, staff, institution and external quality agencies. MacDonald and Carroll (2006) acknowledge that the QAA

Code of Practice states that HEIs should have mechanisms to manage breaches of assessment regulations and provide students with information including definitions of academic misconduct. They advocate equipping students with skills to avoid plagiarism; developing curriculum focused on formative assessment; having institutional regulations and procedures and staff development (MacDonald and Carroll, 2006). Oxford Brookes University changed their approach by renaming academic misconduct officers to academic conduct, responsible for identifying students' skills gaps (MacDonald and Carroll, 2006). Following a university review findings were disseminated through guidelines, websites, workshops and briefings using a proactive solution focused approach.

Duggan (2006) develops this suggesting institutions adopt a holistic preventive approach which includes detection, but focuses on reducing opportunities for plagiarism; developing fair transparent policies; consistent fair management of incidence and mechanisms for sharing information with students to prevent occurrence. Park (2003) reinforces this view. Similarly, Devlin (2006) reports on advice provided to Swinburne University senior management team in Melbourne by a plagiarism project team. An integrated strategic approach was recommended that was embedded at all levels and through all processes and with all stakeholders (Devlin 2006). A restructuring affected implementation emphasising the importance of senior managers rolling out strategies and policies with stable infrastructure, administrative and support systems.

The Centre for Academic Integrity at Rutland Institute for Ethics in Clemson University offer annual rates of membership to gain access to their facilities and services (CAI Undated). Membership provides invitation to an annual conference; electronic forum; early access to research findings; support in organisational self-assessment and consultation (CAI Undated). The centre has capitalised on commercial opportunities but provide access to parts of their website listing research findings. The values of academic integrity promoted are 'a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility' (CAI

Undated p.2). McCabe and Pavela (2005) build on this, outlining ten principles of academic integrity and preventative activities undertaken at an institutional level, involving work by staff at course and university level (Appendix 2).

Centres of excellence are also emerging in the UK offering advice and guidance, notably Northumbria University through the plagiarism advisory service (JISC, 2007) and at Oxford Brookes University through publications and on line courses (Carroll and Appleton, 2001; MacDonald and Carroll 2006; Williams and Carroll 2009) and workshops focused on institutional policies and procedures (Oxford Brookes University, 2010). The Higher Education Academy has also provided guidance for academic staff (HEA, 2011). An independent organisation 'nlearning', a spin out company at Northumbria University offer information leaflets and on line materials including 'Frequently asked questions' (nlearning, undated a). The Learning and Development Centre at Warwick University also provide an eguide (Warwick University, undated).

Park (2003, p482) encourages 'advising students what academic integrity is and why it is important (thus identifying values and behaviours to be promoted, rather than listing behaviours to be prohibited)'. An alternative practical approach is to list dos and don'ts for students. Park (2004) reports on an institutional framework implemented at Lancaster University with emphasis on prevention and education and transparent procedures for detection and punishment which incorporates most of the principles outlined by McCabe and Pavela (2005). This is based on core principles of 'transparency, ownership, responsibility, academic integrity, compatibility with the institution's academic culture, focus on prevention and deterrence and support for development of student skills' (Park 2004, p.291). An evaluation of the principles of McCabe and Pavela (2005) and framework by Parks (2004), highlighting the impact of their implementation and lessons learnt, with recommendations for enhancement, would be beneficial.

This type of research is emerging. Brown and Howell (2001, p.106) undertook a study with 218 psychology students at the University of St Andrews using

questionnaires ‘distributed and collected prior to the start of teaching in four compulsory practical classes’ which questions whether students felt coerced. Ethical approval and consent is not clearly outlined. Students were divided into three groups: educational; warning and no information. The ‘educational group’ were provided with a passage designed to educate students about plagiarism, how to avoid it and how to reference work. The ‘warning group’ contained limited information, an inaccurate definition of plagiarism with no explanation of how to reference. The ‘no information’ group received no information on plagiarism or referencing (Brown and Howell, 2001). The aim was to examine the efficacy of policy statements and their influence on perceived severity and incidence. The findings showed that ‘a carefully worded statement about plagiarism was an effective way to change perceptions of how seriously plagiarism breaches academic guidelines’ (Brown and Howell 2001, p.103). Providing guidance on how to avoid plagiarism was seen as encouraging students to ‘take a more serious view of the issue’ whereas a vague definition and friendly warning was found to be ineffective (Brown and Howell 2001, p.103). However, the long term impact was not measured. This type of research is needed with nursing students.

Literature suggests that a proactive, preventative, holistic approach needs to be implemented and evaluated and requires a shift away from a punitive approach focused purely on detection and penalties. Tippitt et al. (2009) believe that a cultural shift is needed with concentrated effort and investment. The challenge is to develop ways of ‘socialising students and junior colleagues into the norms of professional academic life rather than simply issuing the threat of sanction’ (Rosamond 2002, p.172).

3.2.3 Education

Warn (2006) explains that their policy requires academic staff to exercise judgement in determining whether plagiarism is poor academic practice or academic misconduct, suggesting academic staff need education to help them recognise academic misconduct and need to report it. Education of staff, students, mentors and other stakeholders appears important. The content and process involved will now be explored.

Leask (2006) suggests that one of our roles is to induct students into academic practice and our particular discipline. This involves inducting students into western styles of academic practice including cultural norms, expectations and values of nursing in the UK. Consequently, Leask (2006) outlines four areas for academic staff development required: 1. becoming familiar with learning strategies used in other cultures and extending these; 2. educating students about plagiarism and perspective from their discipline i.e. nursing, and development of academic writing skills, drawing upon central university support; 3. deterring plagiarism and having clear assessments enhanced by student feedback and 4. use of effective learning and teaching strategies. Meizlish (2005) agrees that it is crucial to orientate new students' and staff about institutional policy on academic integrity. Turnitin detection software (JISC Collections 2007) advocates using the database service to educate students on the need for, and process of accurate referencing. Turnitin now has an emphasis on prevention, encouraging students to use it to gain feedback on accuracy of referencing which can be utilised in peer review (nlearning, 2010).

Warger (2005, p.34) explains that many higher education institutions 'have established websites to promote awareness of the dangers of plagiarism and ways to avoid it'. Paterson et al. (2003, p.157) found in their study that there is a 'need for formal teaching of academic integrity and how it relates to broader ethical and professional issues' and including university policy in course syllabi was insufficient. I have chaired investigations where students confirmed they attended policy briefing sessions but still engaged in academic dishonesty. Paterson et al. (2003, p.156) argue that there is a need for further study about the experience of academic staff as they deal with competing values and the support they need.

One way of educating students about academic integrity is academic staff acting as professional role models demonstrating the qualities and skills expected of students. Meizlish (2005, p.3) suggests that 'while institutional statements and polices on academic integrity are important, the messages

and practices that students experience in the classroom help transform academic integrity from an abstract concept into an on-the-ground reality'. Meizlish (2005, p.3) outlines advice which academic staff need in order to promote academic integrity including how to design assignments; invigilate examinations and detect academic dishonesty. Tippitt et al. (2009) build on this suggesting that academic staff need to ensure they reference their PowerPoint slides, hand-outs, websites, and course syllabi. They advocate staff role modelling the values of honesty and integrity and addressing problems in clinical settings where students observe practices which do not demonstrate integrity. Fittingly, Tanner (2004, p.292) emphasises the importance of students having 'images of people who do not cut corners', who succeed and approach work with truth and genuineness.

A number of teaching methods and resources can be used to educate staff and students. Price (2003) produced guidance in a work based learning format for readers of the Nursing Standard undertaking a university course. The aim was to enhance understanding about academic dishonesty and encourage learners to access academic advice and support. A diagrammatic representation and case study of collusion are illustrated. The training package is indicative of a preventative approach and responsibility taken by the journal editorial team. It would have been beneficial for Price to share hints and tips drawn from his experience as a distance learning lecturer.

Janowski (2002, p.26) requests a move towards 'prevention not prosecution' through education and not punishment, whereby teachers help students gain referencing skills, learn what is right and fair and utilise the full range of resources available to them. There are a number of ways this has been responded to by education institutions aimed at education of staff and students. Leeds Metropolitan University developed a 'Little Book of Plagiarism' (Leeds Metropolitan University, 2003) to help students increase their understanding of what it is, reasons for not plagiarising and how to avoid it. The University of Derby have also developed an elearning resource for students: Plagiarism Teaching Online (PLATO) to develop skills in referencing as part of an induction, pre-assessment or remedial activity (University of

Derby, undated). A concern about such education is that education may encourage students to follow through with academic dishonesty, when they would have otherwise been unaware of such practice, but now knowledgeable on how to do so. The counter argument is that students are able to make their own informed choices. Nurse education is about facilitating open transparent adult learning.

Ofqual the regulator of qualifications, examinations and assessments, offered by schools and colleges, commissioned PlagiarsmAdvice.org to write guides for students and teachers. The guide for students, ‘Using sources’ emphasised the need for students once they have found a source to check and credit it when using search engines and data bases, with examples provided on referencing and paraphrasing (Ofqual, 2010a). The guide for teachers, ‘Authenticity‘ defines plagiarism, outlines how to create a culture of honesty and encourage authentic student work, how to teach study skills and referencing skills and explains the use of detection software (Ofqual, 2010b). There is also a guide for parents and carers with the aim of enabling them to reinforce good practice in study skills and referencing protocols encouraging a collaborative approach between, students, teachers and parents (Ofqual, 2010c). The three guides use plagiarism as a generic term incorporating cheating and collusion which could be confusing. All guides are free of charge and indicate a proactive preventative approach socialising students into study skills required in higher education.

While these introductory leaflets have their place in providing information linked to academic integrity, there is also a need to provide more detailed information to enhance knowledge and skills enabling recognition of good practice in study skills, academic writing and referencing. There are now a number of comprehensive texts offering this which help students and teachers understand how to avoid plagiarism with guidance on different referencing styles including Harvard; American Psychological Association and the Modern Language Association (Pears and Shields, 2010). There is also guidance on referencing electronic books, the internet, government and legal documents; podcasts and films, thereby covering all sources which need acknowledging

by students (Pears and Shields, 2010). The guide is useful but schools of nursing need to provide clear guidance themselves, indicating any modifications from traditional referencing protocols. My own school provides a guide for students on study skills and referencing which can be complemented by texts such as Pears and Shields (2010) and others available (Neville, 2010). Williams and Carroll (2009) have developed a pocket sized referencing and understanding plagiarism guide, which can be easily carried around to aid use. Its strength is its user friendly format with case examples, cartoons, quizzes and summary points.

3.2.4 Assessment

As well as educating staff and students about academic dishonesty and good academic practice, literature also emphasises designing suitable assessments. Bassendowski and Salgado (2005) suggest that advances in technology enable development of new assessment methods and advocate research into the use of concept mapping, blogs, wikis, gaming and WebQuests in nurse education. They support the use of assessments which require creative thinking and personalised assignments linked to student experience. Bassendowski and Salgado (2005) and Carroll (2007) refer to this as designing plagiarism out of the curriculum within a student centred approach, through meaningful assessment and use of clear student guidelines and inclusion of student reflection. Bassendowski and Salgado (2005 p.2) believe that it is useful for students to write 'original, applicable research' with emphasis on the learning gained. Changing assignment titles regularly also limits opportunities for students to collude. Warger (2005) builds on this advocating use of unique assignments; clarifying specific sources that need to be used; stipulating a requirement for students to submit online and drafts of assignments. DiBartolo and Walsh (2010) also support the use of a range of assessment strategies; regular review of assessments, reduction in time needed and careful proctoring of examinations.

There appears to be a dichotomy between setting personalised student assessments, assuming no two student nurses experience will be the same, compared to setting assignments with a clear focus which is changed for each

cohort. The former seems very facilitative enabling creativity and the latter very prescriptive focused on control. A compromise may be to encourage personalised learning incorporating reflective practice, while timetabling formative assessment and tutorial support to assist development of referencing and academic writing skills, together with electronic submission. Schuetze (2004, p.257) reinforces this having discovered that 'students who completed the homework assignment had fewer problems with citations and believed that they had a better understanding of situations that comprised plagiarism'.

Tanner (2004) also advocates assessments which are connected to learning, which are fair and meaningful and lead to improved performance of nursing students but avoid students making comparisons with each other. Rosamond (2002) suggests agreeing titles well in advance of submission dates and submission of annotated bibliographies. The scrutiny of students work by external examiners who are subject experts also aids detection. Informing students of such processes could act as a deterrent. Walden and Peacock (2006, p.201) summarise the importance of a preventative approach to assessment stating 'it is better to address and respond to the causes of plagiarism and so avoid it, rather than to place the emphasis on its detection and punishment'.

3.2.5 Deterrents

Honor codes have developed in the USA for deterring academic dishonesty and have been adapted for use in the UK as student self-declarations. Park (2003) suggests that many institutions in America adopted honor codes, to appeal to students' sense of ethics and to emphasise values of truth, accountability and responsibility. Park (2003) acknowledges that this is implemented in different ways, with some universities having public signing ceremonies, while others sign a pledge for each assessment. Langone (2007, p.45) outlines HIRRE (honesty, integrity, respect, responsibility and ethics) as 'an example of a modified honor code', used with nursing students in a community college in Florida, USA, encouraging responsibility and establishing protocols for monitoring of integrity. Students sign each semester

committing themselves to a pledge of ethical behaviour and are encouraged to report other students suspected of academic dishonesty by completing a report placed within a locked box within the nurses lounge.

Another deterrent is use of the 'i-map' promoted by Walden and Peacock (2006) as a transparent diagrammatic process for counteracting plagiarism, developed to enable Art and Design students to document information gathering and handling used in written assignments. This transparent process provides a marker with 'a working record of the way ideas have developed and information gathered' (Walden and Peacock 2006, p.205). Nursing could adapt this approach with assessments incorporating personal reflection and learning gained from placement, supported by research and policy, annotated within an electronic portfolio.

Conversely, Devlin (2006, p.54) criticises an ethics based approach asserting that this is 'based on the assumptions that plagiarism is deliberate and that asking students (and staff) to pledge to conduct themselves ethically will adequately address the issue'. An alternative way of viewing this is that honor codes and student self-declarations are attempts to educate students about the values required and attempt to reduce the risk. Tippitt et al. (2009, p.239) reminds us that 'solutions that promote long term affective changes underlying the acquisition of academic integrity are needed'.

3.2.6 Roles and responsibilities

There are a range of stakeholders with specific roles, interests and responsibilities for promoting academic integrity e.g. personal tutors, mentors, commissioners and patients. Tippitt et al. (2009) remind stakeholders that an environment where academic dishonesty occurs is not due to students alone and changing the culture is the responsibility of all involved in education. Tanner (2004) emphasis the important role nursing academic staff play in this.

Hamilton (2003) highlights the role librarians' have in the detection of plagiarism and use of detection software, outlining how librarians have a role in teaching academic staff how to detect plagiarism. Hamilton (2003) clarifies

the typical profile of a student who plagiarises, highlighting warning signs for academic staff to look out for including poor student attendance, poor study skills, poor time management and frequent use of extenuating circumstances. Although librarians have a key role in developing skills and confidence in students searching data bases, this is not emphasised.

Table 3.1 lists the range of people and organisations internal and external to the university with roles and responsibilities in promoting academic integrity with nursing students. This ranges from partner placement organisations through to the professional statutory regulatory body. This summarises literature reviewed including that identified in paper one (Harrison, 2008a). Roles vary from developing, communicating and disseminating strategies and policies, through to education, detection and investigation.

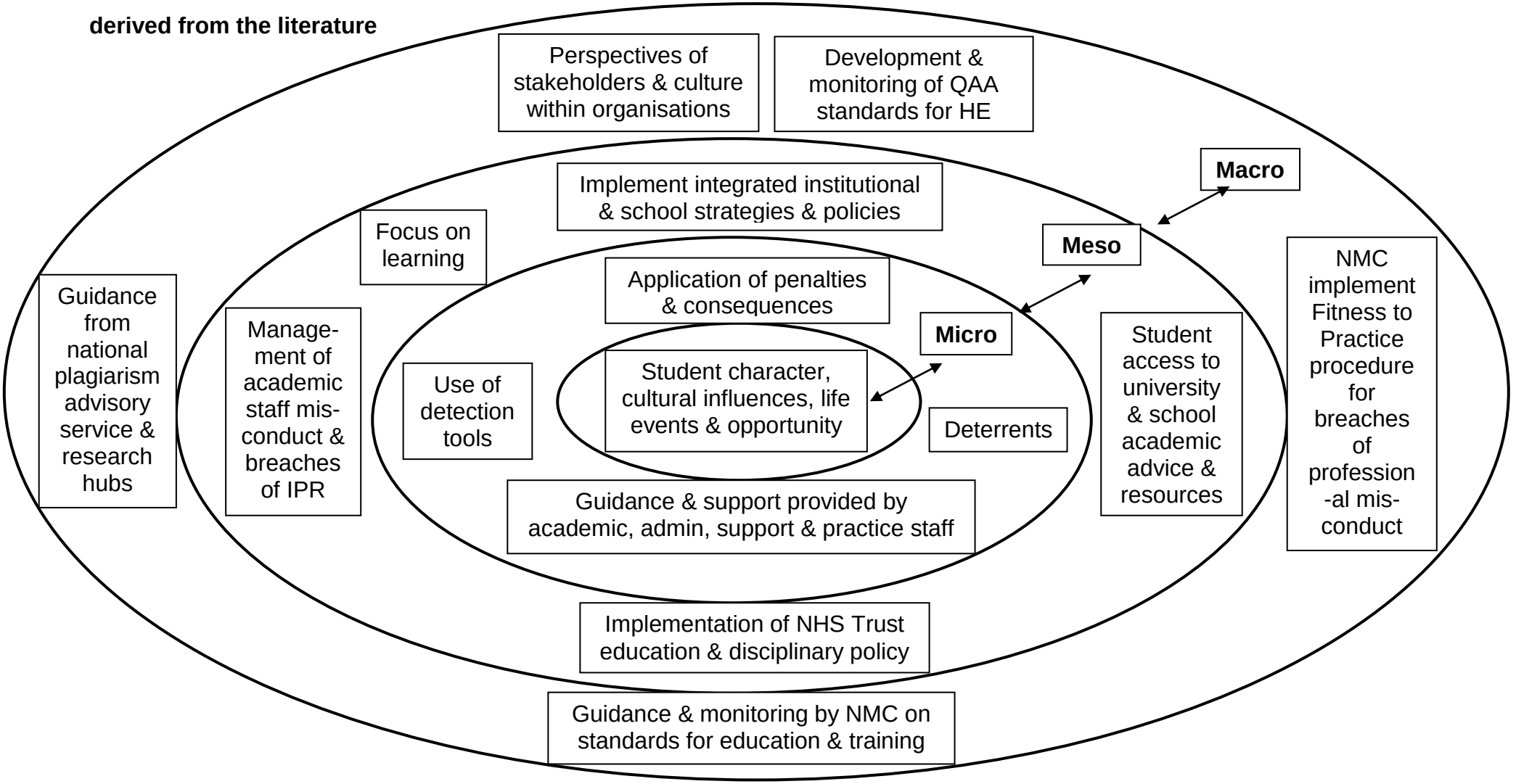
Figure 3.1 diagrammatically presents a summary of themes identified from the literature, illustrating roles, responsibilities and features of academic integrity. Devlin (2006) refers to this as a multi-layered approach from policy through to student preparedness and staff practice. The three concentric circles depict three levels (micro, meso, macro) where activity can occur when promoting academic integrity with nursing students. The range of activities undertaken directly with students by the course team, including personal tutors, practice mentors, practice education facilitators, administrative and support staff is at a micro level. Activities undertaken by the school and university and by Executive Nurses in placement provider organisations are termed the meso level. This may involve development, implementation and evaluation of nursing and educational strategies and policies. National organisations such as the QAA, NMC, national plagiarism advisory service, providing codes, standards, guidance and monitoring of professional nursing values, conduct and fitness to practice, is depicted at a macro level.

The arrows linking the three levels reinforce the need for an integrated approach where activity at one level informs and influences the other. The NMC Standards for Education and Training outline key requirements for including within a nursing curriculum e.g. professional nursing values. The

Table 3.1: Roles and responsibilities in promoting academic integrity

	NMC	HEI	School	Academic staff	Students	Admin support staff	NHS Trust	Mentor	Patient reps
Develop & implement academic regulations & procedures	√	√	√	√	√	√	√	√	√
Range of media to communicate	√	√	√	√	√	√	√	√	
Create an academic culture	√	√	√	√	√	√	√	√	√
Teach professionalism & ethics	√	√	√	√	√		√	√	√
Role model professionalism	√	√	√	√	√	√	√	√	√
Teach study skills		√	√	√		√	√	√	
Design it out in assessments	√	√	√	√				√	
Sign self-declaration					√				
Report suspected cases				√	√	√		√	√
Use electronic detection service		√	√	√	√	√	√	√	
Fair transparent penalties	√	√	√	√		√	√	√	
Sign off student achieved good character / NMC standards	√	√	√	√			√	√	√
Report to NMC committee		√	√	√			√	√	√
Use trust disciplinary procedure			√	√			√	√	

Figure 3.1: Model of academic integrity derived from the literature



school and university validation procedures will ensure these standards and university regulations are adhered to and once approved this will be delivered by academic and practice staff at course level.

3.3 A person centred approach

I have reviewed literature on approaches promoting academic integrity including the use of a strategic, holistic, preventative approach; designing misconduct out of the curriculum in assessments; use of deterrents and activities in university and practice settings by a range of staff with various roles and responsibilities. Links with a person centred approach in health care, person centred learning and person centred nursing will now be explored.

3.3.1 A person centred approach in health care

Over recent years Department of Health policies have advocated a patient-led NHS which provides personalised care and offers choice, empowering people to improve their own health, moving from a service that does things to and for patients to one which is patient led (DoH, 2005a). ‘A stronger local voice’ (DoH, 2006) set out the government’s framework to expand the community and voluntary sector, involving patients’ and carers’ views through local involvement networks (LINKs). The plan was to develop flexible services in response to the needs of local people. Numerous government papers illustrate the growing impetus of patient and public involvement, patient led NHS and patient centred services, all of which espouse person centred care and need for person centred education (DoH 2002; DoH 2004). In the NHS plan guidance for nurses encourage better patient information and involvement in decision making about care (DoH, 2001).

A number of national initiatives attempt to redress the balance in the amount of time nurses spend with patients providing direct care. This responds to reports receiving high publicity such as the Staffordshire Hospital Inquiry (Francis, 2010). Facilitating students to learn from occasions where care has not met professional standards can be used to reinforce the importance of a

person centred approach. The NHS Institute for Innovation and Improvement (2011) published ‘Rapid Impact Assessment of the Productive Ward: Releasing Time to Care’. Nine NHS Trusts were involved in a pilot aimed at empowering ward teams to identify areas for change, develop skills and creating time leading to efficiency and productivity of patient care (NHS Institute for Innovation and Improvement, 2011). The Scottish Government (2010) implemented a similar initiative in NHS Trusts and developed an education package for staff. Sharing such findings with nursing students enables them to incorporate the learning within their practice.

3.3.2 Person centred learning

Rogers (1983) outlined how a person centred approach could be incorporated in education within schools, colleges and universities, aimed at developing person centred teachers. This challenged a traditional approach to learning described as ‘a way of being’ placing trust in students and supporting their personal goals. Emphasis is placed on the importance of the interpersonal relationships between teacher and student and use of facilitated learning.

My own university developed an initiative titled ‘Shaping our Future’ consisting of five guiding principles following a staff consultation exercise to summarise the type of organisation the university wanted to be (UCLan, 2011b). The shared set of values fit with a person centred approach to education and aimed to influence individual and team behaviour including: a common purpose; leadership; teamwork; relationships and making things happen. It could be argued that if course and module teams and mentors adopt these values and model, this will reinforce person centred education and person centred nursing. The values state that ‘individuals and teams are respected and valued and appreciation of success will be openly demonstrated’ together with a shared responsibility for achievement and commitment for openness in relationships, trust, mutual support and a can do attitude (UCLan, 2011d, p.1). This fits with creating a culture and learning community where Academic and Practice Misconduct does not comfortably sit.

Holmstrom and Larsson (2005) argue that nursing student perceptions of their profession and patient experience influences the way they develop as registered nurses. They undertook a qualitative study involving twelve third year Swedish nursing students' with the aim of capturing understanding of their professional role in future health care. A narrative phenomenological approach involved the students writing down their thoughts and experiences. Holmstrom and Larsson (2005) found students believed that ethics and a holistic view of the patient were central to nursing and caring and that nurse education should focus on treating the patient as a human being. The research highlighted tension between nursing care and other duties, where nursing tasks such as dispensing medication, keeping charts and checking equipment was not viewed as caring, compared with performing tasks with patients and communicating with patents and relatives (Holmstrom and Larsson 2005).

In another study twenty four clinicians were interviewed to clarify the actions, interventions and interpersonal relationships nurses had with patients (Graber and Mitcham, 2004). The clinicians included in the study were identified because they were considered to be excellent role models in caring. A model of affective clinician / patient relationships was developed whereby 'compassionate clinicians' were said to be able to demonstrate warm empathic interactions and an integrated holistic approach to care linking mind and body in their work (Graber and Mitcham, 2004). Empathy and person centred values and skills appear to be important content within a nursing curriculum.

Johnson et al. (2006) build on this within a survey undertaken in 1983 (n=176) repeated in 2005 (n=618) with nursing students in three schools of nursing in England. Students used an agree-disagree five point likert scale questionnaire to self-assess what 'behaviour they valued, rather than their own personal honesty' (Johnson et al. 2006, p.4). Johnson et al. (2006) found that nursing students are now less altruistic but value honesty with patients more than in previous years. They suggest that changes in student population and personal circumstances influence them adopting a more pragmatic approach

to study, linked with increased numbers of older students with domestic responsibilities and students working to supplement their income. Johnson et al. (2006) suggest that despite enormous changes in society and the way nurse education is delivered, nursing is still underpinned by key values and beliefs including self-control, independence and academic achievement, which they argue is important to continue in nurse education.

3.3.3 Person centred nursing and professional ethical values

Having considered person centred approaches encouraged in health care at a national level and principles of person centred learning, it seems appropriate to review person centred nursing and professional ethical values.

Exposure to person centred education appears pivotal to enable nurses to develop person centred skills and practice. Carr (2008, p.120) examined the changes 'in pre-registration nursing education through the personal accounts' of thirty seven academic staff using individual interviews analysed using content analysis. Carr (2008) summarises the views highlighting the influence of three major changes: the nature of nursing, selection of students and large student cohorts, all having an impact on person centred education. The outcome of the study supports values based education for nurses. Participants expressed concern that values in higher education and practice were not the same and there was inadequate role modelling. Unfortunately the views of mentors and managers in practice were not outlined. Hancock (2008, p.258) aptly states that there is a need to 'take responsibility for the decisions made about nurse education in order to protect the integrity of nurse education and patient safety'.

Langone (2007) builds on this reporting that studies have found links between unethical student practice and future professional behaviour, reinforcing the importance of instilling ethical practice with nursing students. Langone (2007) adds that because of the high level of trust, honesty, and ethical standards perceived to be associated with the profession, nurses have responsibility to conduct themselves in a manner that warrants public trust. A nursing course needs to implement mechanisms which facilitate professional ethical

behaviour in nursing students. Fitzpatrick (2004) advocates teaching ethical practice through use of ethical dilemmas. Fitzpatrick (2004) suggests that encounters between students, teachers, patients, and other professionals need to be professional, implying professionalism needs to be role modelled and normalised. Johnson et al. (2006) discuss the influence of role models for adoption of personal values in nurse education, including the use of mentors and preceptors. Similarly, Price (2008) believes that students' early socialisation through interactions with nurses have a strong influence on developing views of nursing and self-identification. Price (2008) warns against experiences which give an idealistic perspective of nursing and cause dissonance and distress when students enter practice.

Clark and Springer (2007b) add to the discussion on socialisation asserting that education plays a crucial role in developing a civil society and well-being and higher education helps students develop civic and social responsibility. They contend that nurse educators and nursing students have a shared responsibility in behaving ethically and professionally, guided by standards and principles established for the nursing profession. Clark and Springer (2007b) suggest that nurse educators, education administrators and students need to work together to develop and implement strategies and codes of conduct including addressing arrogance of some academic staff and student expectations.

McCarthy et al. (2008, p.207) assert that there is a need for nurses to improve communication skills and 'a growing demand for more therapeutic and person centred communication courses'. Tolan (2003, p.8) acknowledges the use of person centred counselling skills by nurses and importance of empathy, congruence and acceptance. Tolan (2003) emphasises the importance of a therapist viewing the world from a client's perspective. These principles of person centred counselling are illustrated in accounts of person centred nursing. Barker (2001) outlined the 'Tidal model' used in mental health nursing, advocating a person centred approach to recovery and patient empowerment. The interpersonal relationship was seen as central to nursing practice. Emphasis is placed on patient engagement; personhood, holistic

nursing assessment, and providing personal security off set against patient risk of harm (Barker 2001). Manley et al. (2011) also outlines these principles illustrating what might be observed where person centred care is practiced primarily: getting to know a patient as a person including their values and beliefs; involvement in shared decision making with patients; providing information tailored to individual patient needs; supporting a person to make choices; acting as their advocate; responding to feedback and evaluating care with patients. Gambling and Long (2010) also report on the use of patient centred care in telephone self-care interventions, education and support, delivered by non-medically trained tele-carers, supervised by a diabetes nurse specialist. In summary if a person centred curriculum is developed and implemented whereby academic staff and mentors act as role models, socialising nursing students to professional nursing values and ethical practice the contention is that this should lead to person centred nursing practice.

3.4 Summary

In summary, there have been limited attempts to define academic integrity linked specifically to nursing. Principles of academic integrity are emerging, together with the promotion of strategies and policies which advocate a preventive holistic approach across higher education. A variety of teaching methods and resources can be used to educate staff and students about academic integrity. Introductory leaflets and comprehensive texts are becoming available, providing information on academic dishonesty for students and teachers, aimed at enhancing knowledge, study skills, academic writing and referencing. Honor codes have developed in the USA as methods of deterring academic dishonesty and have been adapted for use in the UK using student self-declarations.

There are a range of people and organisations internal and external to the university with roles and responsibilities to promote academic integrity with nursing students. A diagrammatic model illustrating the multi-layered process of academic integrity derived from the literature, illustrates activity at a micro,

meso and macro level (Figure 3.1). A range of national policy has reinforced the importance of providing a patient led and patient centred NHS where staff adopt a person centred approach in the delivery of care. Carl Rogers' (1951) principles of person centred learning are advocated for use in nurse education. This has been reinforced where studies have demonstrated that nursing students value honesty with patients but take a more pragmatic approach to their study due to commitments outside of the university. A values based curriculum in nursing shared across university and practice settings is promoted within the literature. To socialise students to person centred nursing, professional values and ethical practice access to good role models, mentorship and supervision is emphasised. There are examples of nurses providing person centred care using person centred counselling skills in their relationships with patients. Use of person centred learning and person centred nursing creates a culture where academic dishonesty is incongruous, which is reinforced by professional nursing values and ethical guidelines inherent in NMC codes and educational standards.

4.0 Research design and data collection methods

4.1 Introduction

Within this chapter I will outline the research design and data collections methods selected. I will initially clarify the research aim and questions and then explore the use of a qualitative paradigm and critical realism as the underpinning philosophical framework. I will outline the reasoning behind utilising a case study approach and choice of multiple data collection methods, including semi structured interviews, nominal groups and documentary evidence. I will then outline the rationale for using thematic analysis as the method of data analysis. Finally, I will summarise the process employed for gaining ethical approval and governance of the research. The content of this chapter builds upon information presented within papers two and three (Harrison 2009a; Harrison 2009b).

The title of the research is 'stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students'. The title was developed during completion of the three EdD papers involving a literature review; a pilot study and research proposal (Harrison 2008a; Harrison 2009a; Harrison 2009b).

4.2 The research aim

The aim is implicit within the thesis title: to 'explore stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students'.

This aim grew from a gap identified in the literature. Harper (2006) states that there is a need to determine perceptions of academic staff and students regarding what constitutes unethical behaviour, to determine strategies for improvement. Tippitt et al. (2009) reinforce that this research is needed

because nurses may not know what academic integrity means and research might determine the current knowledge base.

4.3 The research questions

The study has three questions:

1. How would you define academic dishonesty occurring in nursing students?

2. What are the key features of academic dishonesty occurring in nursing students?

3. What approaches are used to promote academic integrity in nursing students?

The research questions were developed from the pilot study summarised in paper two (Harrison, 2009a), acknowledging a need to explore what academic dishonesty is and how it occurs amongst nursing students and approaches used for its management.

4.4 Philosophical underpinnings of the research

It is initially important to clarify the philosophical underpinnings which have guided the research. Saunders et al. (2007, p.102) define epistemology as that which 'constitutes acceptable knowledge in a field of study'. I view stakeholders' perceptions based on unique personal experience as acceptable knowledge. Saunders et al. (2007) use an analogy of a 'research onion' which depicts how research philosophy, approaches, strategies, choices, time horizons and research methods are distinct and interconnected. My research utilises an integrated approach which fits how Saunders et al. (2007) and Sayer (2010) describe the philosophy of realism. Sayer (2010) argues that the world exists independent of our knowledge of it and Saunders et al. (2007) assert that critical realists argue that we do not experience things

directly, but images and sensations of things in the real world. They warn that sensations can deceive us. Saunders et al. (2007) contend that critical realism claims that there are two steps to experiencing the world: the thing itself and sensations it transfers, followed by mental processing once this reaches our senses. An example would be when academic dishonesty occurs it is sensed by students and staff who individually process their experience (Saunders et al. 2007). Our knowledge of reality is seen as a result of social conditioning. Critical realists recognise the importance of multi-level study involving the individual, group and organisation, each influencing the researchers understanding (Saunders et al. 2007). Robson (2002) also outlines a realist view of science and states that 'social reality incorporates individual, group, institutional and societal levels'. Robson (2002, p.34) adds that knowledge is 'a social and historical product that can be specific to a particular time, culture or situation. It is the task of science to invent theories that aim to represent the world.' It is hoped that after synthesising stakeholder perceptions a product of the research will be development of new theory. I plan to invite stakeholders to share their perceptions of experiences they have gained within their roles which can be organised into themes and new knowledge, while accepting that it is their perception of events related to academic dishonesty and academic integrity. I will be accessing information from them not the event itself. A critical realist stance is adopted since it broadly fits my approach to this research.

Saunders et al. (2007) advocate an inductive approach where limited literature on a subject exists allowing data to be generated, themes analysed and new theory to be developed. Saunders et al. (2007, p.119) argue that an inductive approach 'is likely to be particularly concerned with the context in which such events were taking place' and more likely to work with qualitative data using a variety of data collection methods. The remainder of this chapter will outline these aspects of the research.

4.5 Case study design

I will initially outline case study design linked with the critical realist philosophy. I will then build on literature identified on case study outlined in papers two and three (Harrison 2009a; Harrison 2009b). I will highlight the work of Yin (2009), Stake (1995) and Willig (2001) who have each pioneered case study design and I have used to guide my research.

I was initially inspired by Appleton (2002) who argues that the rationale for undertaking a case study is where little is known about an issue and a detailed exploration of a contemporary issue within a real life setting is desired. Yin (2009, p.18) endorses this and encourages use of case studies 'when the boundaries between phenomenon and context are not clearly evident'. A case study was selected because the design is commensurate with the research aim, questions and the philosophical underpinnings. My research seeks to explore stakeholder perceptions within the school and university where I am employed, using a cross sectional case study.

Adopting a critical realist perspective is consistent with my desire to capture a variety of stakeholder perspectives from a university and practice viewpoint. Wells et al. (2002, p.339) add that realists argue that 'there are populations of cases or empirical clusters that researchers need to uncover and analyze'. Consistent with this argument, there is evidence that nursing students are plagiarising and this is needed to be better understood. Therefore taking a snapshot of what academic dishonesty is and then deciding how best to prevent and manage it, seemed best achieved utilising a panel of experts linked to the discipline of nursing.

Yin (2009) asserts that the major focus of case studies include decisions, individuals, organisations, processes, programs, neighbourhoods, institutions and events. My case study involves a number of these variables including individuals (stakeholders), an organisation (School and university) and an event (academic dishonesty). Yin (2009) suggests a case study can explain links in real life interventions; this could be methods used by nurses in

academic dishonesty. Yin (2009) adds that a case study may be used to describe a real life context in which it occurred; this could involve describing examples of academic dishonesty occurring in university and / or practice settings. Yin (2009) suggests a case study illustrates topics which could be methods used to promote academic integrity. Yin (2009) also states that a case study may enlighten situations in which the intervention has no clear single set of outcomes. This could involve illustrating the consequences of academic dishonesty from different stakeholders' perspectives.

In papers two and three (Harrison 2009a; Harrison 2009b) I illustrated my intention to use a case study design linked to Willigs' theory focusing on one location, the School of Health (previously the School of Nursing & Caring Sciences) at the university where I am employed (Willig, 2001). Yin (2009) suggests using a single case study to explore a problem in a school and Eisenhardt (2002) suggests using a case study to focus on understanding the dynamics present within a single setting. My case is also what Yin (2009) describes as revelatory where an investigator has opportunity to observe and analyse a phenomena previously inaccessible. My research involves investigating academy dishonesty and academic integrity as sub units of analysis and is therefore an embedded case study (Yin 2009). The study is instrumental in that it is an exemplar of a more general phenomenon (Willig 2001, p.73). Academic dishonesty occurring in nursing students in my school could be viewed as representative and typical of instances occurring in other Higher Education Institutions due to the standard requirements stipulated by the NMC. I anticipate the study being descriptive by describing the phenomena of academic dishonesty and academic integrity, generating new insights and theory. I envisage the research also being explanatory by discovering what influences academic dishonesty in nursing students.

In papers two and three I acknowledged where case study research had been successfully utilised in nurse education and in nursing practice research (Harrison 2009a; Harrison 2009b). Multiple methods have been used in this study to support data triangulation (Yin 2009) and to ensure that the methods were appropriate for the various stakeholder groups and to align with the

philosophy (Saunders et al. 2007), research questions and case study approach. I will now outline the three data collection methods which were selected to enable the research questions to be achieved. A Gantt chart summarises the plan and time frame for data collection and analysis (Appendix 3).

4.6 Selection of participants

Purposive sampling was chosen as the preferred approach for selection of participants for the nominal groups and individual interviews. This is endorsed by Appleton (2002) and Stake (1995) who advocate the use of purposive sampling in case study research. Participants would be recruited as 'expert witnesses' based on the experience their role will have afforded them, contributing to their knowledge of academic dishonesty and / or promotion of academic integrity. This links with Silverman's (2005) proposition that in purposive sampling careful consideration is needed about the population being studied and links with the case. Six groups referred to as stakeholders, who have a vested interest in the research, were selected as the target population, because of their work with nursing students either in the university or practice setting, these being:

- nursing mentors
- academic staff
- nursing students
- administrative and support staff
- school leads
- university leads and heads of central services

Access to stakeholders was carefully considered. Ease of access to mentors, academic staff, students and administrative and support staff resulted in them being offered participation in a nominal group. Students undertaking the mentorship course would bring experience of teaching and assessing nursing students, together with knowledge of students involved in academic

dishonesty and in promoting academic integrity. This provided broad criteria to be included when selecting mentors. A list of mentors enrolled as students on a mentorship course was accessible via the course leader.

Academic staff could be accessed by the school electronic staff directory and would be selected based on experience gained in any one or more areas including:

- Attendance at a student investigation to support a student
- Promotion of academic integrity in a module, course or at school level
- Advising or supporting students investigated for academic dishonesty
- Involvement in meetings for development of policies / procedures

Nursing students would be selected based on their interest in academic dishonesty, their experience and understanding of the occurrence amongst nursing students and / or contribution to promotion of academic integrity. A list of student representatives was available from the pre-registration course leader. The course leaders for the mentorship and pre-registration nursing courses would be approached to enable me access to speak to the current groups and to invite enrolled students to participate voluntarily.

Administrative and support staff would be invited to participant based on experience and interest in academic dishonesty and academic integrity. Administrative and support staff consists of a number of potential staff who could be selected because of holding specific roles either in the school or university linked with support of students attending investigations. Their contact details are available from the university on-line staff contact list. Once these lists were available potential participants would be contacted with an invitation to participant by letter sent by e-mail from me using the same approach which was used successfully within the pilot study (Harrison, 2009a).

Participants for individual interviews would be selected based on the person's role either as a lead within the school or head of central university service e.g. academic regulations; quality enhancement; examinations and awards; teaching and learning and service user / carer involvement. Individual interviews were preferred for these participants due to anticipated difficulty in arranging a mutually convenient date for attendance in a group. Access would be available by the university on line staff data base.

4.7 Use of semi-structured interviews

Semi-structured interviews were selected as being a suitable data collection method for gathering data to answer all three research questions, otherwise known as unstructured or in depth interviews (Legard, Keegan & Ward, 2003). Yin (2009) argues that the interview is an important and essential source of case study information. The flexibility of semi-structured interviews was desirable to enable follow-up of issues and themes which emerge in conversation with participants thereby enabling the overall research questions to be addressed (Hancock and Algozzine, 2006; Quinn and Clare, 2008; Yin, 2009). Interviews were also selected since they are useful when exploring a phenomenon where little is known and other data collection methods are being used and it is useful to verify results (Tod, 2006).

I undertook three semi-structured interviews within a pilot study (Harrison, 2009a). This provided opportunity to test out questions, practice my interviewing skills and use audio recording equipment (Tod, 2006). The feedback from participants was positive about the format and questions used. Participants' particularly valued being in the comfort and familiarity of their own office and literature acknowledges the importance of using a quiet private space (Jackson et al. 2008). Consequently participants' offices or adjacent rooms were to be used.

A list of sequenced interview questions were written focused around the three research questions: defining academic dishonesty; features of academic dishonesty and approaches used to promote academic integrity in nursing

students. A final question was included asking participants if there was any other information which they thought was relevant to enable participants to share perspectives which questions had not captured; and to catch ideas which surfaced during the interview. Feedback was sought at the end of the interview on participants' experience of the process (Appendix 4).

Audio recording of interviews supplemented by field notes were selected, recognising that one complements the other (Tod, 2006) and that recording equipment can be daunting and best placed in an unobtrusive position (Jackson et al. 2008). Permission of participants would be sought during an interview to write information down (Corbin and Strauss, 2008). There was no intention to transcribe written notes, which were to be used for cross checking the accuracy of data collected. In summary, audio recorded individual semi-structured interviews were selected as a suitable data collection tool for answering the research questions.

4.8 Use of nominal groups

The nominal group was selected as a suitable data collection tool to utilise with a range of stakeholders to complement the interview, since it has been well used in health, education and research (Delbecq and Van de Ven, 1971; Delbecq, Van de Ven and Gustafson, 1975). The nominal group was attractive because the technique facilitates creativity, group decision making, generate critical ideas, saves human effort and leaves participants with a sense of satisfaction (Delbecq, Van de Ven and Gustafson, 1975). The method was also selected because it allows individual ideas about a topic to be pooled in small groups where uncertainty exists about a problem, making efficient use of peoples time (Moore, 1994), enabling individuals to air different views but then facilitate a group response (Cohen et al. 2007). Equal status is given to all participants in a process which combines writing and discussion. In summary, the technique was selected for its efficiency, structured format, creativity, facilitation of a group response, enabling prioritisation of data and contribution to data analysis (Cohen et al. 2007). Krueger (1994) clarifies that nominal group is used with people who are

experts and knowledgeable in an area. Groups considered best placed to share their perspectives based on literature reviewed, were academic staff; nursing students; nurse mentors and administrative and support staff.

In paper two (Harrison, 2009a) I acknowledged use of the nominal group technique in health care practice and nurse education. I have experience in using a nominal group for module and course evaluation with nursing students, involving facilitating ideas and ranking of what students believed to be the best and worst aspects. In summary, a nominal group was selected for capturing people's experience, suitable for gathering data to answer all three research questions. I would be assisted by a university colleague from within the school who would act as scribe capturing group data on a flip chart. The group would last up to three hours, inclusive of a break, and be audio recorded (Appendix 5). The questions to be given to participants were:

- **Question 1** 'Define academic dishonesty? List below examples of academic dishonesty occurring in students?'

- **Question 2** 'How can academic integrity be promoted in nursing students' at course, school and university level and by placement providers?'

The structure of the nominal group advocated by Delbecq et al. (1975) was selected complemented by the approach illustrated by Carney et al. (1996). After introductions and clarification of the research aim and key questions, individual participants would generate ideas themselves in silence using formatted sheets (Appendix 6 & 7). A round robin exercise would then be facilitated, pooling participants' ideas on a flip chart, rotating around the group until no new ideas emerged. The group would then have opportunity to clarify their understanding of ideas listed through discussion with each other and these ideas would then be merged into a group list on another flip chart. Carney et al. (1996, p.1026) describe the final stage whereby the group prioritise 'recorded ideas in relation to the original question posed in two

stages. First, each participant would be given five cards on which to write the five ideas which they think most important.' A modified approach would be used asking participants to award 5 points (instead of one) to the best and most important idea; four to the next best / important and so on through to one being the least best / important. The list would then be collated and ranked by a scribe, by adding up the scores for each idea, finishing with a group discussion about the results. The steps involve the collection and analysis of data and refining of themes which emerge from individual and group ideas.

The nominal group would complement the use of interviews and enable triangulation of data. Ritchie (2003) argues that interviews and focus groups are often used in the same study, pointing out that choice of methods need to be guided by the objectives of the study, the data required and integrity of the data for investigating the phenomena. Interviews and nominal groups together would collect diversity of data from a broad range of stakeholders.

4.9 Collection of documentary evidence

Documentary evidence was chosen as the third data collection method, noted to be used in case study research (Hancock and Algozzine, 2006). In paper two I acknowledged good use of documentary research in nurse education and nursing practice (Harrison, 2009a). I envisaged using current not historical documents, accepting that documents are not primarily written for research, so selection is important (Cohen et al. 2007). Documents available within the school written for internal quality monitoring purposes, recording details of incidents of academic dishonesty would be utilised, since they aligned with the purpose of the research, thereby increasing validity (Cohen et al 2007). Information on nursing students would need to be extracted from data on students on other professional courses.

Documentary evidence was also selected because it would be difficult to directly observe academic dishonesty occurring in nursing students, as well as being ethically problematic. Ritchie (2003) suggests that documentary evidence is useful when events cannot be investigated by observation and

Bowling (2002) adds that document research is convenient and low cost covering large populations over a period of time. Hancock and Algozzine (2006, p.52) advocate using documents when 'available information provides meaningful answers to your research questions'. The school monitoring log would provide information responding to research question 2 on features of academic dishonesty. Documentary evidence was therefore considered to be a suitable data collection method which would complement data collected from interviews and nominal groups.

4.10 Data analysis

Yin (2009, p.127) believes that 'the analysis of case study evidence is one of the least developed and most difficult aspects of doing case studies'. Eisenhardt (2002) highlights the enormity of the task and argues that there is no standard format. In paper two I considered a range of data analysis options and acknowledged the wide use of thematic analysis in nurse education, including Carter (2004) who promotes the use of thematic analysis when using interviews in nurse education. In a pilot study involving three interviews I successfully used thematic analysis (Harrison, 2009a) so this was selected as the data analysis tool. Hancock and Algozzine (2006) suggest that developing themes which address the research questions is a critical activity of a case study researcher.

Thematic analysis involves a series of steps (Quinn and Clare, 2008). Carter (2004) provides a guide on how to undertake thematic analysis utilising a six stage dynamic cyclical process, highlighting a step by step approach. Carter (2004) argues that it provides an honest and transparent approach compared with other frameworks, enabling a researcher to think about their values, beliefs and practice while enabling creativity. Thematic analysis was selected as the most appropriate tool to utilise with individual interviews and nominal groups, commensurate with a case study design and multiple data collection methods. I have been guided by Yin (2009, p.127) who suggests that 'novices do continue to search for formulas, recipes, or tools, hoping that familiarity with these devices will produce the needed result'. He provides a cautionary

note asserting that the tools are only useful if you know what you are looking for. I interpreted this as my need to continuously stand back at each stage of data analysis and question whether the process was facilitating answers to the research questions.

Descriptive statistics were selected for arranging data gathered for research question two. The nominal level of measurement is selected as a system of classification and ability to enable categories to be distinguished (Atkinson, 2008). This will be useful when attempting to distinguish between types of academic dishonesty undertaken by nursing students; the types of assessments involved; the academic level this occurred and the gender of the student. Data will be presented using tables. Where percentages are used numbers will also be included to aid transparency of the data (Atkinson, 2008). Bar charts and pie charts will be used as appropriate to present numerical data. Descriptive statistics are selected for presenting a small amount of simple numerical data included in the research in a purposeful easy visual format.

4.11 Ethical approval

I will now outline the process undertaken for ethical approval of the research from the NHS, UCLan and University of Manchester Research Ethics Committees. This will build on information outlined within papers two and three (Harrison 2009a; Harrison 2009b). A full proposal was submitted to the NHS North West Regional Research Ethics Committee using the Integrated Research Application System (IRAS) standard template (Iras, undated) The chair of the committee requested clarification on one point, whether participants would be included because of their experience in the NHS or their roles and links with the university. After confirming it was the later, confirmation was received that the proposal fell ‘outside of NHS REC review’, avoiding the need to complete IRAS full documentation (NHS Health Research Authority, undated).

Subsequently the research proposal was submitted to the UCLan Faculty of Health Research Ethics Committee (FoHREC) including templates of invitations to participate in an individual interview or a nominal groups (Appendix 8 & 9), participant information sheet (Appendix 10), consent forms for participation in interview or nominal group (Appendix 11 & 12), interview and nominal group schedules and Gantt chart. Feedback from the FoHREC was received promptly with one condition and one recommendation. The condition requested that the consent forms be simplified by combining some points and transferring these into the information sheet. Consequently the consent forms for interview and nominal group participants were shortened, reducing the number of points from six to four (Appendix 11 and 12). Information on anonymity was removed and added into the participant information sheet, under 'what happens to the results of the study'. The recommendation requested that the participant information sheet make more explicit that the research was being undertaken as part of a Doctorate at the University of Manchester (Appendix 10). This was added and full approval was granted.

Ethical approval was submitted to the University of Manchester Research Ethics Committee when progressing from the taught part of the EdD into the research element. This involved presenting the proposal and ethical considerations to a school progression panel. Ethical approval was received from the Secretary to the University Research Ethics Committee with acknowledgment that a number of participants would be drawn from the school where I was employed with a recommendation that 'Care must be taken to avoid any perceived pressure on anyone to participate' (Appendix 13). This point was highlighted in the participant information sheet and consent forms. Dearnley (2005) reflects on the ethical implications of collecting data from participants when studying in the department where employed. Corbin and Strauss (2008, p.31) add that reflexivity during data collection and analysis is important in qualitative research and that 'examining the researcher's influence on the research process is important'. I proposed to use a reflexive approach considering my personal position and influence within the research process. I recognised the power and potential issue linked

to my position within the School. I was keen to separate my school role from that of a research student. I made it explicit that there would be no adverse consequences for those who chose not to participate or withdraw at any stage.

4.12 Ethical governance

The DoH (2005a) research governance framework for health outline five domains which institutions such as universities are accountable for demonstrating compliance against, including governance strategies covering ethics, science, information, health and safety, financial and a quality research culture. These domains are incorporated within the participant information sheet (Appendix 10). The format for the information sheet was adapted from guidance available from the NHS National Patient Safety Agency (2007). I will now outline how the research addresses the ethical domains of autonomy, non-maleficence, beneficence and justice (Haig, 2008).

I planned respecting autonomy by providing participants with an individual invitation letter (Appendix 8 and 9). Each participant would be asked to consent to participate in sharing their experience (Appendix 11 and 12). To ensure compliance the template for consent forms advocated for use by the NHS National Patient Safety Agency (2007) was adapted. A series of boxes enable participants to initial each statement to indicate consent for each item e.g. audio recording, together with a dated signature witnessed by myself. At the beginning of each individual interview and the nominal group I would clarify that it was not my intention to make judgement and that I valued each individual's personal perspectives and acknowledged that by sharing these they will help enhance knowledge of the subject. In the event of too many volunteers coming forward, participants would be selected to ensure there was a mix of individuals with experience of involvement with students who had been investigated for alleged academic dishonesty and or had experience of promoting academic integrity. Thank you e-mails would be sent to those volunteers not needed.

Non-maleficence involves protecting participants from harm (Haig, 2008). I endeavour to do this by providing an information sheet summarising what was needed from participants prior to consent (Appendix 10). I would also brief and de-brief individuals interviewed and explain where additional support was available if needed. Academic staff and students have free access to peers, line managers and a confidential university counselling service.

In an effort to address beneficence the information sheet stated that there was no financial benefit for participants. However, I anticipated that individual participants may feel that they have benefited personally from being able to share their perspectives with the understanding that students, the school, university and wider nursing community may learn and benefit from this. I planned to share the findings of the study at a school research seminar for staff and at the school student research conference which participants would be able to attend.

With regard to respect for justice the study would involve stakeholders having equity of opportunity regardless of gender, language, age, physical ability or cultural background (Haig, 2008). Effort would be made to involve individuals from across the school. The consent form states that efforts will be made to ensure anonymous reporting and that this is a shared responsibility between me and all participants and made explicitly clear on the consent form to be signed, which I would discuss individually with participants. Ground rules would be established in the nominal groups and participants be requested not to reveal to anyone else what other participates had disclosed. Keats (2000) emphases the importance of an interviewer explaining to participants what is done with audio recordings and notes taken. I intended to number audio recording of tapes of individual interviews and store them electronically which aids anonymity and confidentiality.

Additionally, BERA (2011) guidelines for education focused research advocate application within local ethics committees including student research projects. While I am not a member of BERA, effort to comply with the guidelines is good practice since they incorporate all methodologies and

disciplines (BERA, 2011). Having mapped the BERA (2011) framework against ethics outlined by Haig (2008), I am satisfied that my research is complaint (Appendix 14).

4.12.1 Validity and reliability

I will now consider validity and reliability of the research. I piloted and refined all data collection methods based on feedback from participants, undertaken to enhance the validity of the data collection methods to be used. I also assimilated feedback received on the three research papers. Within paper two I acknowledged the benefit I had gained on completion of the interviews and nominal group, from asking participants for feedback on their experience as participants and how this could be enhanced (Harrison, 2009a). I would seek participant feedback at the end of each interview and at the end of each nominal group asking what worked well and what could have enhanced the research process. This will check participant understanding and create openness and transparency. A check was made during the pilot study ensuring that all questions within the interviews and nominal group originated from the research aim and questions. Consequently, an interview question was removed from the schedule which asked 'what is the relationship between academic dishonesty and professional misconduct in nursing'. While the question was related to the research it had not emerged from the aim and purpose of the research and could be a separate study within its own right.

Bowling (2002, p.201) argues that no data collection method is absent of bias and that interviews 'must be supplemented by methods testing the same social variables but having different methodological weaknesses' to enhance validity of findings. Consequently effort will be made to increase validity of the research by using multiple data collection methods to ensure triangulation (Gerrish and Lacey 2006) as advocated in case studies (Stake 1995).

McCarthy and O'Sullivan (2008, p.121) state that 'reliability is concerned with consistency and dependability'. A schedule of questions and format for the interviews and nominal groups will enable a consistent approach to data

collection (Appendix 4 and 5). McCarthy and O'Sullivan (2008, p.120) add that 'qualitative researchers should retain a certain amount of information including data and analysis, which is referred to as an audit trail'. Within paper two I reported maintaining a reflective log during data collection and analysis (Harrison, 2009a) to assist with the audit trail (Gardner and Lehmann 2002). At the end of each interview and nominal group I would personally debrief and record my reflections on the strengths and any limitations of the interview. Having a scribe with experience of facilitating nominal groups and / or focus groups would aid reliability, ensuring consistent application of the nominal group technique. Scribes would be asked to share their reflections to complement my own.

Gardner and Lehmann (2002) also acknowledge that participant's personal disclosure may raise ethical dilemmas, suggesting that researchers be supportive and facilitate their self-awareness, offering training and support. Consequently the participant information sheet in the section 'will my taking part be kept confidential' states that if participants disclose personal information which presents an ethical dilemma this may be referred to an appropriate manager for follow up e.g. work place supervision / in service training (Appendix 10). I was mindful that a participant may state that they or a colleague did not bring instances of student plagiarism for investigation or managed it themselves outside of university regulations. The way I would respond to such dilemmas needed to be made explicit.

4.13 Summary

In summary, an exploration of stakeholder perspectives of academic dishonesty and approaches used to promote academic integrity in nursing students was proposed. Stakeholders identified with an interest in the research were academic staff, nursing students, nurse mentors, administrative and support staff and leads in the school and central university services. The research is underpinned by a critical realist philosophy which adopts an integrated approach, valuing perceptions of the events of academic dishonesty and academic integrity from an individual, group and

organisational perspective. An inductive approach, utilising a single case study design was selected because of its real-life context, exploring the phenomenon of academic dishonesty and academic integrity, using a cross sectional approach. The research would be undertaken at one location, the School of Health at the university where I am employed. The case study is guided by the work of Stake (1995) and Yin (2009) and is envisaged to be what Willig (2001) describes as instrumental. The case study is also visualised as what Hancock and Algozzine (2006) term explanatory by discovering what influences nursing students' engaging in academic dishonesty. The study would also be descriptive if able to lead to describing the phenomenon of academic dishonesty and academic integrity, generating new insights and theory.

Purposive sampling would be utilised to select participants using a list of criteria to enable recruitment of expert witnesses with roles and previous experience affording opportunity to draw upon valuable unique contributions. Three complementary data collection methods were chosen: semi-structured interviews, nominal groups and documentary evidence, in an effort to triangulate data. Data planning and processes were refined following a pilot study testing each data collection method. Data would be analysed using thematic analysis chosen because of its fit with individual interviews and nominal groups and with a case study design.

Ethical approval was gained from my own university research ethics committee and the University of Manchester Research Ethics Committee. Ethical governance has been carefully considered respecting participants' autonomy, non-maleficence, beneficence & justice, addressed by adapting nationally agreed participant information sheets and consent forms and appreciating participant choice, anonymity and confidentially. Consideration has been given to validity and reliability of the research having already undertaken pilot studies and refined data collection methods and methods of data analysis, building in openness and transparency, personal reflection and audit trails.

5.0 Research findings

5.1 Introduction

Within this chapter the research findings will be presented. Firstly details of participants who were involved in the semi-structured interviews and nominal groups will be outlined, together with the type of documentary evidence collected. Secondly the results will be presented structured around the three research questions to provide a framework for sequencing the results as advocated by Silverman (2005). The three research questions used to structure the second part of the chapter are:

1. How would you define academic dishonesty occurring in nursing students?
2. What are the key features of academic dishonesty occurring in nursing students?
3. What approaches are used to promote academic integrity in nursing students?

This presentation style is selected to enable the results from all three data collection methods to be presented simultaneously rather than presenting findings as they were collected chronologically or as three separate data collection methods. This approach is supported by Hancock and Algozzine (2006) who advocate reducing and integrating data. Tables and figures are used to present results to clarify relationships between data and break up text (White et al. 2003).

5.2 The research participants

5.2.1 Participants in the semi-structured interviews

Twelve participants were interviewed, with a mix of people with roles and responsibilities at university, faculty and school level. Six participants held

positions centrally within the university linked with academic quality and standards, academic regulations, examinations and awards, academic monitoring and audit, staff learning and development, and the students union. There were three participants who held roles at faculty level relating to student support, library and information services and service user and carer involvement. There were three participants employed within the school with roles focused on learning and teaching, course leadership and student support. All participants had previous experience, interest and involvement, directly or indirectly in prevention and / or management of academic dishonesty. While participants' biographical data were not collected such as age, most participants had been in their respective roles for several years, with the exemption of one person who had been in post for one year which was typical for that role. All participants fulfilled the requirement as 'expert witnesses' with valuable experience relevant to the research focus.

Six interviews were conducted within the participants' own office. The remaining six were conducted in a room selected by the participant and familiar to them, near to their office. All interviews were audio-recorded. All participants consented in writing prior to the interview and again verbally captured on audio-tape immediately prior to commencing the interview. All participants had been provided with opportunity to ask questions. The format of the interview and structure of questions was explained at the beginning of the interview to all participants. The length of each interview varied ranging between thirty-nine minutes and seventy seven minutes. The mean length of time for the interviews was fifty seven minutes, with an overall total of eleven hours, forty five minutes interview time being recorded.

5.2.2 Participants in the nominal groups

The plan to have six participants in each of the four nominal groups was achieved in the group of academic staff only. Five participants contributed in the group of nurse mentors due to a participant withdrawing because of illness on the day. There were also five participants in the group of nursing students as one student was unable to attend due to personal circumstances. There were four participants in the group of administrative and support staff. One

participant withdrew due to illness on the day. In total there were twenty participants who attended (Table 5.1).

Table 5.1: Numbers of participants recruited to nominal groups

	Academic staff	**Nurse mentors**	**Nursing students**	**Administrative & support staff**
Numbers	6	5	5	4

Some academic staff and administrative and support staff who had experience in the management and / or prevention of Academic and Practice Misconduct, chose not to volunteer and did not participant in the nominal groups. While this was disappointing it was respected, while acknowledging that a wealth of experience would not be captured. All participants who took part were met by me prior to the nominal group, provided with an information sheet and provided with opportunity to ask questions. All participants had individually signed consent forms agreeing to audio-recording of the nominal group. At the beginning of each nominal group all participants were asked if they still wished to continue with the nominal group and with the audio-recording. All agreed to proceed.

The years' experience amongst the academic staff ranged from three and a half years to eighteen years, with an average of seven and a half years. This totalled just over forty five and a half years of teaching experience to draw upon. All six academic staff had attended a student investigation for alleged Academic and Practice Misconduct where they had been either the module leader and / or marker of the student's work. I had met all academic staff participants prior to the nominal group in my role as the Associate Head of School. I clarified that I was there as a researcher and EdD student and not as the Associate Head of School.

The nurse mentors were all qualified nurses undertaking the post registration mentorship preparation course (NMC, 2008c) within the school. The nominal group occurred on one of the eight study days scheduled for the course in the university. The remaining students undertaking the course and not involved in the nominal group had a teaching session timetabled at the time of the nominal group on academic dishonesty and fitness to practice in relation to their role as clinical mentors. The content was similar to what was covered in the nominal group so that the participants were not disadvantaged. The participants were employed in different nursing specialities including adult, mental health and children's nursing, employed within various clinical grades and in different partner NHS Trusts. I had not met any of the mentor participants prior to the nominal group, except for half an hour when I met the whole group to introduce the study and requested volunteers.

The five pre-registration nursing students who participated were all current students. Two were undertaking the BSc (Hons) course and three were undertaking the DipHE course. Four of the students were undertaking the registered nurse adult field (RNA) and one was undertaking the mental health field (RNMH). The student who withdrew on the day of the nominal group was undertaking the children's nursing field (RNC). This resulted in no children's nursing students being present at the nominal group. There was representation across the three years of the course: two students were in year one; two were in year two and one was in year three. Four of the five students were student representatives for their particular cohort and field. The day and time of the nominal group occurred when the nursing student representatives were timetabled to attend their monthly meeting, so were already scheduled to be at the university. In total there were approximately twenty five student representatives which enabled adequate attendance of student representatives at the meeting without those involved in the nominal group, thereby not having a significant detrimental impact. I had not met any of the students prior to the nominal group in my role as the Associate Head of School, except for when I attended the previous student representatives meeting to request volunteers.

The four administrative and support staff who participated were employed as administrative support for course administration involving student admissions, assessment boards and school reception and in student advice, guidance and support. Two participants held positions centrally in the university, one held a post at faculty level and one within the school. The person who withdrew on the day was employed within the school. Two other administrative staff who had expressed interest in participating were unavailable on any of the proposed dates for the nominal group and subsequently participated in the individual interviews. Both of these staff members held unique roles and were leaving the university. Interviews were offered so their valuable experience was not lost, accepting that any replacements to their posts would require time to gain a similar level of experience. All participants in this nominal group had direct or indirect contact with students either in person or by paper correspondence linked to investigations for alleged Academic and Practice Misconduct. I had met all participants prior to the nominal group in my role as the Associate Head of School.

Four scribes provided support to me during each nominal group, capturing participant ideas on flip chart. This role was undertaken by four different members of academic staff. Three of the staff held PhDs and the fourth was part way through completion of an EdD. Three held posts as principal lecturers and one as a Professor. All were employed within the school and recruited because of their engagement in research and previous experience of facilitating either nominal groups or focus groups. All nominal groups were held within the same venue which was a large office in the school. Refreshments were provided prior to commencing each group, mid-way through and on completion of the group.

5.2.3 Participant data in documentary evidence

Student data had been routinely collected for audit purposes between 2004 and 2010 structured around the academic calendar. Data was nameless and used student ID numbers within a school monitoring log denoted by the module code and academic level. All undergraduate and post graduate modules were included across all courses within the school. All nursing

students invited to attend an investigatory meeting were included, together with details of the outcome of the investigation, whether a penalty was applied and types of assessment involved. The student information and data were transferred onto the log as part of the role of the course administrator derived from invitation and outcome letters sent by the chair of the assessment board. Data collected are presented in Table 5.2. Students undertaking inter-professional learning modules who were not nurses were excluded from the research. The gender of each student was available within the log. Age profile and culture was not collected.

Table 5.2: Student data collected in school monitoring log	
Module number / academic level	Module number and academic level being studied denoted as level 4, 5, 6 or 7
Module title	Full title of module being studied noted
Student ID number	University ID code noted
Academic member of staff referring alleged incident for investigation	Full name entered
Course being studied	Course title and professional discipline noted, whether nurse, paramedic, operating department practitioner, counsellor or complementary therapist
Penalty applied	Clarified if: • Yes • No
Type of academic dishonesty	Distinguished between: • Plagiarism • Cheating • Collusion
Type of assessment	Classified as one of the following: • Examination • Written Assignment • Dissertation/ Project • Clinical Assessment Document
Student gender	Clarified if: • Male • Female

5.3 Defining academic dishonesty

The first research question was ‘How would you define academic dishonesty occurring in nursing students?’ Data from the individual interviews and four nominal groups are presented.

5.3.1 Individual interviews

Each of the twelve participants in the semi-structured interviews answered a number of questions which were collated together and responses to each question were arranged chronologically. All participants contributed salient points to include within a definition, ranging from two to sixteen ideas respectively. The following are extracts taken from participant interviews which illustrate key themes which emerged:

- ‘an umbrella term, a wide area meaning the student is using unfair means to gain advantage in their academic work’
- ‘plagiarism, cheating and collusion; records falsified’
- ’taking credit for work that was not theirs’
- ‘work copied or taken from someone else’
- ‘passing off someone else’s work as their own’
- ‘copying great junks of things off the web / internet’
- ‘pretending to have carried out research activity that you haven’t’
- ‘there are skills issues where a student didn’t know how to reference’
- ‘separate out into intentional or unintentional’
- ‘if done deliberately its cheating and fraud’
- ‘often students do not know what they have done’
- ‘lack of openness, integrity, respect, being honest’

A number of participants identified types of academic dishonesty namely plagiarism, cheating, collusion and falsification of records. The majority of participants used terms commonly used rather than other terms listed in the

literature review. Some participants gave detailed examples of how academic dishonesty occurs, the fact that it may be intentional or unintentional and the consequences and issues for the student and stakeholders. Some participants shared personal responses. One participant stated ‘I get cross and angry; it’s an insult, disrespectful to the tutors’. Participants pointed out that academic dishonesty can occur in students undertaking taught courses and research degrees. One participant when asked to define academic dishonesty stated that it was ‘a pointless exercise because academics will never agree’. However, they did contribute ideas in response to the question.

Comments from the twelve participants interviewed was merged using thematic analysis into one overall definition by underlining key words, then arranging these into sub themes and then into main themes and then placing them in order in sequence of events (Table 5.3). Effort was made to use the words provided by participants (Appendix 15).

Table 5.3: Definition of academic dishonesty (individual interviews)

A nursing student who has engaged in academic dishonesty will have done so either intentionally or unintentionally, using someone else’s work, without acknowledgement of the source and true authorship. This includes plagiarism, cheating, collusion and falsification and is a breach of university academic regulations and guidelines provided by the Nursing and Midwifery Council. This may occur in a range of theoretical and / or practiced based assessments, which contribute towards academic credit within a taught or research focused course. The student will have compromised their own level of individual effort and personal / professional development achieved, with moral and ethical implications. If undetected there are potential risks to patients, carers and other health care professionals, due to the student’s limitations in knowledge and skills. Consequences include unfair advantage over other students and award of unearned academic credit. When detected an academic penalty is applied. Severe cases may question the student’s fitness to practise and result in discontinuation from the course.

The key components of the definition included: an act or omission; a process; consequences and outcomes. The act within the definition was taking someone else's work and using it as their own. The omission was neglecting the source of the information within their work. The process within the definition is the how, where and what the student might do (e.g. the types of assessments involved). The consequences refer to a student compromising their personal learning resulting in risk for patients, due to limitations in their competence and gaining unfair advantage over other students by receiving academic credit for someone else's efforts. The outcome refers to detection, investigation and awarding of penalties.

5.3.2 Nominal groups

The four nominal groups were also asked to define academic dishonesty. The following extracts reflect the breadth of participants' contributions within the first exercise which was completed individually, recorded on exercise sheets and selected to illustrate the similarities and differences between the groups:

Nurse 'using other people's ideas / work and passing it off as your own'

Teachers: 'without acknowledging sources'
'attempts to gain academic / professional credit using unfair means'
'copying another students' work'
'working together on one piece of work'
'utilising resources (in an exam) that were explicitly forbidden'

Nurse Mentors: 'without referencing and giving credit to the original author'
'cheating; plagiarism; falsifying documentation'
'working with someone else to complete a piece of work'
'use of somebody else's work that is passed off as your own'

Nursing students: ‘plagiarism’, ‘cheating’
‘letting another person do the work for you and then taking the credit’
‘not putting in your own effort’
‘being dishonest, lying, untrustworthy’
‘being in breach of the NMC code of conduct’

Administrative & support staff: ‘using another person’s work in whole or part’
‘using quotations without referencing’
‘when a student does not use their own original thoughts’
‘concealment’
‘an attempt to deceive the examiner - in essays and exams’

Administrative and support staff entries within the individual written exercise were the most brief. There were some common themes that occurred in all groups. Most participants in all four nominal groups viewed plagiarism as the main example of academic dishonesty. Problems with referencing work was a theme identified by teachers, mentors and administrative and support staff. Teachers, mentors and students all identified features of collusion, where students worked jointly together and combined efforts before submitting work as if they had completed it on their own. The same terms used for definitions within the university’s academic regulations were cited including plagiarism, cheating, and unfair means, as occurred in the individual interviews. Students identified that academic dishonesty was a breach of the NMC code of conduct. Behaviours considered inconsistent with nursing were identified by the students as being dishonesty, lying and untrustworthiness and by administrative staff as being concealment.

Participants’ individual ideas were collated on a flip chart and merged using the nominal group technique (Appendix 5). In a Round Robin exercise participants shared their ideas of what was academic dishonesty. Participants clarified points, discussed ideas and generated a combined list, underlining the main points which should be included within a definition.

Table 5.4: Definition of academic dishonesty (nominal groups)

Academic dishonesty occurring in nursing students undertaking a course of study within a Higher Education Institution and partner placement provider organisations involves academic and professional misconduct.

A nursing student may attempt to deceive the examiner, intentionally or unintentionally in a variety of theoretical or practice based assessments, through acts of plagiarism, cheating, collusion and / or falsification of documents at any stage of the assessment process. This may be influenced by the student's culture.

Academic dishonesty occurs in many different ways by act or omission. A nursing student may use published or unpublished work without credit to the original author or acknowledgement of the original source, disguising ideas and work and passing this off as their own. A student may allow someone else to do the work on their behalf; copy work from friends, colleagues and / or other nurses; work jointly together; give work to another student or use another student's work. A nursing student may change clinical practice assessment documents; forge mentor signatures, or use prohibited equipment and / or materials.

Academic dishonesty uses unfair means to enhance performance for academic and professional advantage. The consequence is a student passing an assessment and gaining academic credit or a qualification, with limited effort and learning, and without developing personal knowledge and competence. The student may gain social advantages and personal credibility amongst some of their peers.

This may involve concealment and lying which demonstrates untrustworthiness, immorality and lack of integrity, and in extreme cases is a breach of the NMC Code of Conduct.

After the nominal group I arranged these components into sentences. This resulted in a definition being derived for each of the four nominal groups (Appendix 16). All four definitions were fairly brief and were combined using thematic analysis to provide a merged nominal group definition (Table 5.4).

5.3.3 An integrated definition of academic dishonesty

The process of developing an integrated definition derived from merging definitions from the interviews and nominal groups is summarised in Figure 5.1. Hart (1998, p.122) suggests that ‘a concept or word can be analysed into its constituent parts and those parts defined as the features of the phenomenon’ and ‘examples and instances can also be used to show variation from the theme’ (Hart 1998, p.122). The constituent parts of the overall definition are included within the main body of the definition and the key themes identified are listed to the left side (Table 5.5). The themes identified were: types of academic dishonesty, influences, acts and / or omissions, compromised values, consequences, misconduct and penalties.

This is a lengthy definition. Hart (1998) explains that a definition clarifies what it is and what it is not, and what limits the phenomena. Most of these themes were evident in the individual interviews. There was a strong view that nursing students’ who do this are engaging in both academic and professional misconduct which involves breach of academic regulations and professional body standards. A variety of influences were noted including a student’s culture which emerged in the clarification of ideas and nominal group involving administrative and support staff. The term Academic and Practice Misconduct is used as a preferred term for the overall combined definition replacing the term academic dishonesty. The rationale for this is discussed later in this chapter and within the discussion chapter.

A condensed definition of academic and practice misconduct is
‘a nursing student studying within an approved education institution influenced by internal and / or external factors, intentionally or non-intentionally plagiarising, cheating, colluding, falsifying and / or fabricating a theoretical and / or practice based assessment. This limits their personal professional development of knowledge, skills and values, resulting in risk to themselves, patients, carers and / or colleagues, breaching academic regulations and professional body standards and guidelines, resulting in possibility of penalties being awarded’.

Figure 5.1: Process of developing an integrated definition of academic dishonesty

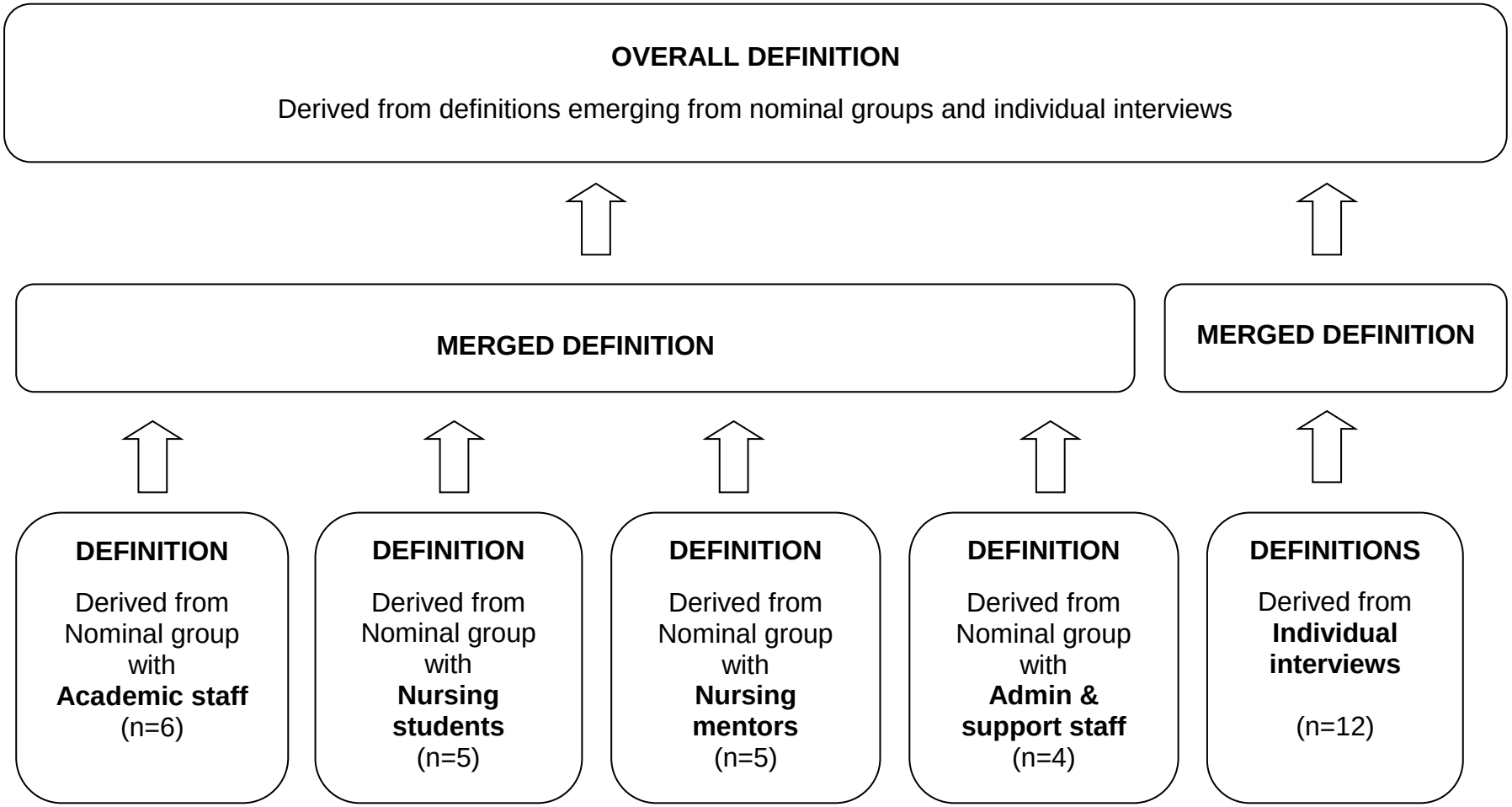


Table 5.5: Definition of Academic and Practice Misconduct occurring in nursing students	
THEME	**DEFINITION (derived from interviews and nominal groups)**
Types	A nursing student may deceive an assessor, in a range of theoretical and / or practice based assessments, through plagiarism, cheating, collusion, fabrication and / or falsification of documents, at any stage of the assessment process, while undertaking a taught or research focused course of study within a Higher Education Institution and Partner Placement Provider Organisation.
Influences	This may be influenced by opportunity and/or the student's character, cultural, personal, social background and / or extenuating circumstances.
Act and / or omission	An act or omission may be intentional or unintentional, using published or unpublished work without giving credit to the original author or acknowledgement of the original source; disguising ideas and work by passing it off as their own. A nursing student may ask someone else to do work for them, paid or unpaid; copy work from friends, colleagues, registered nurses or other students; work jointly with other students; or give their work to another student. A nursing student may change their clinical practice assessment documents; forge mentor signatures and / or feedback, or use prohibited equipment and / or materials involving concealment and lying.
Compromis-ed values	This questions a student's honesty, trustworthiness, moral values, ethical principles and integrity and their suitability for the nursing profession.
Conse-quences	The consequence is gaining unfair advantage enhancing academic performance, by passing an assessment, gaining academic credit and in some cases a qualification, while undertaking limited effort, and compromising personal learning and development, knowledge and acquisition of competence. A student may gain social advantage and personal credibility amongst some of their peers. If undetected there are potential risks to patients, carers and other health care professionals, due to the students personal and professional limitations. Academic and Practice Misconduct undermines the financial and personal investment provided by staff in the university and practice setting, and by family and significant others who have contributed towards the development of the nursing student.
Miscon-duct	Academic and Practice Misconduct may involve a nursing student breaching university academic and / or disciplinary regulations, the Nursing and Midwifery Council (NMC) Code of Conduct and / or NMC student guidelines.
Penalties	Alleged cases are presented at a university investigatory panel meeting, where, if evidence presented is substantiated, an academic penalty is applied. In severe cases the student may be referred for a fitness to practice investigation which may result in discontinuation from a course and in cases of post registration students, disciplinary action being undertaken by their employer.

5.4 Features of academic dishonesty

Having defined academic dishonesty I will now explore key features of academic dishonesty using data captured in response to the second research question:

> 'What are the key features of academic dishonesty occurring in nursing students?'

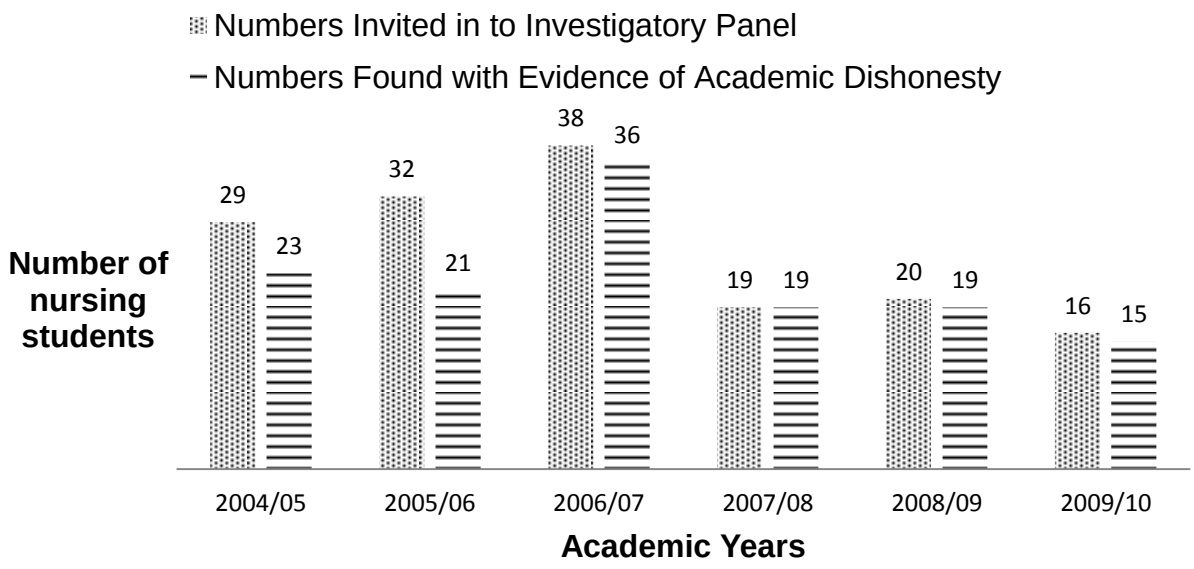
Data were collected from documentary evidence, the individual interviews and the four nominal groups and is presented in this order, beginning with the documentary evidence collected from the school monitoring log maintained between September 2004 and August 2010 (Appendix 17).

5.4.1 Incidence of academic dishonesty occurring within each academic year

The numbers of nursing students invited to an investigation for alleged academic dishonesty is summarised in Figure 5.2. There were 154 nursing students invited to an investigation, between 2004 and 2010, and of these, 133 cases (86%) were found with evidence of academic dishonesty. All of these students were awarded a penalty. The numbers of students invited to an investigation gradually increased between 2004/05 and 2006/07 and then dropped by half in 2007/08 and reduced again in 2009/10. The numbers of students within the school gradually increased from just over 3000 in 2004/05 to approximately 4,500 in 2009/10. The numbers of nursing students invited to an investigation and those receiving penalties were therefore less that 1% of the total student population of the school in each academic year between 2004/05 and 2009/10. Each year, some students investigated were not awarded penalties due to lack of evidence as follows: 2004/05 (n=6), 2005/06 (n=11), 2006/07 (n=2), 2008/09 (n=1) 2009/10 (n=1). In 2007/08 all students investigated were awarded a penalty. The academic regulations were amended in 2006/07 and a definition of collusion was added. Similar cases investigated more recently using the amended regulations have had penalties awarded. In 2008/09 and 2009/10 the students in each of these years who were not awarded a penalty, both resigned prior to the investigation. There

have been no students discontinued from their course as a consequence of academic dishonesty. The number of students investigated has significantly fallen.

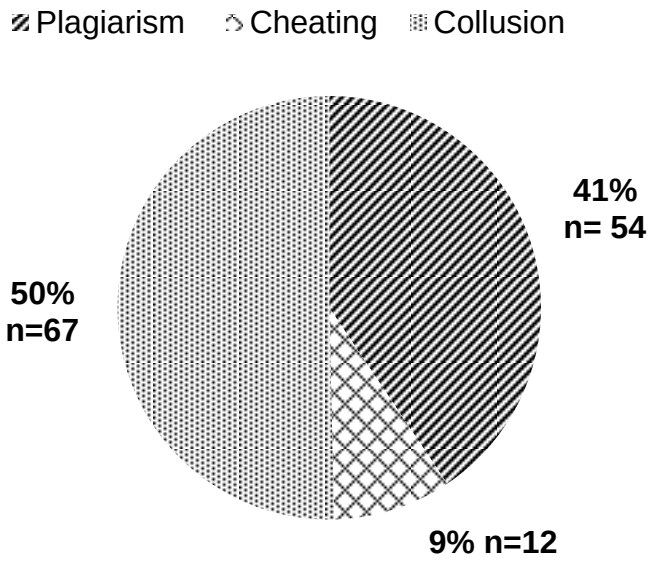
Figure 5.2: Number of nursing students invited in to an investigation between 2004-2010 and found with evidence of academic dishonesty



5.4.2 Total number of types of academic dishonesty occurring within nursing students

Figure 5.3 distinguishes between the three types of academic dishonesty that occured over the six year period utilising the terms and definitions used within the university academic regulations. Fifty percent of cases investigated had evidence of collusion (n=67) 41% (n=54) evidence of plagiarism and the remaining 9% (n=12) presented with evidence of cheating.

Figure 5.3: Number of different types of academic dishonesty which occured within nursing students n=133

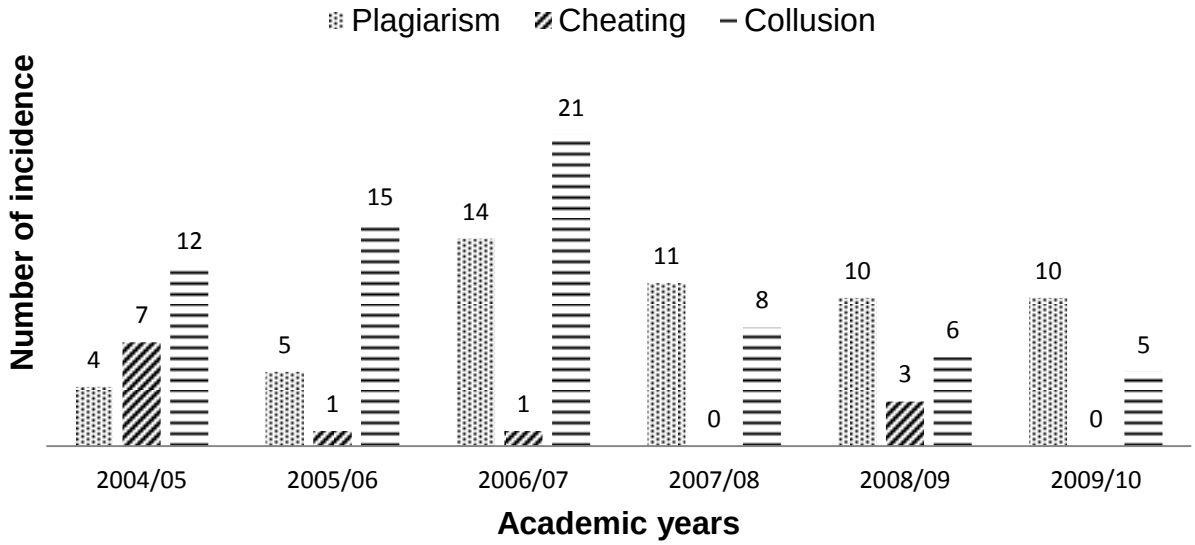


5.4.3 Types of academic dishonesty occurring within each academic year

Having reviewed the incidence of plagiarism, collusion and cheating within the school overall, data were collected to enable a comparision between each academic year. Figure 5.4 outlines the numbers of nursing students found with evidence of plagiarism, collusion and cheating within each of the six academic years between 2004/05 and 2009/10. The incidence of plagiarism increased noticeably between 2004/05 (n=4) and 2006/07 (n=14) (range 4 – 14) and then leveled off to 11 then 10 respectively in subsequent years. In the last three years of the monitoring log there was a higher number of cases of plagiarism than collusion and cheating combined together. Conversely the incidence of collusion gradually increased between 2004/05 (n=12) and 2006/07 (n=21) and then fell in the three following years (range 5-21). In 2006/07 cases of collusion occurred across five different pre and post registration nursing modules. There was one compulsory pre-registration nursing module where ten students within the same cohort were investigated and found with evidence of collusion. Most students had obtained a copy of an essay from e-bay from a previous pre-registration nursing student and all had copied large amounts of text from this essay. There was a high similarity

match between all of the students written assignments when put through Turnitin software. The number of cases of cheating was generally low, with seven cases in 2004/05 falling to no incidence of cheating in 2007/08 and in 2009/10 (range 1-7). The incidence of cheating is affected by the number of modules which use examinations. This number is unkown.

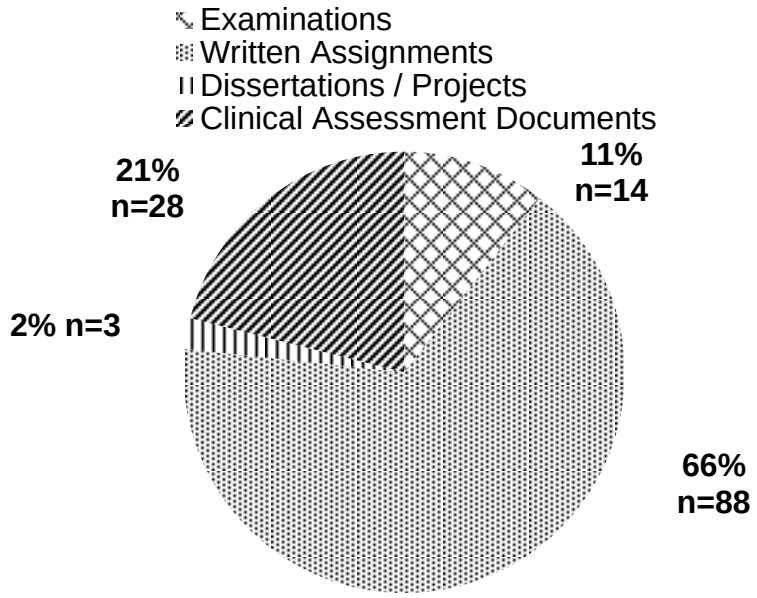
Figure 5.4: Types of academic dishonesty which occured within each academic year



5.4.4 Types of assessment involved in academic dishonesty within nursing students

Having clarified the type of academic dishonesty occuring it was useful to review the type of assessments involved. (Figure 5.5). Types of assessments were grouped broadly together. Examinations included all seen and unseen examinations. Written assignments included reports, reflective essays, case studies, policy focused assignments and presentations. Dissertations included dissertations, theses and professional practice projects. Clincial assessment documents included all students practice based assessments including portfolios of evidence.

Figure 5.5: Total number of different types of assessment where academic dishonesty occurred in nursing students



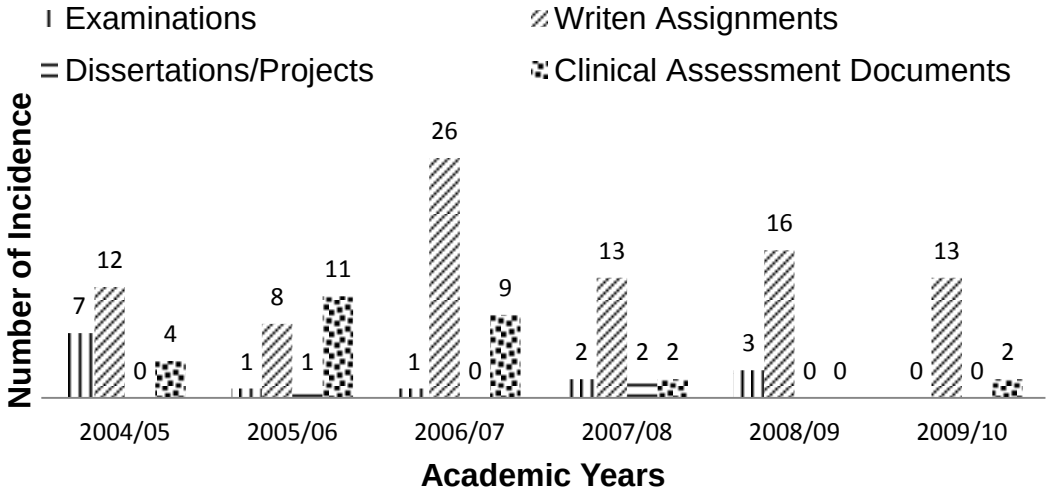
The type of assessment where there was the highest incidence of academic dishonesty was in written assignments amounting for 66% of the total (n=88). The lowest incidence was 2% for dissertations / professional practice projects (n=3) followed by examinations at 11% (n=14). There were 28 cases (21%) where academic dishonesty had been detected in students' clinical assessemnt documents and portfolios and mostly concerned cases of collusion involving two students who had either worked together or copied the work of the other when writing their individual personal reflections and learning. There were very few cases of falsification of student records, where students had falsified their mentors signature and / or written feedback. These cases were all referred for a Fitness to Practise investigation in accordance with the university academic regulations. A number of these students also had evidence of plagiarism, cheating or collusion and received penalties for this. This explains the non recording of falsification and fabrication in the school monitoirng log and research results.There was no evidence of academic dishonesty occuring where Objective Structured Clinical Examinations (OSCE) had been used and only two cases in on-line presentations. There was no evidence of academic dishonesty where verbal or poster

presentations had been used. There have been a number of new types not present on the monitoring log. It would be useful to monitor incidence of academic dishonesty in these new assessments in the future.

5.4.4 Types of assessment involved in academic dishonesty within each academic year

Having reviewed the incidence of different types of assessment within the school overall, data were reviewed to enable a comparision between each academic year. Figure 5.6 highlights these results. The incidence within written assignments was highest in 2006/07 (n=26) the year when there was the highest rate of academic dishonesty. The incidence of written assigments halved in 2007/08 (n=13). There was a slight increase to 16 in 2008/09 which reduced to 13 in 2009/10 (range 8-26). The incidence of academic dishonesty occuring in clinical assessment documents has also gradually reduced from 11 at its highest in 2005/06 reducing to 2 in 2009/10 (range 0-11). The incidence of academic dishonesty in examinations was highest in 2004/05 (n=7) and fell in subsequent years (range 0-7). The incidence of academic dishonesty in dissertations has remained low (range 0-2).

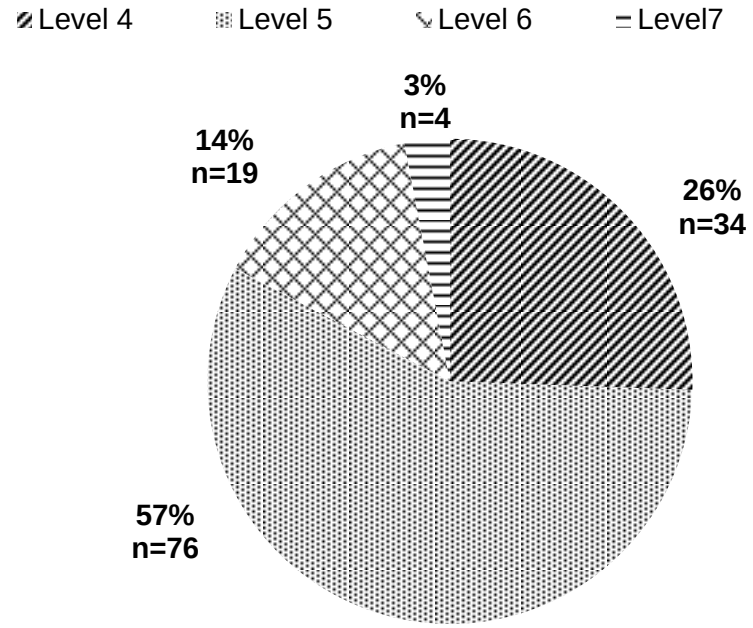
Figure 5.6: Types of assessments where academic dishonesty occured within each academic year



5.4.6 Academic levels where academic dishonesty occurred

Having reviewed the types of assessment where academic dishonesty has occurred I will now review the academic level. (Figure 5.7). The highest incidence at 57% (n=76) occurred at academic level 5 followed by 26% (n=34) at academic level 4. The fewest cases were discovered at academic level 7 with only 3% (n=4).

Figure 5.7: Total numbers of academic dishonesty which occurred at different academic levels between 2004-2010 in nursing students

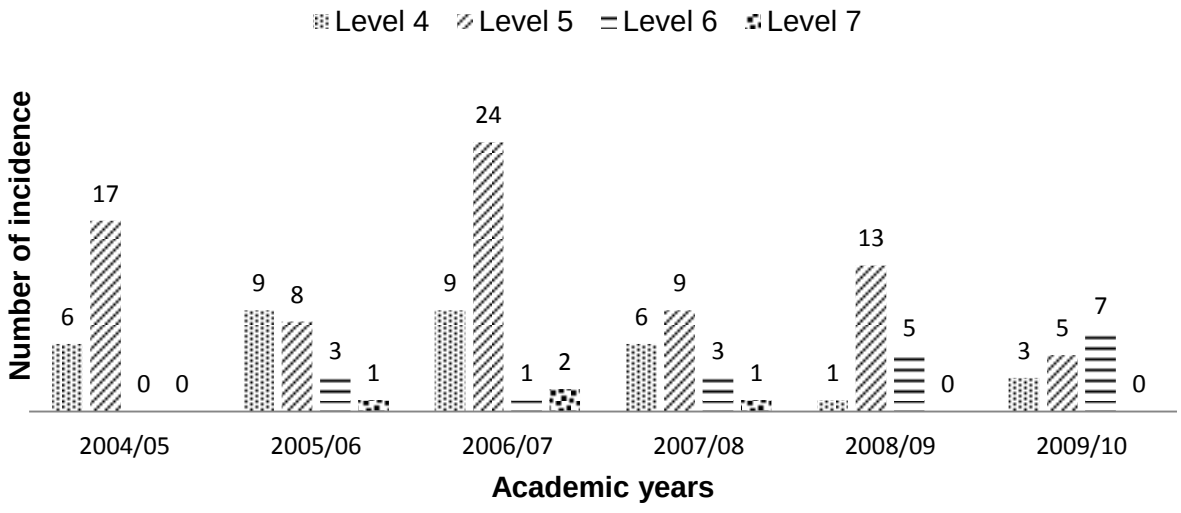


5.4.7 Academic levels where academic dishonesty occurred across different academic years

Having reviewed the total incidence of academic dishonesty occurring at each academic level within the school this will now be broken down for each academic year (Figure 5.8). The number of students with evidence of academic dishonesty at academic level 4 slightly increased from 6 in 2004/05 to 9 in 2005/06 and remained at 9 in 2006/07. The numbers at level 4 remained low in the three years thereafter. Numbers of nursing students with evidence of academic dishonesty at academic level 5 was highest in 2006/07 (n=24) when the overall incidence of academic dishonesty was at its highest

in the school. The incidence at level 5 fluctuated before and after this date with the lowest incidence recorded in 2009/10 (n=5). The incidence of academic dishonesty at academic level 6 has been low overall, but gradually increased between 2006/07 and 2009/10. In 2009/10 there were 7 cases at level 6 which was the highest incidence of academic dishonesty in that year at any academic level. There has been a gradual increase in number of level 6 modules offered by the school since 2007/08. The incidence of academic dishonesty was lowest at academic level 7. There have been three years with no incidence occuring at academic level 7 and three other years with 1 or 2 cases respectively. It is unclear whether this is due to non reporting, non use of Turnitin or other reasons.

Figure 5.8: Academic levels where academic dishonesty occurred in nursing students within each academic year

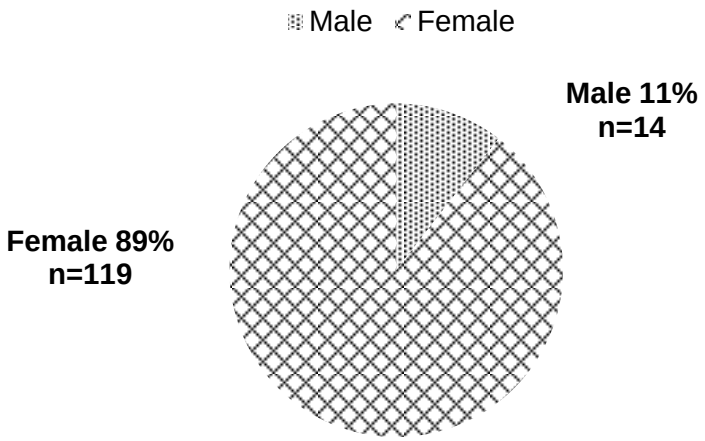


5.4.8 The gender of nursing students with evidence of academic dishonesty

The gender of nursing students with evidence of academic dishonesty was also collected in the school monitoring log between 2004/05 and 2009/10 (Figure 5.9). Nursing students were 89% female (n=119) and 11% male (n=14) over the six years. The percentage of female and male students where evidence of academic dishonesty has been found is proportionate to the number of female and male nursing students within the school and

proportionate with national figures for the ratio of female to male nursing students (Thomas 2011, p.13). The annual breakdown of student details for pre-registration nursing within the school in 2010/11 showed a split of 598 female (89)% and 72 male (11%) (UCLan, 2011e).

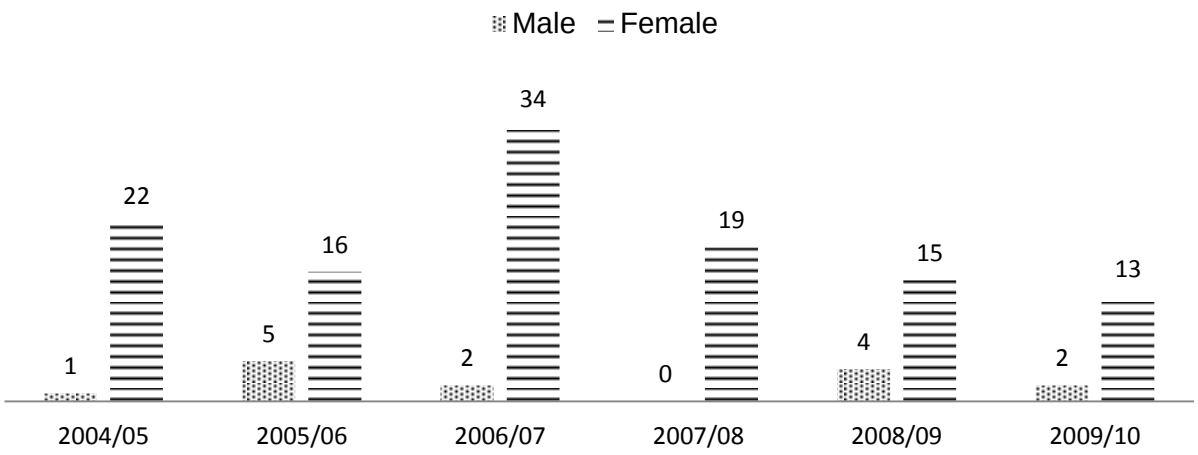
Figure 5.9: Total number of male and female nurses found with evidence of academic dishonesty



5.4.9 Gender of students with evidence of academic dishonesty within each academic year

The number of female and male nursing students with evidence of academic dishonesty broken down by academic year is outlined in Figure 5.10. In 2004/05 there was one male student and in 2009/10 there were two male students. There were no male students with evidence of academic dishonesty in 2007/08. The highest incidence of academic dishonesty amongst male students occurred in 2005/06 (n=5) and in 2008/09 (n=4) respectively. Nine of these male students were pre and post registration mental health nursing students; two were from a critical care nursing background and the three remaining students were undertaking leadership modules (range 0-5). The numbers of female students fluctuated between 13 and 22 in each academic year. The highest incidence of female students occured in 2006/07 (n=34) coinciding with the year when there were the highest incidence overall (range 13-34).

Figure 5.10: Number of male and female nurses found with evidence of academic dishonesty within each academic year



5.4.10 Academic staff who have reported alleged incidents of academic dishonesty

Having explored features of academic dishonesty occurring in nursing students it was useful to review the academic staff reporting alleged cases for investigation. Brief details of the person making the referral was captured on the school monitoring log (Table 5.6). There were 48 academic staff who initiated investigations for the 154 alleged cases heard between 2004/05 and 2009/10 (Appendix 18).

This equates to 33.57% (n=48) of the total number of academic and research staff (n=143) within the school who could initiate an investigation as at 21st October 2010. If removing staff within research posts and within the school executive team (n=42) from the total number who could refer but are less likely to make a referal due to the focus of their role, this equates to 48 out of 101 academic staff who made referrals (47.5%).

Table 5.6: Number of investigations initiated by academic staff between 2004-10		
No. of investigations initiated	**Number of academic staff who initiated this number of investigations (n=48)**	**Number of investigations initiated (n=154)**
17	1	17
14	1	14
10	2	20
7	1	7
6	3	18
5	4	20
4	3	12
3	2	6
2	9	18
1	22	22

Most of these academic staff had either initiated one (n=22) or two investigations (n=9) (Table 5.6). Ten academic staff had initiated investigations in 2004/05 or in 2005/06 and had not reported any since. Seven staff had reported one or two cases in 2008/09 or in 2009/10. A small number of academic staff initiated between three and seven investigations each. Two teachers initated ten cases; one initiated fourteen and one initiated seventeen investigations within the six year period. The teacher who initiated 17 investigations was module leader for a skills based module offered at different academic levels for qualified nurses. The three teachers who had initiated fourteen and ten investigations respectively, had investigations within core pre-registration nursing modules undertaken by high numbers of students. One of these staff had students in the same cohort who had colluded (Table 5.6).

5.4.11 Academic dishonesty occurring in university and practice settings

5.4.11.1 Individual interviews

Data were collected from twelve participants using semi-structured interviews exploring perceptions of features of academic dishonesty occuring in nursing students. The two research questions asked within the interviews were:

- What are the key features of academic dishonesty occurring within nursing students in university settings?
- What are the key features of academic dishonesty occurring within nursing students in practice settings?

Participants were asked to distinguish between academic dishonesty occurring in university and practice settings to help participants focus and provide case examples. The questions were drawn from the literature search undertaken in paper one (Harrison, 2008a). The premise for these questions was that once it was known how students engage in academic dishonesty, preventative solutions could be put in place to address these findings. All but one participant contributed a number of points. Participants who did not have a health care background provided fewer examples of academic dishonesty occurring in practice settings. Extracts below taken from participant interviews are selected to illustrate the why, what, where, who and how academic dishonesty occurs:

Academic dishonesty occurring in university settings:

‘not attributing the original author; copy from the internet’

‘occurs in library, computer banks’

‘bought an essay from an internet writing business’

‘pretending to have done an experiment (research)’

‘in an exam copy another students work; have notes written on arms’

‘use mobile phone / internet when go to the toilet’

‘send someone in to do the exam or practical for them - impersonation’

‘one student e-mails another student their work’

‘occurs where an assignment title doesn’t change’

‘joint working on presentations, posters’

‘pressures contribute to that wrong choice-mitigating circumstances’

‘students may not perceive it as dishonest’

Academic dishonesty occurring in practice settings:

‘getting tips about a practical test, information from students already assessed’

‘record activity in their log book that they had not done’

‘one student giving their case study to another student’

‘submitted clinical assessment documents, one copied from the other’

‘forge a mentors signature / feedback as a favourable outcome as if they were the mentor, to gain some credit’

‘case study report made up’

‘working together on written work while together on placement’

‘access to NHS Trust policies, procedures, documents - don’t acknowldge the source’

‘get mentors to look at their assignments - help and input they make’

All ideas provided were merged using thematic analysis (Appendix 19). The main themes have been arranged in Table 5.7. The themes identified were contributing factors, type of academic dishonesty, types of assessment, the location, place, people involved and how it occurs. This can be summarised as the why, what, where, who and how academic dishonesty occurs in nursing students. The far left hand column summarises contributing factors, personal factors, characteristics, circumstances, motivation, opportunities available and access to people and resources which may assist. It was not possible to link particular contributing factors to specific types of academic dishonesty. One of the participants suggested that it was important to acknowledge the culture within which nursing students live today outside of the university which has influence, making the following point:

‘we live in a digital world now where everything is free; ownership on the web is not always understood by students’

Table 5.7: Features of academic dishonesty occurring in university & practice settings derived from interviews						
Contributing student factors (WHY)	**Type of academic dishonesty (WHAT)**	**Types of assessment involved (WHAT**	**Location of assessment (WHERE)**	**Place academic dishonesty occurs (WHERE)**	**People, resources & services involved (WHO)**	**How academic dishonesty occurs (HOW)**
Personal character Previous experience & academic attainment Socialisation to professional nursing values Extenuating circumstances Motivation & level of awareness Contacts /access to resources Opportunity Exposure to deterrents	Cheating	Written examination On-line examination OSCE	University	Exam room Skills laboratory Toilet Location of accomplice	Student Accomplice Impersonator Paper materials Electronic device/s	Take unauthorised notes & / or electronic devices in the exam room Two or more students jointly devise reference list and take into seen exam & / or replicate jointly developed model answer Students confer / copy work in the exam Impersonator completes exam for student
	Plagiarism	Written assignment / essay /case study Dissertation / Practice Based Project	University & Practice Setting	University / Placement IT facility / library Home of student / accomplice; Practice setting; Internet service	Student Internet sources Ebay / Essay Mill & Staff & Writers	Student submits work claiming someone else's work as their own without acknowledgement of the author using paper based & / or electronic sources Student presents work for assessment which they have previously submitted for another assessment and received academic credit
	Collusion	Written assignment / essay /case study Dissertation / Practice Based Project Clinical Assessment Presentation		University / Placement IT facility / library Home of student / accomplice Practice setting University / Placement e-mail system	Student Accomplice	Two or more students jointly work on an assignment Student receives unauthorised assistance from an accomplice Students obtains work from an accomplice and includes all / part of this in their own assignment Student provides another student with access to their work & / or shares their assessment experience facilitating duplication Student makes no or limited contribution to a group assessment benefitting from others work
	Fabrication/ Falsification	Written assignment / case study Dissertation / Practice Project		University/ Placement IT facility / library Student/accomplices home / Practice setting Internet service	Student Accomplice Internet sources Staff & Writers	Student & / or accomplice falsifies mentor's signature & or written feedback in clinical assessment document Student fabricates content of an assignment

5.4.11.2 Nominal groups

Each of the four nominal groups also answered the question:

'List below examples of academic dishonesty occurring in nursing students?'

The following extracts taken from participants' exercise sheets completed individually, illustrates similarities and differences identified between groups and the types of academic dishonesty occurring in a range of assessments:

Academic staff:	'buying essays off people / websites'
	'asking someone else to write the assignment'
	'copying professional assessment document from another student'
	'submitting a piece of work from a student in a previous cohort'
	'giving their work to another student to copy'
	'in portfolios - falsifying signatures and statements'
Nurse mentors:	'not referencing your work; making up references'
	'copy and pasting - changing words to make it look like your own'
	'putting forward an idea gained from books as your own'
	'working with a qualified staff member and using their ideas'
	'putting in your CV, qualifications you don't have for entry to course'
Nursing students:	'allowing others to do your work e.g. in group work'
	'using the same essay more than once'
	'befriending newly qualified nurse and getting work from them'
	'copying someone else's work with or without their knowledge'

‘stealing mock exam papers’
‘reflecting on things that didn’t happen’
‘changing fails to passes on clinical documents’
‘claiming for clinical hours not worked’

Administrative & support staff:

‘cutting & pasting from internet’
‘using paragraphs from nursing journals without referencing’
‘two students collaborating together on same work’
‘cheating – copying in exams; taking crib notes in exams; using equipment to enhance performance’
‘misusing extensions / extenuating circumstances’

Individual participants’ ideas were listed on a flip chart and discussed within the respective nominal groups within a round robin exercise, enabling participants to check understanding, before merging the ideas into a collated group list. Participants then individually ranked the groups collated ideas, allocating five points to the idea which they felt was the best example of how academic dishonesty occurs, four for the next best idea and so on with one allocated to their least important idea (Appendix 20). Each nominal group combined list of ranked ideas is outlined in Table 5.8. There were a number of similarities and differences between the merged ideas. All four groups highlighted a different number of examples of academic dishonesty: Administrative & support staff four ideas; mentors five; teachers six and students seven. Three groups identified the four main types of academic dishonesty: plagiarism; cheating; collusion and forgery / falsification. The mentors did not include cheating or collusion. Administrative and support staff used specific terms, while the other three groups used similar terms and described the act and / or omission that occurred. Students identified the four types of academic dishonesty in the university regulations. There were different levels of severity of what and how students engaged in academic dishonesty ranging from naive mistakes, lack of study skills, through to deliberate acts involving others.

There was different ranking and order of importance placed on some of the merged ideas. Academic staff awarded immoral behaviour, forgery and lying as their highest number of points (25 points), administrative and support staff ranked this as their third important idea (14 points) and mentors ranked this as their least important idea (10 points). Students divided these into two separate ideas, ranking lying / dishonesty as third important (12 points) and forgery / falsification as fourth important (9 points). Due to a different number of participants in each nominal group, there was difference in total numbers of points scored, limiting opportunity to make comparisons. Only students and mentors identified 'breach in the NMC Code of Conduct' and 'claiming to have knowledge and skills they do not have'. Academic staff focused predominantly on academic dishonesty occurring in the university and theoretical assessments, identifying two separate ideas for plagiarism (ranked second and fourth), and two ideas for collusion (ranked third and sixth) describing different ways each may occur.

In summary, when reviewing the features of academic dishonesty generated from the interviews and nominal groups, the term academic dishonesty appears inadequate in summarising the features across academic and practice focused assessments and the implications raised by participants for professional practice. A more appropriate term describing what occurs in nursing would be Academic and Practice Misconduct. The term misconduct appeared preferable to dishonesty in that dishonesty is implicit within misconduct and has implications for professional conduct. Academic and Practice Misconduct was also the preferred term used for the definition which emerged from interviews and nominal groups in acknowledging significance of occurrence in clinical practice (Table 5.5).

Table 5.8: Rank ordering of features of academic dishonesty occurring in nursing students (nominal groups)
(Column P lists points awarded by the group)

Rank	Academic staff (n=6)	P	Nursing students (n=5)	P	Nursing mentors (n=5)	P	Administrative & support staff (n=4)	P
1.	Immoral behaviour written or spoken e.g. forgery, lying	25	Being in breach of the NMC Code of Conduct / Guidelines for students of Nursing & Midwifery / university guidelines	25	Claiming to have the competencies, skills & knowledge that they don't have	20	Plagiarism	16
2.	Copying from others, receiving and / or taking, using various sources e.g. books, websites	22	Plagiarism	16	Passing off someone else's work as your own regardless of how e.g. buying / making up	18	Cheating	15
3.	Submission of a piece of work obtained from a variety of different sources e.g. bought	17	Lying / dishonesty for personal gain	12	Gaining a qualification or job when the student hasn't earned it	15	Theft / Forgery / lying / Immoral	14
4.	Cheating in exams in a variety of ways	10	Claiming to have knowledge & skills that you clearly have not got	9	Knowingly being in breach of 'The Code'	12	Collusion	11
5.	Without acknowledgement	10	Forging / falsifying records / documents	9	Being unethical / immoral	10		
6.	Giving work to / sharing work with another student, knowingly used for unfair advantage	6	Collusion	3				
7.			Cheating	1				

5.5 Approaches used to promote academic integrity

Having defined academic dishonesty and identified the features of academic dishonesty occurring in nursing students linked to the first two research questions I will proceed by presenting data collected in response to the third research question:

> 'What approaches are used to promote academic integrity in nursing students?'

Data were collected from the individual interviews and nominal groups.

5.5.1 Individual interviews

Question four to eight within the individual interviews focused on approaches used to promote academic integrity. The questions were drawn from the literature undertaken in paper one (Harrison, 2008a). All participants contributed to a number of points to the majority of these questions, with two exceptions. One participant was unable to respond to the question on how academic integrity could be promoted in practice placements and the other participant was unable to contribute ideas on practice placement organisations. Each participant was able to contribute ideas on the other placement focused question. Most participants who did not have a health care background contributed fewer ideas about academic integrity in practice. Extracts taken from participants' interviews illustrate the themes emerging linked to university and practice settings and roles and responsibilities (Appendix 21). Ideas indicated a need for a preventative focus, education of staff and students, guidance and support from a range of stakeholders and a consistent approach for management of alleged incidents.

One participant stated that 'it is contentious that you may need to promote integrity.....you can promote accurate referencing....integrity is a moral quality.....better expressed as promoting practices that are preventative', believing it is 'a more ambitious task to promote improved moral values / character'. The participant suggested 'having strategies to prevent / reduce plagiarism setting techniques in place which normalise behaviours'. Similarly,

another participant also stated ‘the question is flawed – turnitin doesn’t promote integrity it changes the students’ behaviour not their character’.

5.5.2 Nominal groups

The second question asked within the nominal group was:

> ‘How can academic integrity be promoted in nursing students at course, school and university level and by placement providers?’

Participants individually completed exercise sheets to capture their ideas which were then listed on a flip chart and discussed within the respective nominal groups within a Round Robin exercise, enabling participants to check understanding, before merging the ideas into a collated group list (Appendix 22). Participants then individually ranked the groups collated ideas allocating five points to the idea which they felt was the best example of how to promote academic integrity, four for the next best idea and so on with one being allocated to their least important idea (Table 5.9).

There were a number of similarities and differences between the ideas derived from the nominal groups. All four nominal groups highlighted a different number of ideas as examples of academic integrity: Administrative & support staff five ideas; students six; academic staff seven and mentors eight ideas. All four nominal groups identified the promotion of the NMC Code of Conduct and values as important, but with slight variation in the order of importance given: students and administrative and support staff both ranked this as the most important approach (18 points) mentors as the third most important (12 points) and teachers as their fourth most important approach (10 points). There was a particular focus on using a preventative approach and having adequate resources and systems in place for students to be able to access. Administrative and support staff emphasised ‘using preventive means’; nursing mentors highlighted the need for resources and a culture to

Table 5.9: Rank ordering of approaches used to promote academic integrity with nursing students (Column P lists points awarded by the group)								
Rank	**Academic staff (n=6)**	**P**	**Nursing students (n=5)**	**P**	**Nursing mentors (n=5)**	**P**	**Administrative & support staff (n=4)**	**P**
1.	Education of students, academic staff, mentors & practice education facilitators	29	Lecturers highlight importance of the NMC Code annually by presentation & testing	18	Promote ethics & integrity from an early age & through secondary school	14	Educate & provide information to academic, practice, support staff & students e.g. values & ethics of the NMC	18
2.	Use of deterrents: academic regulations; apply penalties; publication of consequences / case studies; change assessments; student self-declarations	20	Highlight use of a range of support & feedback available through role models: PEF's; placement buddies; personal tutors; module supervisors & mentors	16	Mentors / teachers being positive clinical & academic role models	13	Use different mediums to raise awareness on definitions examples, consequences, support available, dos & don'ts	16
3.	Support mechanisms (staff, resources & systems) at course school & university level	18	Educate mentors on required standards / course requirements/the mentors role through updates	13	Promoting 'The Code' & values of the profession from day one	12	Use of deterrent: case examples, awarding penalties, checking levels of understanding	13
4.	Moral integrity / professionalism / Student Code of Conduct	10	Educate students' on plagiarism, cheating, collusion & consequences in lectures; booklets; The University Card; referencing information	12	Promote the value of having a good knowledge base that underpins your practice	12	Use preventative means e.g. Turnitin; early education at school, college; electronic submission /feedback	9
5.	Use of electronic resources & processes: Turnitin / electronic submission of work	5	Strict admissions & selection process in application & interview	10	Provide resources & time to achieve without so much pressure	10	Use consistent approach to manage academic dishonesty	4
6.	Communication between students, academic staff, mentors & practice education facilitators	5	Having standardised penalties according to level of breach / also used as a deterrent	2	Range of assessments- provide student choice, show their capabilities in a comfortable way	9		
7.	Curriculum planning issues: change assessment methods / academic workload	3			Promote pride, confidence, self-esteem in achieving the end goal	3		
8					Teach referencing	2		

‘promote pride, confidence and self-esteem’ and nursing students suggested the need for ‘standardised penalties’.

All nominal groups also highlighted the need for education, but with different levels of importance and different focus of audience: Teachers ranked education as their most important idea targeting academic staff, practice staff and students (29 points). Similarly, administrative and support staff ranked education as their most important idea (18 points) and highlighted different mediums for raising awareness as their second most important idea (16 points). Students separated out the education of mentors ranking this third (13 points) and the education of students ranked fourth (12 points). Mentors implicitly identified education of students as least important, ranked eighth (2 points). Neither students nor mentors recognised the need for teachers to be educated. The need to educate students on definitions and consequences of academic dishonesty was ranked second by administrative and support staff and fourth by students, whereas the other two groups did not identify this idea as important.

The promotion of moral, ethics, values and integrity was highlighted by all groups except for students. Administrative and support staff ranked this as their most important approach for promoting academic integrity (18 points). Mentors ranked this as their third most important idea (14 points) and teachers ranked it fourth (10 points). Mentors were the only group to advocate promoting ethics and integrity from an early age. The importance of education, the methods used to educate stakeholders and the focus and content of what should be included within the education spanned a number of ideas across all groups.

The use of deterrents were ranked as second most important by teachers (20 points) and third most important by administrative and support staff (13 points) whereas students listed applying standardised penalties as an example of a deterrent, ranked as sixth (2 points). Mentors did not identify the use of deterrents.

The use of a range of support was valued. Students ranked this as their second most important approach (16 points) and teachers ranked it third most important (18 points). Mentors implicitly referred to providing support through resources and time, ranked as fifth (10 points). Administrative and support staff did not identify this idea.

The detection of academic dishonesty, including the use of Turnitin, was raised by administrative and support staff ranked fourth (9 points) and by teachers ranked fifth (5 points). Mentors and students did not highlight this. Curriculum issues including change of assessment methods were ranked least important by teachers (3 points) and using a range of assessments to provide choice was ranked sixth most important by mentors (9 points).

There were a number of ideas identified by one group only. The importance of using standardised penalties was only recognised explicitly by students, ranked as their sixth and least important idea. Administrative and support staff identified the need to use a consistent approach to the management of academic dishonesty, ranking this fifth and their least important idea. They did not highlight the use of penalties. Communication between students, academic and practice staff was only outlined by teachers (ranked fifth). The use of a strict selection process was only identified by students (ranked fifth). Mentors were the only group to emphasise the importance of promoting pride, confidence and self-esteem linked to student achievement, ranked seventh (3 points).

Overall the highest ranked ideas amongst the four groups focused on education, preventative approaches and support systems. The lowest ranked ideas amongst the four groups focused on choice and change of assessments, detection and application of penalties and management of offences. The ideas generated did not specify the location and setting for the approach or method to be used. However, roles of academic staff, students, administrative and support staff and practice staff crossed university and practice settings. Many of the ideas implicitly suggested activity at a range of levels. Students highlighted the importance of the NMC Code being presented

annually and mentors stressed the importance of students being taught referencing which involves teaching at course level. The use of deterrents including publication of consequences of academic dishonesty and use of case studies; guidance for academic staff to regularly change assessments and use of student self-declarations when submitting work identified by teachers, would involve an approach at school level. Having standardised penalties as identified by students, would involve guidance at university level, as would the provision of academic regulations and adequate resources. The importance of communication and activities across different settings highlights the importance of collaboration and partnership working.

5.5.3 Key themes

Key ideas were generated from the twelve individual interviews and four nominal groups on how academic integrity can be promoted in nursing students at course, school and university level and by placement providers. These ideas were synthesised into five main strategic themes using thematic analysis:

- Devise, strategies, policies and procedures
- Educate academic, administrative & support staff, practice staff and students
- Implement holistic preventative processes and deterrents
- Detect and manage alleged incidents
- Monitor, review and enhance each stage of the process

These have been arranged in a sequence outlining a process from beginning to end (Table 5.10). The university, school and course would initially devise strategies, policies and procedures for promoting academic integrity. Academic, administrative and support staff, practice staff and students would then be educated on the definitions and features of academic dishonesty and approaches used for promoting academic integrity. Holistic, preventative approaches and deterrents would then be implemented by all stakeholders in university and practice settings. In the event of an alleged incidence of academic dishonesty a student's case would be investigated and penalties

applied if evidence was found. Incidence would be monitored and published. The learning gained from implementing the process would enable all stages to be enhanced e.g. amendments made to the university academic regulations; updating of policy at school level; enhancement of methods for education of stakeholders and student advice, guidance and support and in the management of alleged incidents. The focus is on partnership working across schools, services and practice settings. The process is presented as a list of ‘hints and tips’ (Table 5.10).

Table 5.10: Hints and tips for stakeholders for promoting Academic and Practice Integrity

Devise, strategies, policies and procedures	Educate staff and students	Implement holistic preventative processes and deterrents	Detect and manage alleged incidents	Monitor, review & enhance each stage of the process
• Influence professional body standards, guidelines & code of conduct • Guide university's academic regulations, policies & procedures • Support process promoting academic integrity & role of school lead • Develop and reinforce policies on nursing standards & values in placement settings • Develop an information exchange policy between university & practice settings • Present strategies, policies and procedures in user friendly format	• Emphasise nursing values & admission criteria within Schools & FE Colleges • Advocate a learning culture; benefit of integrity & achievement • Use a range of teaching & learning approaches & resources with stakeholders • Raise staff & student awareness using self-assessments • Outline risks to the student, other healthcare professionals, patients & carers • Provide hints & tips for students, academic, administrative & practice staff • Clarify definitions, investigatory process & potential penalties	• Adhere to explicit student selection criteria; use student learning contracts • Deliver courses to NMC standards / guidelines & evidence based practice • Use nationally recognised good practice e.g. information literacy • Effective role models are proactive in university & placement settings • Provide student access to IT, library, specialist staff & resources • Facilitate student support, advice & guidance • Limit opportunities for academic dishonesty-designing it out in a range of assessments • Stakeholders collaborate on student support & progress	• Assignments electronically submitted using detection software • Staff & students record & report alleged incidents • Staff in university & placement settings liaise on suspected cases • Alleged incidents investigated using standardised templates • Penalties fairly & consistently applied • Incidence, consequences & cases studies published • Extreme cases referred to a Fitness to Practise investigation • Placement providers address unprofessional practice in own workforce	• Continuously evaluate and update the following: • Strategies, policies & procedures on academic dishonesty /academic integrity • Process, content methods and education of staff & students • Implementation of holistic preventative processes and use of deterrents • Detection, management of alleged incidents • Continuously reflect on own knowledge, skills, role and responsibilities in promoting academic integrity

5.6 Summary

Yin (2003, p.141) suggests that ‘reporting case study results is one of the most challenging aspects of doing case studies’ and provides ‘an opportunity to make a significant contribution to knowledge or practice’ (Yin 2003, p.142). With this is mind I will now summarise the findings of the research.

Participants were successfully recruited and contributed to data collection as planned. There were twelve participants individually interviewed with representation from the school (n=3) faculty (n=3) and from central university services (n=6). The plan was to involve twenty four participants in the four nominal groups, six in each group. Twenty participants took part. All participants received information sheets and signed individual consent forms. All interviews and nominal groups were audio recorded. All participants were ‘expert witnesses’ and had experience relevant to the research. Documentary evidence collected for monitoring and audit purposes was utilised as scheduled.

Academy dishonesty occurring in nursing was defined by merging definitions derived from individual interviews and data captured in the nominal groups, utilising thematic analysis. The term academic dishonesty was considered inadequate recognising the importance of practice based assessment. The term Academic and Practice Misconduct appeared more representative. An overall definition was developed containing core themes including different types of misconduct typical of nurses; the range of influences; variety of acts and omissions undertaken; the values compromised in the process; breaches in academic regulations and professional body code of conduct and the consequences and penalties which occur. The definition is presented sequentially as the process occurs and acknowledges that nursing students breach university academic regulations, professional body guidelines and the nurses code.

Features of academic dishonesty have been identified. The number of nursing students investigated and found with evidence of academic dishonesty within the school has reduced during the six years since monitoring logs have been maintained. There has been evidence of academic dishonesty in most cases where students have been brought in for investigation. Collusion was found to be the most common type of academic dishonesty to occur (50%) followed closely by plagiarism (41%). This provides a focus for channelling preventative strategies, particularly where there was high incidence discovered in specific modules. The incidence of cheating was small (9%). It is unclear how much this is influenced by the curriculum and types of assessments used and is worth further exploration. The incidence of academic dishonesty occurring in clinical assessment documents has gradually reduced but accounted for 21% of total occurrence. The highest incidence occured at academic level five and the lowest at level seven. This highlights the need for continuous implementation of preventative approaches throughout courses and not just within the induction but throughout all academic levels. The reason for the variation in incidence in academic level is unclear and would be a useful focus for future research. The incidence of academic dishonesty occuring amongst men (11%) and women (89%) is representive of the numbers of male and female nursing students within the school. Almost half of academic staff involved directly in teaching and assessing in the school reported an alleged incident of academic dishonesty. This varied between reporting one and seventeen cases by individuals and was highest in the core modules offered most frequently.

The themes which emerged on features of academic dishonesty highlighted a number of contributing factors: personal character; previous experience; influence by others; personal life events; opportunity for academic dishonesty and deterrents being in place. Information generated on the why, what, where, who and how academic dishonesty may occur amongst nursing students provides a useful focus for targeting preventative strategies. Four main types of academic dishonesty were identified: plagiarism, cheating, collusion and forgery / falsification. The term ‘Academic and Practice Misconduct’ was

preferred due to misconduct occurring in university and practice based assessments.

Five strategic themes were identified on how academic integrity can be promoted with nursing students within a sequenced process: initially involving devising strategies, policies and procedures; educating staff and students; implementing holistic preventative approaches and deterrents; detecting and managing alleged incidents and monitoring, reviewing and enhancing each stage of the process. A list of hints and tips for stakeholders has been identified highlighting activities which can be undertaken at course, school and university level and in practice settings.

6.0 Discussion

6.1 Introduction

The aim of this research was to explore stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students which has been successfully achieved by collecting and analysing data from individual interviews, nominal groups and documentary evidence. A range of stakeholders shared their experience as expert witnesses. In this chapter the key strategic themes identified will be examined and linked to theoretical propositions. New knowledge and theory will be linked to literature and participant data. This approach is supported by Beck (1992, p.12) who asserts that 'we need ideas and theories that will allow us to conceive the new which is rolling over us in a way, and allow us to live and act within it'.

The chapter will be structured using the case study units of analysis: initially focusing on Academic and Practice Misconduct and then Academic and Practice Integrity. The development of a new definition, process and hierarchy of Academic and Practice Misconduct specific to nursing will be examined. Risk is utilised as a theoretical framework to underpin the research findings related to Academic and Practice Misconduct. A self-assessment tool for use by nursing students to measure their level of risk of Academic and Practice Misconduct based on the research themes will be discussed.

The second part of the chapter will focus on review of a collaborative cycle of involvement for promoting Academic and Practice Integrity, based on the research themes identified. A time line of approaches used in practice is considered. A person centred approach is proposed as a theoretical framework to underpin findings linked to Academic and Practice Integrity. A self-assessment tool for use by academic staff to determine their personal level of engagement in promoting academic integrity is presented based on the research themes. Effort is made to synthesise research findings with education and practice underpinned by theory, embracing the proposition by Kirkham et al. (2007, p.63) who emphasise that in a professional doctorate

‘the thesis is practice based focusing on the student’s professional work’. New knowledge gained from the research findings will be examined compared with the previous knowledge base and the practical application of the research themes integrated for use by stakeholders working with nursing students.

6.2 Academic and Practice Misconduct

6.2.1 Development of a definition of Academic and Practice Misconduct

The development of a definition of Academic and Practice Misconduct specific to nursing is new knowledge (Table 5.5). The definition was derived by merging definitions provided by participants within individual interviews and nominal groups (Figure 5.1). The term is all encompassing and embraces plagiarism, cheating, collusion, forgery and fabrication and assessment in theory and practice. The themes forming the structure of the definition are:

- Types of misconduct occurring amongst nurses
- Range of influences
- Variety of acts and omissions undertaken
- Values compromised within the process
- Consequences for student and others
- Breaches in academic regulations and nursing code
- Penalties applied

In chapter one thirty five different terms were discovered acknowledging that terms were used interchangeably with potential for confusion to those working with nursing students (Aluede et al. 2006; Elzubeir and Rizk 2003; McCrink 2010). While some umbrella terms were discovered such as academic dishonesty (Arhin 2009; Gaberson 1997) and academic misconduct (Daniel et al. 1994) with effort to relate these to nursing, none were developed from nursing research.

The results found that academic dishonesty is an inadequate term for use with nursing students due to the lack of emphasis on practice based assessment

which generally forms half of assessments within nursing curricula. The term Academic and Practice Misconduct more accurately reflects the features of misconduct which occurs in nursing in both theoretical and practice based assessments, including clinical assessments; practice based portfolios and practice based projects (Table 5.7). A significant finding was that Academic and Practice Misconduct occurred in clinical assessment documents (Table 5.9). Academic and practice focused assessments have implications for professional practice, not just theoretical knowledge, which is not appreciated within the term academic dishonesty. The term misconduct appeared more appropriate than dishonesty. Dishonesty is implicit within misconduct and misconduct suggests a behavioural element with implications for fitness to practise. Nurse mentors in the nominal group emphasised that misconduct could involve 'falsifying documentation' in clinically based assessment. Nursing students commented that it may involve 'forgery of qualifications'. Views of participants were clearly expressed. Paterson et al (2003) suggest that no policy can effectively address plagiarism without consideration by stakeholders of how it is constructed.

A key finding when developing the definition was that a consequence of Academic and Practice Misconduct are that when nursing students plagiarise, cheat, collude, forge or fabricate in assessments, they have not developed their personal knowledge, skills and / or values, which compromises their competence. This has the potential of placing a patient at risk of poor quality nursing, as well as the student nurse being a risk to carers, their colleagues and themselves. The NMC (2010a) requires a student to demonstrate competence as a requirement of the standards for education. McCabe (2009) discovered that more than half of nursing students self-reported that they had engaged in one or more types of academic dishonesty and expressed concern over the nurses ability to perform their jobs where human life was at stake. Participants in my study believed that when Academic and Practice Misconduct occurs in nurses they breach both university regulations and the professional ethical code (NMC, 2008a). While this consequence may also apply to other health care students, it is a key finding of this research and places great responsibility on the chair of investigations to manage this risk.

Educationalists are identified as gatekeepers to the profession (Tanner, 2004).

A participant in the interviews stated academic dishonesty ‘enables them to get results that doesn’t reflect their abilities’ thereby questioning whether students are competent. Other participants interviewed stated that it ‘has serious implications in nursing’ and ‘it leads to all sorts of problems’. Strength of feeling was also expressed believing that they ‘should not be in the profession’. Similar statements were made by participants within the nominal groups. The mentor group believed academy dishonesty was ‘to gain a qualification when you have not learnt’ and nursing students added that it involved ‘a short cut to meeting the academic course requirements’. Academic staff and practice mentors are responsible for reporting and managing problems and safeguarding vulnerable patients. The School of Health has developed a national reputation for involvement of patients and carers in developing and delivering courses (Harrison, 2010a). It is therefore important that solutions are developed which reduce risk to patients, carers and health care professionals working with student nurses. This definition of Academic and Practice Misconduct acknowledges this unlike other definitions proposed by authors. In health care today priority is given to safeguarding vulnerable patients and universities have responsibility to contribute to this process (Mott MacDonald / NMC, 2012; NMC, 2010a).

The definition provides clarity for stakeholders working with nursing students and is beneficial to commissioners of pre and post registration nursing education when seeking assurance, through monitoring, that quality, standards and guidance are in place for managing student performance. The definition provides staff and students with information which will enhance their understanding of what Academic and Practice Misconduct looks like and provides a benchmark standard. This will help staff and students to be educated better about Academic and Practice Misconduct. This could be helpful during course induction and when clarifying university academic regulations, policies and procedures. The definition could be shared verbally and made available in paper and electronic format. It could serve as a

deterrent with students and make explicit the expectation of student behaviour and socialise students to professional values. Elzubeir and Rizk (2003, p.589-590) state that 'because formal and informal socialisation processes in medical education and training reflected in subsequent practice behaviours, medical educators have an obligation to closely examine attributes and determinants of academic integrity'.

The definition is also important for the Nursing and Midwifery Council and could be used to influence revision of national policies and guidelines including standards of conduct, performance and ethics for nurses (NMC, 2008a); standards for education and training for nurses (NMC, 2010a); guidance on professional conduct for nursing and midwifery students (NMC, 2011) and advice and information for employers relating to concerns about fitness to practise (NMC, 2010c).

6.2.2 The process of Academic and Practice Misconduct occurring in nursing students

Key features of Academic and Practice Misconduct were identified from interviews, nominal groups and documentary evidence. Stakeholders perceived that nursing students engage in plagiarism, cheating, collusion, forgery and fabrication (Table 5.17). This is consistent with findings in McCabe's (2009) survey of nursing students in twelve nursing schools in the USA who self-reported engaging in all of these types of academic dishonesty. Sometimes students, friends, family and work colleagues maybe involved in Academic and Practice Misconduct, utilising a range of resources (Table 5.16). A variety of factors which influence students and place them at risk of misconduct have been identified: their character; previous experience; socialisation to nursing values; extenuating circumstances; level of awareness; access to resources; opportunity and use of deterrents (Table 5.16). Having discovered influences which increase a student's risk, effort can be channelled to minimise risk through targeting preventative interventions e.g. regularly changing assessments.

Literature suggests that staff may be reluctant to report Academic and Practice Misconduct for a variety of reasons including workload implications and preference for local management (Hansen and Hansen 1995; Mitchell and Carroll 2008; Paterson et al. 2003). This was not consistent with the research findings where 48 (47.5%) of teaching staff had reported a student for investigation. Most of these staff remain employed within the school and their experience provides a valuable resource for mentoring new staff. What was not clear was why these staff were willing to report cases and how this can be maintained. This could be a focus for future research.

It was anticipated that the highest incidence occurred at level 4 within the first 18 months of the DipHe pre-registration nursing course and first 12 months of the BSc (Hons) course due to poor study skills. This was not the case. The highest incidence was discovered at academic level five in a range of assessments. During the time that the monitoring log was maintained there were more DipHE nursing students studying at levels 4 and 5 than on any other course. Since then there has been a move to increase the numbers of BSc (Hons) students linked to changes in commisioning and professional body requirements (NMC, 2010a). The continuing professional development (CPD) modules for nursing students studying at level 6 on top up degrees converting their DipHE has also increased since 2007. While preventative interventions need to target level five students in response to research findings, course changes necessitate a need for a continuous process throughout all years of nursing courses, a view endorsed by Tippitt et al. (2009).

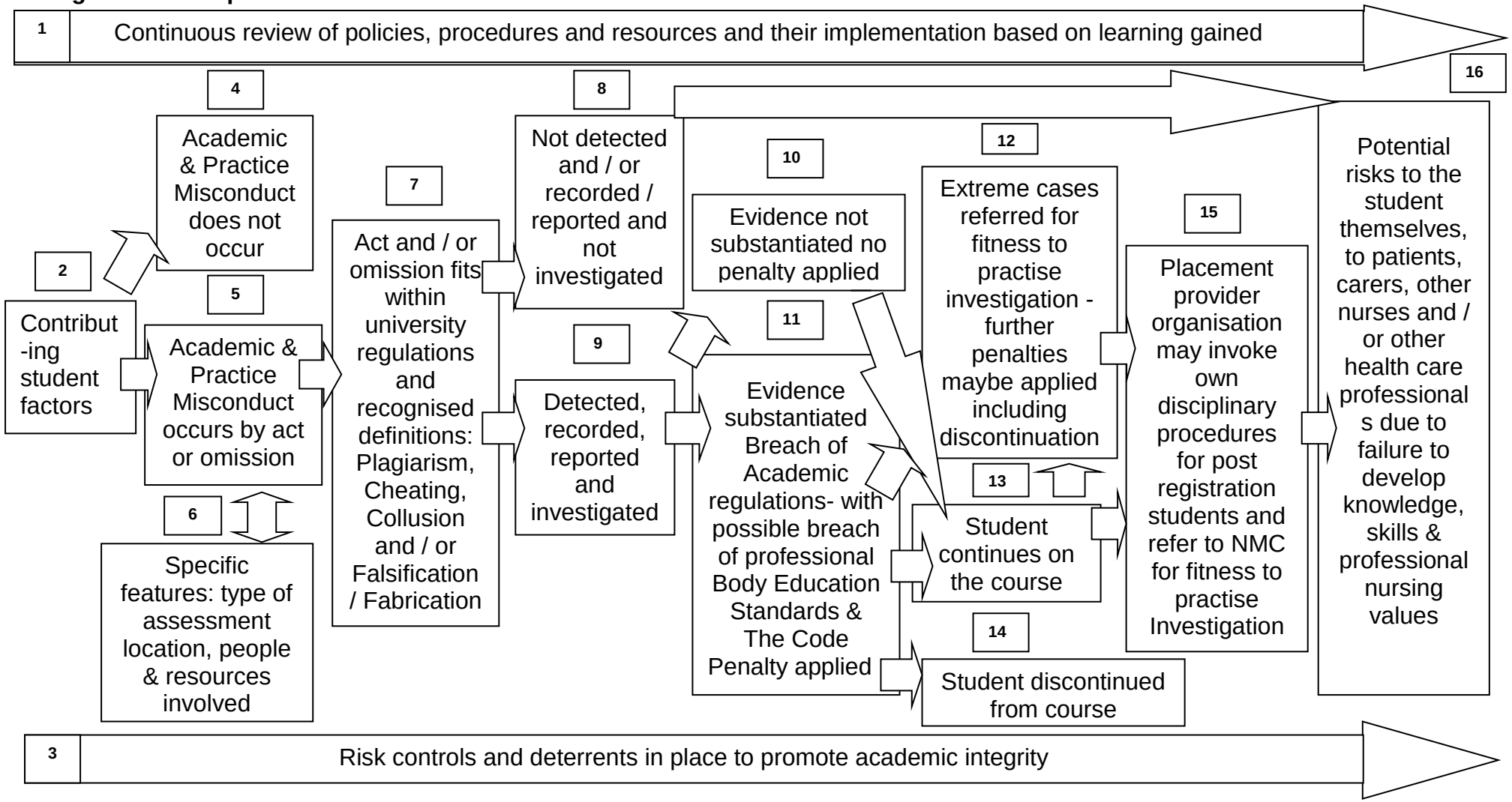
Discussion within assessment boards suggested that staff believed plagiarism to be most widespread, whereas collusion accounted for 50% of incidence. While occurrence of collusion occurring in clinical practice documents has been reported (Bailey 2001; Hilbert 1985; Hoyer et al. 1991; McCrink 2010), incidence of 21% was not predicted. Academic and Practice Misconduct appears incongruent with national policy which places importance on nurses providing patient centred, compassionate care, respect and dignity (DoH 2005b; DoH 2012a).

The process of Academic and Practice Misconduct is synthesised in Figure 6.1. Working from left to right of the diagram; box two indicates a range of contributing factors and increased risk if students do not develop study skills or access academic support. This is consistent with the literature outlining why students plagiarise (Park, 2003). The research did not indicate why students do or do not utilise education and support and if there are links between accessing support and incidence of Academic and Practice misconduct.

Box four indicates that even with influencing factors not all students engage in academic dishonesty. Boxes five and six summarise the features, acknowledging the settings, people and assessments involved. The top arrow (Box one) indicates the value of continually reviewing existing policies and procedures, putting enhanced risk controls in place which based on learning gained during each academic year. Boxes seven through to eleven summarise the types of Academic and Practice Misconduct that occur in nursing students, the fact that this may or may not be detected and investigated and that there may or may not be adequate evidence to substantiate the claim. Box seven indicates that university regulations may or may not recognise occurrence dependent on definitions used.

Box eleven acknowledges the penalties which may be applied thereby controlling risk to stakeholders. Boxes twelve to fourteen show that some students will continue on the course and repeat assessments to demonstrate competence, while in extreme cases a student may be discontinued. The national plagiarism benchmark tariff advocates a range of penalties according to the crime committed (Tennant and Rowell, 2009). Documentary evidence outlined in chapter five indicated that students who had falsified mentor signatures or fabricated mentor feedback were seen for a Fitness to Practise meeting and discontinued from the course, indicating the severity of the

Figure 6.1: The process of Academic and Practice Misconduct



offence and how such incidents had been managed (box twelve). In the nominal group academic staff viewed this as immoral and their most important feature of academic dishonesty. Participants thought breaches by post registration nursing students were particularly serious, as they were registered nurses with responsibility to practice abiding by the NMC Code (NMC, 2008a). Box fifteen highlights that participants indicated that some students, have been seen by their sponsoring employers using NHS Trust disciplinary procedures. Extreme cases may warrant referral to the professional statutory regulatory body for Fitness to Practise panel.

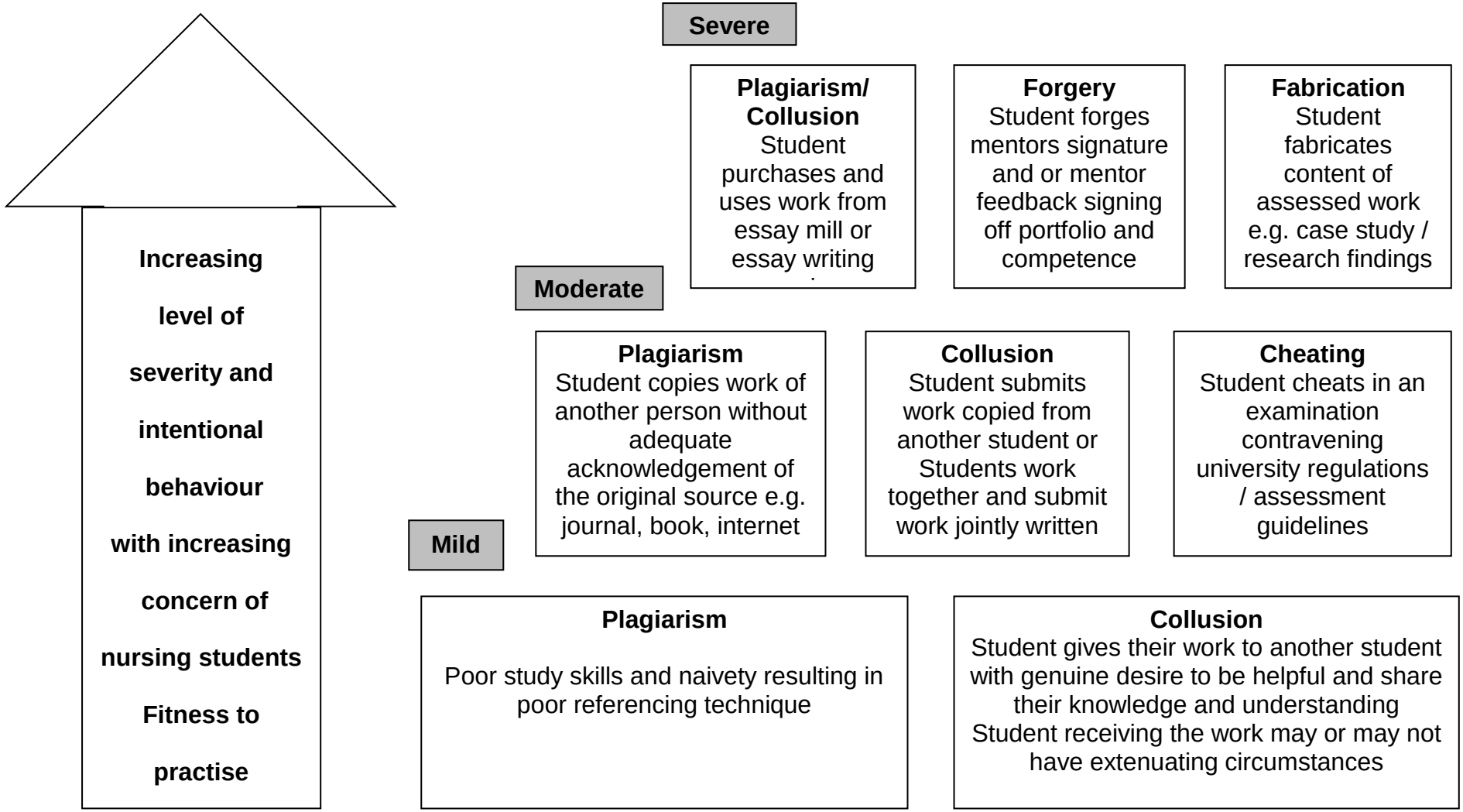
In the nominal groups students believed breaching the NMC code was the most important feature of academic dishonesty. Box sixteen acknowledges the consequences, whereby a nursing student may not be competent and pose a risk to patients, themselves and their colleagues. In the nominal group mentors ranked this as the most important feature of academic dishonesty where students claimed competence which they had not achieved. The arrow from Box eight indicates that some cases are not detected, reported or investigated, leading directly to box sixteen acknowledging that this also poses a risk. The bottom arrow (Box three) indicates that despite risk controls and deterrents being in place to promote academic integrity, Academic and Practice Misconduct may occur. Participants acknowledged that this may sometimes be intentional where students are prepared to take the risk.

Without this overview of the process specific to nursing, the perception of Academic and Practice Misconduct remains fragmented and the professional implications remain hidden. The diagram provides a summary of research findings presented as a sequence of events, integrating university regulations and professional nursing standards with participants' views.

6.2.3 A hierarchy of Academic and Practice Misconduct

This study found that there is a hierarchy of Academic and Practice Misconduct occurring amongst nursing students. Figure 6.2 outlines examples of participant comments inserted for illustration under each severity level. The

Figure 6.2: A hierarchy of Academic and Practice Misconduct



hierarchy suggests that Academic and Practice Misconduct occurring in nursing can be categorised as mild, moderate and severe. The study by Paterson et al (2003) noted that academic staff use the terms minor and major plagiarism to distinguish between degrees of severity based on their perceptions of the intent of the student. They refer to minor plagiarism where a student is unaware how to cite references properly and major plagiarism where the student lacks moral integrity in a deliberate act. Table 5.16 summarises the features of academic dishonesty derived from individual interviews. An extensive range of Academic and Practice Misconduct undertaken in university and practice settings were listed by participants in interviews.

There was a wide range of influences and behaviours which could be debated as to whether students engaged in Academic and Practice Misconduct was deliberate or not (Table 5.7). There appeared to be extremes at one end where students had not developed adequate study skills or did not follow referencing guidelines and sustained poor practice learned at school or college. At the other extreme students had forged mentor' signatures or fabricated mentors feedback. The degree of intentionality can be linked to the level of severity and the type of penalties needed to fit the crime (Hayes 2007; Redman and Merz 2008).

I recommend that the hierarchy be piloted alongside existing university regulations and procedures by scoping types of Academic and Practice Misconduct occurring in schools of nursing and the corresponding penalties applied, modelled on the national scoping study undertaken by Tennant et al. (2007). While the national benchmark tariff has attempted to develop some guidance, it remains crude and is not discipline specific. It does not take into account nursing students undertaking professionally regulated courses (Tennant and Rowell, 2009). A sliding scale of penalties for nursing students could be developed to match the level of severity of misconduct committed. Tennant and Rowell (2009) and Yingqi and Yong (2012) suggest more severe penalties could be considered such as university disciplinary procedures when students have used essay mills or ghost writing services. Participants

had advocated a transparent consistent approach and willingness to discontinue students in extreme cases. Universities have a range of formal investigation panels which can be used for investigating adverse student behaviour for Academic and Practice Misconduct which include Academic and Practice Misconduct investigation, fitness to practise investigation and disciplinary investigations (Badge, Green & Scott, 2011). Interestingly these were not put forward by participants. It would be helpful for case examples to be developed to provide guidance. The use and refinement of the hierarchy developed by this research could ensure that application of penalties would be more fair and consistent.

6.3 Risk assessment and management of nursing students

Risk discourse will now be utilised to underpin the research findings related to Academic and Practice Misconduct. Consideration will be given to selection and recruitment of nursing students and risk management.

6.3.1 Selection and recruitment

A participant within an interview placed the theory on risk in context suggesting that ‘nurses now live in a world where people take more risks and this is accepted within society as the norm’ e.g. undertaking sunbed sessions despite research indicating an increased risk of skin cancer. The participant pointed out that ‘cutting and pasting from the internet within written academic work is a mere extension of activities undertaken in other parts of their lives’. The participant added that a culture of ‘increasing digitalisation is a question of attitude - people downloading music for free encourage an attitude that digital material is freely available to take and use as you see fit’. Evidence suggests that we now live within a culture where risk is perceived as being part of everyday life which may include taking the risk of Academic and Practice Misconduct (Tulloch and Lupton, 2003). Tanner (2004) links this to nursing students now coming from a society where moral and ethical values have declined. This study did not discover decline in values of nursing students. The study identified a range of contributing factors which influence a nursing student engaging in misconduct which can be divided into factors internal and external to the student (Table 5.7). Internal factors included the

student's character, previous academic attainment and if they have extenuating circumstances while studying. External factors included support available to students, opportunities for Academic and Practice Misconduct being made easy and whether students have been socialised to professional nursing values. The research and literature questions what can be done to ensure the selection process can assist in minimising the risk of recruiting students with unacceptable values. One solution is to implement 'values based selection procedures' targeting potential students, parents and teachers in schools and colleges, making explicit in course marketing information that selection criteria includes equal emphasis on professional nursing values as it does on achieving academic entry requirements. The ability to demonstrate professional values is an implicit requirement of 'The Code' (NMC, 2008a) which students need to demonstrate when undertaking the course, according to the education and training standards (NMC 2010a). Building this into selection rather than merely focusing on it once students have commenced so that there is a 'good fit' between candidates' personal values and those of the nursing profession, provides a more integrated approach. This could involve ensuring selection criteria explicitly includes the need for evidence of honesty, integrity, moral and ethical behaviour. Consistent and fair application of judgements by interviewers could be problematic unless criteria for measuring these values are developed, using a transparent process such as practice focused group discussion, testimonials and references with all students. This is in keeping with the DoH (2012a, p.2) paper 'Liberating the NHS' sets out a policy framework for a new approach to workforce planning and education of the health workforce, advocating patient led health care. Five domains within an education outcomes framework espouses that NHS staff demonstrate 'compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience' and respect for patients. The new regionally based Local Education and Training Boards (LETBs) will be tasked with implementing the framework with Higher Education Institutions delivering commissioned nursing courses (DoH, 2012b). Adoption of a values based selection process in nursing would be responsive to needs identified within the framework.

Participants highlighted the importance of recruiting suitable students and working with school teachers to ensure they understand the requirements of nursing courses. Three nominal groups focused on student recruitment. Mentors made the suggestion to ‘teach the importance of integrity at school’; administrative and support staff proposed having ‘early education at school / college’; and students advocated having ‘strict admissions and selection process in application and interview’. Participants highlighted the importance of recruiting suitable students and working with school teachers to ensure they understand the requirements of nursing courses. A range of suggestions were provided by participants on how to publicise and reinforce expectations of nursing courses including having ‘robust Criminal Record Bureau (CRB) procedures in place’ (Protection of Freedoms Act 2010-2012, 2012). HEIs undertake enhanced CRB checks for candidates to satisfy standard three (requirement R3.4.1) focused on selection, requiring demonstration of good character for admission to a course (NMC 2010a). This will check for criminal convictions but not professional values. The standard on good character could be amended to include the need for HEIs to undertake a proactive value based selection process. However, it is important not to be naïve and assume that instigating values based selection will provide a total solution given that nursing students spend half of their course in practice settings. The Council of Deans of Health (undated) in a recent response to the RCNs commission and review of pre-registration nursing pointed out the need to address the culture within health provider organisations where students are placed and often recruited for courses.

In summary, implementation of a values based selection process is advocated with inclusion of professional values as an entry criteria explicit within course marketing materials targeting students, parents, school and college teachers to minimise the risk and occurrence of Academic and Practice Misconduct once students commence the course.

6.3.2 Risk associated with Academic and Practice Misconduct

Godin (2006) argues that risk discourse is widespread in nursing which was also evident within research findings. One participant in the interviews stated that in practice settings Academic and Practice Misconduct is ‘a breach of health and safety and risk’ and another stated that it ‘has serious implications for patients’. In the nominal groups participants shared similar views implying risk: suggesting that if Academic and Practice Misconduct occurred there were ‘legal and professional implications’, acknowledging that there is a need to ‘address where a student cuts corners’. Similarly, participants in nominal groups implied there was risk if certain practice did not occur i.e. if managers failed to ‘provide enough staff per ratio of patients’ and ‘number of qualified staff to support students’. In the nominal group academic staff stated that it was important to ‘ensure students know where to go for support to minimise temptation’ thereby minimising risk of Academic and Practice Misconduct. Tippitt et al. (2009, p.243) acknowledges the pressures students face that ‘contribute to shortcuts like cheating and plagiarism’ and questions whether dishonesty has become so pervasive in today’s culture so that plagiarism is an acceptable survival strategy. There is a danger of risk taking becoming the norm amongst nursing students. The findings in this study showed that overall incidence increased in the first three years during monitoring and then fell significantly in the following three years. This could be due to increased awareness of academic staff and better detection systems being implemented, followed by implementation of better screening procedures, so that only where evidence was available would students be investigated. Literature suggests that students always have and always will be prepared to take the risk of plagiarism and cheating in the hope that they will not be caught, at a time when systems for detection are still in development and being rolled out. Embleton and Helfer (2007) and Langone (2007) assert that cheating, including buying term papers went on long before the Internet and students have always found ways to cheat. With increasing pressure on students’ time due to juggling course and outside commitments linked with a range of potential contributing factors discovered within the research, there is a need to educate students and staff about the risks and consequences of

Academic and Practice Misconduct and to put deterrence and controls in place.

Beck (1992) is acknowledged as viewing knowledge as power where risks are potentially hidden and providing people with information enables them to make informed decisions and manage risk. Incorporating this principle into the research findings by providing teachers, nursing students, mentors and administrator and support staff with education on Academic and Practice Misconduct would enable them to control the risk of Academic and Practice Misconduct. Implementing risk controls such as professional body standards and codes of ethical practice; academic regulations, policies and procedures provided by the university were identified by participants as important. The development and implementation of strategies and policies and education of staff and students can be viewed as an attempt to control risk of Academic and Practice Misconduct. Godin (2006, p.10) reinforces this approach advocating an 'enabling, rather than providing state, to avert the risk of an individual and social failure'. This equates to empowering students with knowledge about Academic and Practice Misconduct to enable them to take responsibility for their learning and reduce risky behaviour such as teaching students how to reference their work using school guidelines.

In the literature risk has been acknowledged as being inherent within nursing practice and nurse education and is therefore a familiar concept within the profession, so could be easily adopted as a vehicle for understanding Academic and Practice Misconduct. Having a self-assessment tool which enables student nurses to self-assess their personal risk of Academic and Practice Misconduct would be consistent with risk assessment, control and management processes that already exist in nursing (Godin, 2006). A Personal Risk Assessment of Academic and Practice Misconduct for use with nursing students abbreviated as PRAAPM will now be explored.

6.4 Personal Risk Assessment of Academic and Practice Misconduct (PRAAPM)

It seemed important after analysing the data and developing new themes, to be able to utilise this knowledge for the benefit of the stakeholders; with this in mind a practical tool was developed. This is in keeping with the requirements of undertaking a professional doctorate where the research findings contribute to advancing professional practice linked 'explicitly to the student's own employment' (Kirkman et al. 2007, p.637). Neville (2010) provides a scenario based exercise for readers of his book to check knowledge and understanding of plagiarism. Devlin (2006) reports on the use of a web based quiz for students placed on the University of Melbourne website for minimising plagiarism. The quiz asks students about their preparedness to avoid plagiarism and need to take responsibility for their learning, to manage their time and seek help. Devlin (2006) appears to use the term plagiarism as a global term to include aspects of collusion. This could result in students having a false sense of security that they are not at risk of other types of misconduct such as cheating and falsification. In contrast all the above types of Academic and Practice Misconduct were identified by participants in this study when defining the term, (Table 5.5) so it would be preferable, to develop a tool which explicitly incorporates plagiarism, collusion, cheating, falsification and fabrication.

My desire was to develop a tool which educates and empowers students and minimises their risk of Academic and Practice Misconduct. This is in keeping with Becks (1992) proposal to channel activity which systematically reduces risks produced as part of modernisation. In an effort to minimise and control risk of Academic and Practice Misconduct a checklist of statements are presented as a self-assessment tool which can be offered for completion by paper or web based. The aim was to highlight risks of Academic and Practice Misconduct and provide hints and tips for minimising risks. The checklist has been developed using the features of academic dishonesty (Table 5.7) and the five themes identified from the analysis of data summarised in the hints

and tips list (Table 5.10). The first section of the checklist is outlined (Table 6.1) and the full version included in Appendix 23.

There were a number of iterations of this which is in need of simplifying and presenting in user friendly language for students. This would be useful future research, piloted with nursing students and enhanced based on their feedback. A self-scoring system has been incorporated to enable nursing students to quantify the level to which they minimise and control their personal risk of Academic and Practice Misconduct.

Table 6.1: Personal Risk Assessment of Academic and Practice Misconduct (PRAAPM) (For Students)

A. Features of Academic and Practice Misconduct / Contributing Risk Factors			
NO.	**STATEMENT**	**SCORING**	
1	When I applied for the nursing course I was familiar with the need to uphold professional values which underpin the theoretical and practical aspects of the course, requiring me to demonstrate honesty, trustworthiness, integrity and good moral and ethical behaviour	**Full Part Not**	
2	When I have encountered personal difficulties occurring outside of the course / qualification / previously studied, I have sought pastoral advice and support available to help resolve these difficulties and have shared my problem/s with others *(This may include use of occupational health / counselling / accommodation / financial / welfare services / use of extenuating / mitigating circumstances)*	**Full Part Not**	
3	In the past I have made effort to use all available academic and / or practice related advice, guidance and support *(This may have included regular contact with a personal tutor, module supervisor, use of disability advisers, practice mentors, practice education facilitators; librarians; IT staff)*	**Full Part Not**	
4	The nursing / health care related course / qualification I have previously undertaken had a range of different types of assessment including written reports / essays requiring me to reference my work	**Full Part Not**	
5	In the past I have not found the theoretical aspects of the nursing / health care related course / qualification I have undertaken unduly difficult and have attained high marks overall	**Full Part Not**	

6	In the past I have risen above all opportunity / temptation to cheat *(This may have involved not taking in to examinations notes / aid memoirs and electronic devices which were forbidden)*	**Full** **Part** **Not**	
7	In the past I have risen above all opportunity / temptation to plagiarise, ensuring that all sources of information I have used in my written work has been accurately referenced *(This will have involved not cutting and pasting text from the internet e.g. Wikipedia / books / journal articles / newspapers / magazines and then omitting the reference source)*	**Full** **Part** **Not**	
8	In the past I have risen above all opportunity / temptation to collude *(This may have involved not giving your work to someone else to read and use; declining to look at and use other students work when offered to you; not working jointly with other students on work which is to be individually written; not allowing your peers to undertaken all of the work on your behalf within a peer group assessment)*	**Full** **Part** **Not**	
9	In the past I have risen above all opportunity / temptation to fabricate or falsify academic work or clinical practice documents *(This will have included avoiding any of the following: not signing attendance register on behalf of others; not falsifying your sickness / absence records; not falsifying your mentors signature and / or comments on your assessment documents; not entering inaccurate information into your clinical practice documents; not fabricating patient details within a case study; not fabricating research data results)*	**Full** **Part** **Not**	
10	In the past I have not copied / fabricated personal information / achievements on course / job application forms and / or at interview or downloaded / copied information / music from illegal internet sites	**Full** **Part** **Not**	
Total Score for Features of Academic and Practice Misconduct / Contributing Risk Factors			

This approach builds upon the work of Eminoglu & Nartgun (2009) who developed a scale to determine the tendencies of students to academic dishonesty in a Turkish university using a likert scale. Fifteen students were asked to write essays on academic dishonesty which was then used to develop statements for the scale following testing on 300 students from education, the arts and sciences. The scale was refined into twenty two statements focused on four factors: tendency towards cheating; dishonesty in

assignments; dishonesty in research and ascriptions (referencing). The study did not use nursing or health care students and does not appear to focus on all types of Academic and Practice Misconduct identified within this study (Table 5.5; Table 5.7) with emphasis on practice assessment.

Beck (1992, p.29) argues that science has attempted to investigate risk based on speculative assumptions 'within a framework of probability statements', with risk determinants being based on mathematical possibilities and social interests, which must include an ethical viewpoint. While my self-assessment tool does not claim to provide a direct cause and effect relationship between the questions and consequences of Academic and Practice Misconduct, it provides opportunity for a student to consider their level of knowledge and understanding, their values and behaviour based on the themes from this research. The tool could benefit from further development, incorporating some of the causative factors of academic dishonesty identified within the literature (Faucher and Cave 2009; Finn and Frone 2004; Park 2003). The tool could be completed at the beginning of the nursing course and annually thereafter and used with students following investigations where there was evidence of Academic and Practice Misconduct with an emphasis on the student developing better understanding and implementing a personal action plan for future prevention. Mitchell and Carroll (2008) argue that as growing numbers of nurses undertake higher degrees with limited support they need to be supported so that they do not make poor decisions when under stress. The need for a proactive approach which empowers undergraduate and post graduate students to undertake a personal risk assessment for Academic and Practice Misconduct has therefore never been greater.

6.5 Academic and practice integrity

Having discussed Academic and Practice Misconduct the second unit of analysis of Academic and Practice Integrity will now be examined. Stake (1995) affirms that the interpretive role of the researcher is to find new connections and make them explicit. The five strategic themes identified in chapter five will now be reviewed incorporating a person centred approach to

education: devising strategies, policies and procedures; educating staff and students; implementing holistic preventative approaches and deterrents; detecting and managing alleged incidents; and continuous monitoring and enhancement.

6.5.1 A collaborative cycle of involvement for stakeholders promoting academic and practice integrity in nursing students

The hints and tips list developed for stakeholders summarising the fives themes (Table 5.19) are re-represented as a collaborative cycle of involvement in an effort to build theory from the case study results as advocated by Eisenhardt (2002). When reviewing the data, links were evident between each theme with progression from one theme to the next, which will now be examined drawing upon participants' comments (Figure 6.2). The themes are depicted as a cycle of involvement rather than a list of activities to emphasise a continuous process which stakeholders incorporate within their roles, rather than a series of one off activities. The cycle serves as a guide for stakeholders responding to Tippitt et al. (2009) who asks if there is an on-going focus and discussion regarding their values that influence behaviour. Figure 6.3 incorporates the hints and tips list derived from the research findings.

6.5.2 A person centred approach and value based curriculum

Person centred principles were inherent within the research findings, suggesting that central to promoting Academic and Practice Integrity are person centred values. The utilisation of a value based nursing curriculum would serve as a vehicle for promoting Academic and Practice Integrity. Hoyer et al. (1991) contend that nursing courses need to include a focus on moral development of students to address clinical cheating. The need for a person centred approach was advocated by participants in the individual interviews.

A value based curriculum can be operationalised through implementation of person centred learning and person centred nursing adopted in university and practice settings. Carr (2008, p.126) captures this proposition asserting that

the ‘nursing role should define the curriculum and the values of higher education should be supportive’ of this identity. Chop and Cipriano Silver (1991, p.170) add that nurse scientists need to be socialised within work environments where professionalism and integrity are implicit within the philosophy and research practice. This indicates that the socialisation needs to occur at a variety of levels at course, school, university and practice levels. Nursing students within the nominal groups emphasised the need to teach the importance of being ‘trustworthy, honest, respectful’. This is consistent with Carl Rogers, (1951) person centred theory and principles. A person centred approach is applied in education, therapy and nursing and incorporates a set of values and principles which have been adopted by nurses working in a range of settings.

Creating a Patient Led NHS (DoH, 2005a) and delivering patient centred care are congruent with Rogerian principles. A number of texts and national guidelines reinforce the need for person centred nursing care including NMC essential skills clusters (Childs et al. 2009); compassionate care in nursing (Chambers and Ryder, 2009); and the patient association report criticising care of older people (Wasson, 2011). The findings indicated that to shape the potential of nursing students involves socialising students to professional values through good role models and personal tutoring. Sawatzky (2009) advocates mentoring nurse educators to sustain the integrity of nursing education. This involves teaching and role modelling person centred principles within university and practice settings, creating a person centred culture and foundation for a strategic, holistic and a preventative approach.

There may be challenges to implementing person centred learning and nursing where emphasis is placed on nurses demonstrating competence, evidenced based practice and use of technology and equipment. Fleming & Carberry (2011) report on a study of experiences of expert crtical care nurses in their transition to assuming the role of advanced nurse practitioners and undertaking roles previously undertaken by junior doctors, discovering an emphasis on traditional medical values. However, there is evidence of nurses working collaboratively with patients contributing to meeting physical health

care needs, in areas such as leg ulcer management (Lindsay 2004) and learning disability nursing (Scullion 2010) where nurses are able to demonstrate empathy and person centred qualities, while acting as advocates and providing holistic care. Southampton university has (McLean 2011) implemented a values based enquiry approach in an effort to shape the intrinsic character of nursing students and promote values based nursing using an analogy of getting to the heart, nerve and brain of students. The aim is to develop the qualities of care and compassion in nursing students through educational principles in university and practice settings by focusing on professionalism, ethics and care.

In Figure 6.3 a person centred approach is presented as being at the core of the collaborative model. Participants in nominal groups were passionate about visibility of good role models in the university and in practice settings (Table 5.18 and 5.19). However, this is problematic if it becomes rhetorical support for moral values and ethical practice and fails to transfer into behaviour. Teachers need to demonstrate school referencing guidelines in their presentations and hand-outs and mentors demonstrate honest, non-judgemental, empathic behaviour with patients. Warns (2006) suggests that a collaborative approach which creates extra time demands on academic staff is unlikely to be adopted. A concern is that this may require a change in skills for some academic staff with training implications, a view endorsed by Warn (2006). Activities have been articulated within the collaborative cycle of involvement which may require training (Figure 6.4). I suggest that to promote academic integrity there is a need to adopt an integrated approach which is coherent and has interlinking and supporting strands. If this does not happen then the activities described in each of the five stages of the cycle are isolated and have less impact and difficulty in being embedded into the practice of stakeholders working with nursing students. Literature reviewed listed a number of useful approaches such as a focus on strategy and prevention (Devlin, 2006), education (Leask 2006; Paterson et al. 2003) and consistent application of penalties (Bailey 2001; Langone 2007; Wilkinson 2009) but these were not linked together.

Figure 6.3: A collaborative cycle of involvement for promoting academic and practice integrity with nursing students

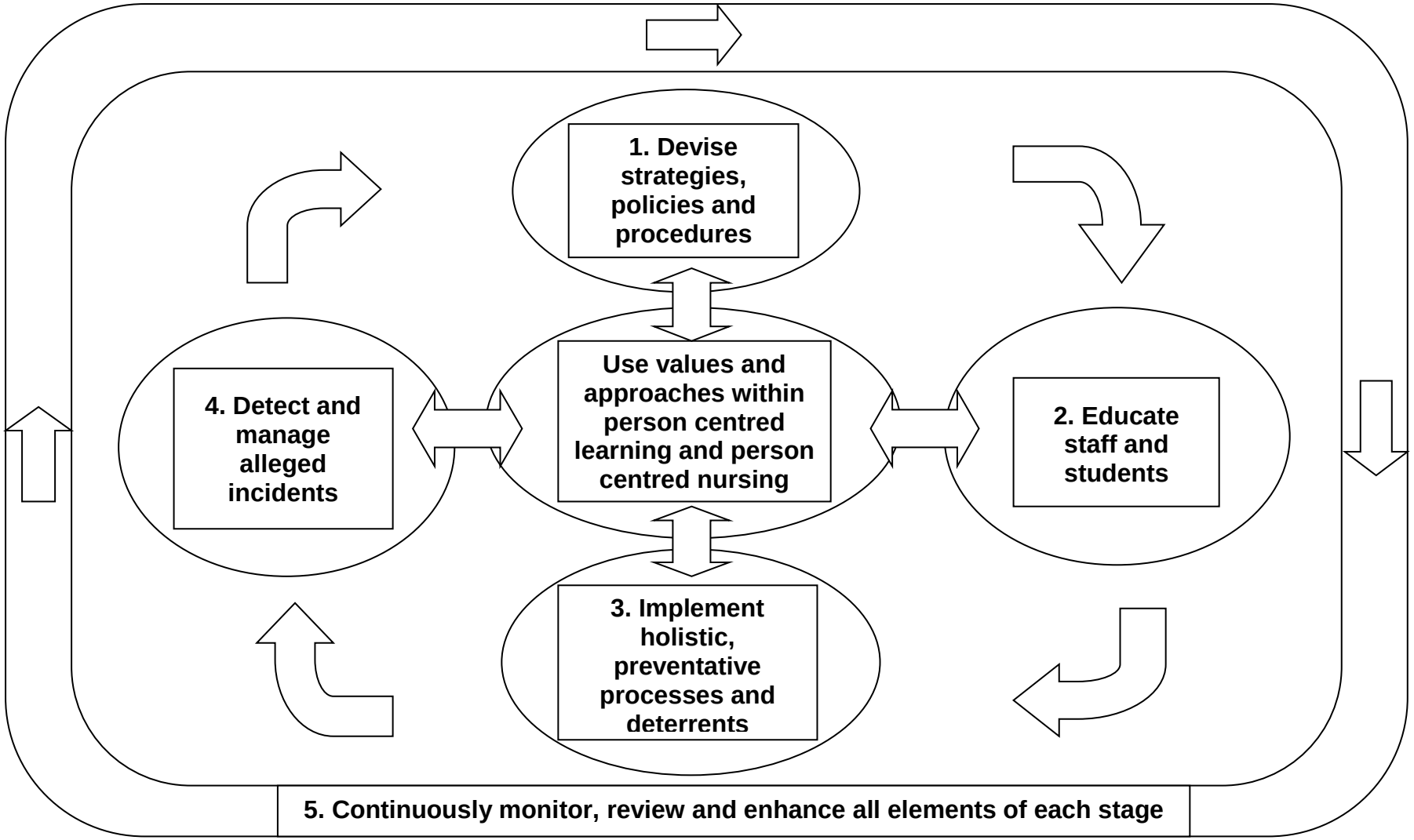
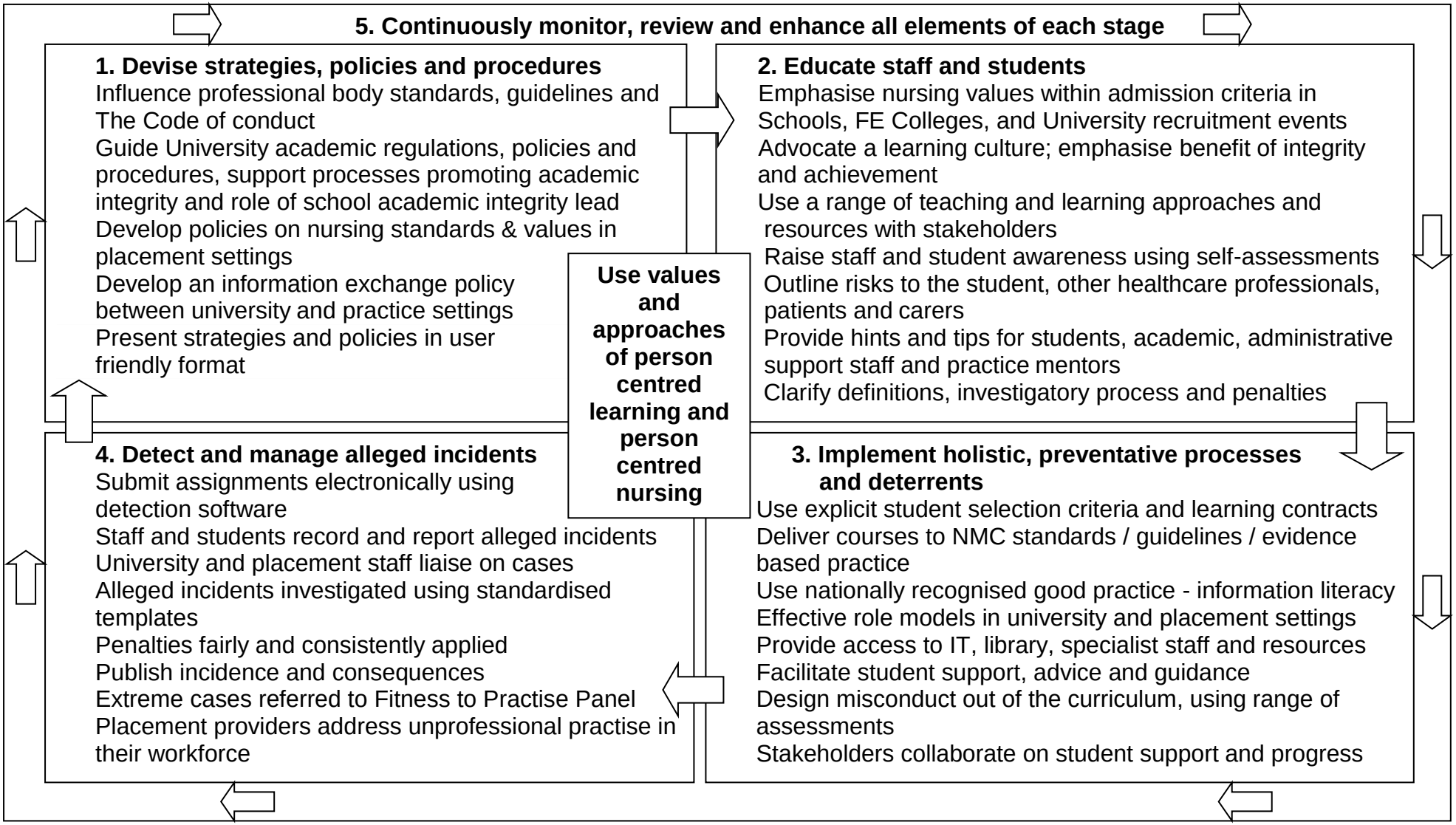


Figure 6.4: A collaborative cycle of involvement for promoting academic and practice integrity with nursing students



Warn (2006) argues against a shopping basket approach when implementing a set of techniques, in favour of embedding activities such as study skills, research and writing skills in courses teaching objectives. He advocates gaining students' interest in their learning using experiential learning and applied assessment methods. An integrated approach for promoting academic integrity emerged within the literature review (Devlin 2006; Moon 2005) where a collaborative effort was advocated at a micro, meso and macro level, including a range of interlinking activities, at course, school, university and national level (Figure 3.1). Each of the five stages of the collaborative cycle of involvement will now be examined.

6.5.3 Stage 1: Devising strategies, policies and procedures

Devising strategies and policies in a user friendly format, is presented as the first stage within the cycle of involvement. Stakeholders can influence NMC standards, guidelines and The Code to ensure they emphasise professional nursing values and stipulate dos and don'ts regarding Academic and Practice Misconduct. This can be achieved through contribution at NMC consultation events and surveys and undertaking roles such as NMC reviewer (Mott MacDonald / NMC, 2012). Student representatives can be members of university and practice partner policy steering groups (Tippitt et al 2009). University regulations and policies were considered important to guide teacher and mentor activity, together with policies and standards in practice settings (Table 5.9). Tippitt et al. (2009) ask whether the nursing curriculum has integrity, facilitates learning and provides opportunities to explain regulations to students and involve them in policy development.

Participants in interviews emphasised the need for a strategic approach and suggested accompanying systems which need to be in place, including clear definitions of Academic and Practice Misconduct and guidance on how to design it out of the curriculum and the process of investigation and tariff of penalties (Appendix 21). The danger is over focusing on developing systems which manage Academic and Practice Misconduct once it has occurred. While this is important, more effort needs to be on developing preventative

strategies, infrastructure and resources which facilitate staff and students to focus on personal learning and development rather than rewarding academic achievement. This approach is supported by MacDonald and Carroll (2006). My own university regulations still focus on processes for managing the problem (UCLan 2011a) and have only recently developed a holistic policy statement emphasising a strategic preventative approach (UCLan 2011b). A particular challenge is once these policies are in place, is how they are then rolled out across schools and services. Central university quality enhancement services have responsibility to performance manage schools adapting and implementing policies at a local level. Evidence of this can be reviewed as part of the QAA code of practice for assessment as part of institutional monitoring (QAA, 2006).

A particular challenge in nursing is embracing a consistent strategic approach through policies in placement provider organisations. One of my school's partner providers has an education policy, whereby all post registration nursing students found with evidence of Academic and Practice Misconduct are followed up by their manager utilising the Trust disciplinary procedure. This is brought to the attention of students within the school student handbook (UCLan 2010b). Not all partner provider organisation have such a policy. HEIs therefore need to share such good practice, which can act as a deterrent, in an effort to adopt a consistent approach with students on all courses.

6.5.4 Stage 2: Education of staff and students

Data showed that participants felt strongly about the importance of education to promote Academic and Practice Integrity (Table 5.9). Consequently the second stage in the cycle of involvement is education of staff and students, including careers guidance staff in schools and colleges. It is a natural next step that once regulations, policies and procedures have been developed nationally; at university, school, course and practice level, these then need to be communicated to stakeholders through education. Tippitt et al. (2009) suggest that there is danger in assuming that academic staff and students understand academic integrity. Participants suggested that staff and students need to understand what plagiarism, cheating, collusion and forgery /

fabrication look like and what the penalties / consequences will be. Littlemore (2012) summarises the importance of education when reviewing the anticipated content of the OIA annual report, arguing that universities are letting students down by not warning them about plagiarism and the consequences. Littlemore (2012) cites cases of students who claimed that no one explained the rules to them and staff didn't follow the academic regulations. Education of staff and students is pivotal in preventing this. Participants listed a range of preferable formats including briefing sessions, video casts, e-learning sites and course / module handbooks (Table 5.9). While there is evidence of universities providing information in a range of format's from text, through to hints and tips through to cartoons it is crucial that this is not tokenistic and part of an integrated approach (Clemson University undated; Duke University Libraries undated). It is important to use a range of methods recognising that students' from different cultures and age groups will have different learning styles. While some students will want a lecture to outline the dos and don'ts in study skills, others will benefit from practical hands on sessions developing referencing skills. Neville (2009) outlines how to teach information technology and study skills to staff and students, supported by electronic or paper based information.

Some students will identify with scenario based cartoons illustrating how plagiarism, cheating and collusion may occur, while others will prefer information in posters, handbooks and briefing sessions. Sharing incidence and penalties applied annually in student newsletters and on web pages may educate students of the consequences but care is needed to anonymise information and focus on prevention. Tippitt et al. (2009) recommend avoiding blame of individuals and groups in favour of providing guidance for staff on how to create learning environments that are healthy and trusting.

6.5.5 Stage 3: Implementation of a holistic, preventative process and deterrents

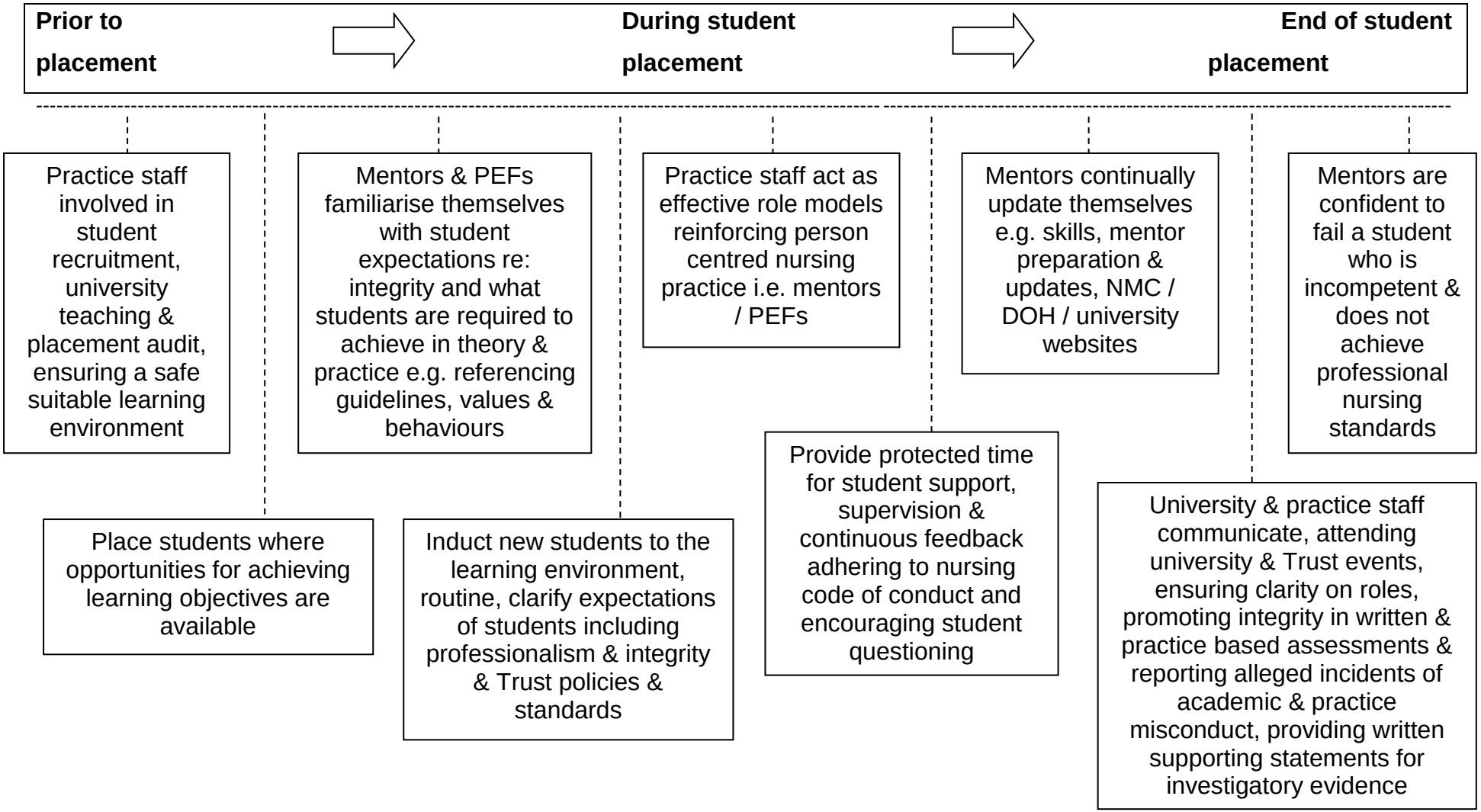
The third stage in the cycle of involvement is implementation of holistic, preventative interventions including deterrents and focus on utilising systems, people and resources. A range of interventions and responsibilities have been

summarised in the literature (Table 3.2). Tippitt et al. (2009) ask what teachers are willing to do to promote academic integrity. A broad range of activities were identified which promote Academic and Practice Integrity undertaken at course, school and university level and in practice settings. Limiting opportunities for students to engage in Academic and Practice Misconduct by designing it out was considered useful. Warn (2006, p.206) adds that the time saved in designing plagiarism out against time spent in investigations is worth investment. Regularly changing and personalising assignments together with formative assessments was part of a proactive approach advocated by participants. Tippitt et al. (2009, p.241) distinguishes between short and long term strategies for facilitating academic integrity focused on 'systems that help students recognize the importance of honesty, trust, fairness, respect and responsibility in the academic setting and in clinical practice'. Examples of short and long term solutions appear to overlap and all promote professional values, focus on prevention and reduce opportunities through a range of activities continuously throughout the course. A common thread is on staff and students working collaboratively to equip students with academic and professional knowledge, skills and values, avoiding a blame culture. However, this could fall down if a two pronged approach is not applied. Staff need to use all opportunities to design out Academic and Practice Misconduct (e.g. regularly changing assessments) and systematically implement a values based ethos across curricula, (e.g. topics such as ethical practice, professionalism and evidence based practice) to ensure that the approach is embedded. A two pronged approach designing it out and implementation, needs to work in parallel for maximum impact. Tippitt et al. (2009) endorses this, believing staff have a significant role to help students learn about and adhere to principles of academic integrity.

Participants' advocated use of deterrents including students signing self-declarations stating that they have not plagiarised, cheated or colluded. Annual publication of alleged incidents and consequences was considered a useful deterrent which is endorsed by Fitzpatrick (2004). Within early literature the main focus for promoting Academic and Practice Integrity was on review of incidence (Daniel et al. 1994; McCabe 2009); policies and implications

(Chop and Cipriano Silva, 1991; Hancock 2008) in university settings (Langone, 2007). Data gathered from participants also provided suggestions of what could be undertaken within practice settings. This aspect is less visible within literature (McCrink, 2010). Nurse mentors highlighted the importance of clinical role models and clinical supervision and students asked that mentors clarify what they expect. This is summarised as a time line of approaches used for promoting academic integrity prior to, during and at the end of a placement, reinforcing trust policies, nursing values; protecting time for student supervision and liaison between mentors and academic staff (Figure 6.5). This builds on findings in paper two (Harrison, 2009a).

Figure 6.5: Time line of approaches used for promoting academic integrity in a practice placement



6.5.6 Stage 4: Detection and management of alleged incidents

The fourth stage in the cycle of involvement is detection and management of alleged incidents. Participants acknowledged that even with regulations, strategies and policies being in place, education of staff and students and implementation of a range of interventions and availability of resources, some nursing students will still engage in Academic and Practice Misconduct. Participants indicated that clear explicit systems and procedures therefore need to be in place to investigate alleged incidents fairly and transparently.

Students submitting their work electronically using detection software was considered useful by participants. Academic and practice staff reporting alleged incidents and awarding of penalties 'to fit the crime', was also considered important. Participants within the nominal groups emphasised the importance of implementation of transparent, fair and robust processes including assignments being handed in electronically using Turnitin. Turnitin developed in 2001 by iParadigms (Warger, 2005) is described as the world's most widely used plagiarism detection solution. While this is increasingly being used within my university as a preventative tool in formative assessments and also in summative assessments, its effectiveness for a nursing course, given the range of assessments used, has not been systematically evaluated. Badge et al. (2007) reviewed the use of Turnitin with biological sciences only. Warger (2005) lists a range of other detection tools available which also need evaluation. It is worth considering if detection tools could be more bespoke for particular professional groups such as nursing and health care, the arts and science subjects, rather than attempting to appeal to a broad market, based on need for economic return. With increasing use of tools it would be useful if they came with a recommendation for use with nursing students based on an evaluation.

In an effort to review the usefulness of the national points based benchmark tariff developed by Tennant and Rowell (2009) I compared the outcomes of six investigations undertaken within 2010/11 involving nursing students and mapped the outcome and penalty awarded with that advocated within the

tariff. In all cases the penalties applied within the school matched the penalties advocated within the tariff. However, Badge et al. (2011) identified a number of issues when using the tariff based on users' experiences. The tariff focuses on academic levels numbered prior to the burgess recommendations (Universities UK, 2006) but do not take account of the year of study i.e. a diploma nursing student maybe in year 2 but studying at academic level four or five. There are six bands determined by points awarded. Only one student reviewed was in the second to the highest band 525-559 points and none in the top band over 560 points. The banding appears very broad. Huge discretion appears to be given to users. Students allocated different points and in different bands can be awarded the same or different penalties. The Tariff focuses on plagiarism and is not suitable in cases of cheating, collusion or forgery. The wording in the tariff is also misleading. A student awarded 0% for a module with no opportunity to resit can still be awarded credit. It is unclear if condonement is being advocated. The tariff suggests institutions may choose to deal with students who use essay mills or ghost writing services through a separate form of academic malpractice such as student disciplinary procedures. Unfortunately the tariff does not account for students undertaking a nursing course or account for implications for professional registration or fitness to practise.

6.5.7 Stage 5: Continuously monitor, review and enhance all elements of each stage

The ultimate step within the cycle of involvement is to continuously monitor, review and enhance all elements of each of the four stages. This is a continuous process rather than a final separate stage. Tippitt et al. (2009, p.243) suggested that academic staff need to 'ask several questions that will help them evaluate whether or not their school promotes academic integrity as an on-going process'.

The findings indicated that strategies, policies and procedures need to be updated to remain contemporary and user friendly (Table 5.10). While my university has recently undertaken a review using the plagiarism advisory service roadmap, literature advocates that this should be an on-going process

(JISCPAS, 2007). Methods of educating staff and students can also be reviewed to enhance effectiveness and incorporate new technologies. The implementation of holistic, preventative interventions and deterrents need to continually evolve, using innovative, creative and cost effective learning methods and resources. Elliot (2007) advocates that academic staff embrace digital technology for enhancing learning and assessment such as e-assessment, which is natural to students, and together with professional bodies address the challenge presented by plagiarism. JISCAS (2007) suggest five positions where institutions may be placed depending on findings in the roadmap. The lowest level known as 'Baseline' is where an HEI has no policies in place and the next level termed 'recognition' is where what needs to be done is being considered. 'Implementation' is where an institution has developed responses to plagiarism and 'embedding' describes institutions which have established mechanisms in place. The highest level of 'sustainable model' is where there is a continuous monitoring, evaluation and modification of policies and procedures. There are a number of national advisory services now offering advice, guidance, training and consultancy to aid this, process, although not specialists in nursing (nlearning, undated a).

In summary, the research findings generated insight into a range of opportunities of how stakeholders can adopt a proactive rather than reactive approach for promoting Academic and Practice Integrity. The five themes which emerged have been presented as an integrated continuous sequential cycle of involvement of stakeholder engagement. Tippitt et al. (2009, p.240) astutely asks 'how can nursing education ignore something that may impact patient care and contribute to unethical clinical practice during the completion of an academic program'. Inadvertently they advocate nurse educators creating solutions. The challenge is how to engage a broad range of stakeholders in the process. Consequently, a self-assessment tool has been developed for use by academic staff based on the five research themes. This will now be outlined.

6.6 Self-Assessment of Promotion of Academic and Practice Integrity (SAPAPI)

In an effort to promote Academic and Practice Integrity in nursing students a checklist of statements is presented as a self-assessment tool for completion (either paper based or online) by academic staff, similar to the self-assessment tool developed for students (Table 6.3). Tippitt et al. (2009, p.241) affirms the value of asking this questioning suggesting that 'nurse faculty need to look at how they contribute to academic integrity, whether intentionally or unintentionally'. Devlin (2006) similarly reports on the use of a quiz for staff placed on the University of Melbourne website. The aim of this self-assessment is to highlight what values and behaviour is required to promote integrity. Table Number 6.3 outlines the first section. A full checklist is outlined (Appendix 24). The tool aims to facilitate teachers in contributing to minimising and controlling the risk of Academic and Practice Misconduct in nursing students. It has been developed using the five research themes and builds on the hints and tips list (Table 5.19).

While Tippitt et al. (2009) ask what can be done to promote Academic and Practice Integrity in nursing students there is limited literature on research based use of self-assessment tools. Many texts focus on providing examples and exercises to aid undertaking literature reviews (Hart 1998; Ridley 2010) and referencing skills (Neville 2010; Pears and Shields 2010). The book by Lathrop and Foss (2005) is based on personal research in schools aimed at school students, teachers, parents and librarians, include lists of question based exercises for self-completion using yes / no answers. The purpose of the book resonates with my student and staff self-assessments by aiming to change school culture from one that disregards or endures cheating into one that values honesty. There are also some similarities in the JISCPAS (2007) road map developed to enable a university to identify areas for development, culminating in an action plan for implementation. The roadmap uses questions to be scored by an individual or team of people, completed focused on the institution, course or an individual, so there are some similarities with SAPAPI self-assessment.

Table 6.2: Self-Assessment of Promotion of Academic and Practice Integrity (SAPAPI) (For Academic staff)

A. Involvement in Devising Strategies, Policies and Procedures			
No.	**STATEMENT**	**SCORING**	
1	I have contributed to consultation at a national / local level and / or development of action plans for implementation of the National Plagiarism Advisory Service **Roadmap**	**Full Part No**	
2	I have contributed to consultation at a national / local level and / or development of implementation plans for the National Plagiarism Advisory Service **Benchmark Plagiarism Tariff**	**Full Part No**	
3	I have contributed to consultation at a national / local level and / or development of curriculum and / or implementation plans for the **NMC Standards for Education and Training** for a nursing course	**Full Part No**	
4	I have contributed to consultation at a national / local level and / or development of implementation plans for The **NMC Guidance on Professional Conduct** for nursing and midwifery students	**FI PI NI**	
5	I have contributed to consultation at a national / local level and / or development of curriculum and / or implementation plans incorporating the **NMC Standards of Conduct, performance and ethics** for nurses and midwives otherwise known as **'The Code'**	**Full Part No**	
6	I have contributed to consultation at a university / school level and / or development of implementation plans for instigating the **University Academic Regulations on Academic Dishonesty** (unfair means)	**Full Part No**	
7	I have contributed to consultation at a university / school level and / or development of implementation plans for instigating the **University Academic Regulations on Fitness to Practice**	**Full Part No**	
8	I have contributed to consultation at a university / school level and / or development of University Strategies / Policies / Guidelines / Implementation Plans advocating a **culture of academic & professional integrity** and a holistic and preventative approach (This may include support of / liaison with the school academic dishonesty / academic integrity lead**)**	**Full Part No**	
9	I have contributed to consultation at a national / local level and / or development of Strategies / Policies / Guidelines / Implementation Plans for **Information Technology / Library Services** e.g. SCONUL	**Full Part No**	
10	I have contributed to consultation at a national / local level and / or development of Strategies / Policies / Guidelines / Implementation Plans on **Student Advice and Support Services / Equipment and Resources**	**Full Part No**	
11	I have contributed to consultation at a national / local level and / or development of implementation plans challenging **essay mills / essay writing services**	**Full Part No**	

12	I have contributed to the development / amendment of **nursing Strategies**, **Policies, Procedures / Guidelines / Implementation plans** and / or nursing **standards / values** within **placement** provider organisations	**Full Part No**	
13	I have contributed to the development of a school **information exchange policy** / **procedure** focusing on communication between staff in the school and placement settings	**Full Part No**	
Total Score for Involvement in Devising Strategies, Policies and Procedures			

Effort has been made to develop the tool to enable teachers to reflect and learn from completion of the tool and develop an action plan to embed new behaviours. Statements have prompts in brackets and italics to assist completion. The key action / behaviour are highlighted in bold. This will need simplifying and presenting in user friendly language. A self-scoring system has been incorporated to enable academic staff to quantify the level to which they currently contribute, enabling identification of areas for improvement. Tippitt et al. (2009) supports this approach asserting that academic staff need to reflect on how their overt and covert practices reflect integrity. The tool could provide a focus for future research piloted with academic staff and enhanced based on feedback received. While the self-assessment tool may not be generalisable it could be adapted for use by midwifery and allied health care academic staff.

6.7 Summary

I have presented risk as a theoretical framework linked to the research findings on Academic and Practice Misconduct. A new definition specific to nursing has have been developed emerging from data. A hierarchy of Academic and Practice Misconduct is proposed and a process summarising the sequence of events occurring in Academic and Practice Misconduct with nursing students is outlined. A self-assessment checklist of questions for completion by nursing students to ascertain their personal level of risk of Academic and Practice Misconduct has been presented based on key themes which emerged from the research.

I propose that the theory underpinning person centred learning and person centred nursing be utilised by stakeholders for promoting Academic and Practice Integrity with nursing students, A collaborative cycle of involvement for use by stakeholders promoting Academic and Practice Integrity with nursing students has been presented. A time line of activities undertaken within practice settings has been developed. A self-assessment tool for use by academic staff to measure their level of involvement in promoting Academic and Practice Integrity has also been presented based on the five themes which emerged from the research. This chapter has integrated new knowledge which emerged from the research, presented as theoretical models on Academic and Practice Misconduct and Academic and Practice Integrity, which have practical application with nursing students by stakeholders, underpinned by existing theory on risk and person centred learning and person centred nursing. Use of the self-assessment tools by students and academic staff, developed from the research findings, could be used to complement the use of the JISCPAS (2007) road map by the institution, as part of an integrated approach for promoting Academic and Practice Integrity.

The final chapter will include personal reflection on the research, acknowledgment of the limitations of the study and learning gained and draw conclusions and recommendations.

7.0 Conclusion and recommendations

I will initially reflect on the research process and personal learning gained, followed by acknowledgement of the limitations of the study. Finally, conclusions will be drawn and recommendations made for follow up of the findings. Suggestions for future research will be highlighted.

7.1 Personal reflection and development

During the research I maintained a reflective diary to provide an audit trail, aid transparency and capture my personal reflections on the research process. The diary was completed immediately after each field work episode. Feedback received from participants will be initially reviewed followed by personal reflection on the interviews and nominal groups.

Participants were asked what worked well in the interview and their responses were arranged in themes. Participants reported that they valued the interview being within their own room and the professional approach utilised. The use of a semi-structured, focused and flexible format was also respected. An interesting reflection is that while my findings advocate utilising a person centred approach for promoting Academic and Practice Integrity, participants indicated that they valued the person centred qualities used by me within interviews, demonstrated by ’empathy’, being ‘non-judgemental’ and in my ‘verbal and non-verbal skills’. Participants stated that they felt ‘safe’, ‘encouraged’ able to ‘talk freely’ and to be ‘spontaneous’. Jackson et al. (2008, p.285) stress the importance in interviews of ‘creating an accepting, trusting and non-judgemental mileu’ and to adopt an open stance showing empathy and support. Participants were also asked how the interview could be improved and the majority reported that there wasn’t anything. Two participants said they would have benefited from being in a group and one person thought it may have helped them prepare having the interview questions prior to the interview.

Personal reflection captured within my diary following each interview, notes my initial anxiety about facilitating the interview accurately using a semi-structured approach. My confidence grew after completion of the pilot study (Harrison, 2009a). I noted my desire to appear competent when interviewing senior university managers and that I emphasised my role as a researcher and EdD student with staff, keen to separate this from my school role. Participants appeared accepting of this. I acknowledged that some participants needed prompting on particular questions where they appeared unable to draw upon personal experience. This was mainly participants who did not have a nursing or health care background and was linked to questions related to practice settings.

Participants were asked what worked well in the nominal group and comments were arranged in themes. Participants valued being in a ‘small group’, and having ‘broad representation’ amongst participants. Engagement in the research was considered to have been positive, fair and they felt ‘equal’. Feedback has been separated into participants’ thoughts, behaviours and emotions. Words used to summarise thoughts were ‘relevant’, ‘useful’ ‘worthwhile’ ‘helpful’ and ‘broadening’. Participants’ reported behaviour such as being able to ‘share’ their ideas and ‘listen’ to others, ‘learn’ and gain a ‘whole view’. The emotions experienced were that they felt ‘energised’, ‘stimulated’ ‘valued’ and ‘reassured’ and that the experience had been ‘enjoyable’. Participants also reported their observations of me, reporting that the group was ‘well prepared’ and that facilitation was ‘structured’ ‘focused’ and ‘well-paced’. This was valuable feedback and confirmed that I had benefited from having previously facilitated nominal groups as a teacher. The nursing students appreciated having a certificate of attendance. Participants were also asked how the nominal group could be improved and there was limited response. One participant suggested that it may have been interesting to have had mixed disciplines in the nominal groups. The student group suggested having the group earlier in the day and capturing views from students who had been dishonest, while acknowledging that this created an ethical dilemma.

I reflected immediately after each nominal group with each scribe as advocated by Lincoln and Guba (2002) who assert that a researcher has an obligation to be self-examining. Having refreshments had provided an opportunity for introductions, socialising and relationship building. I noted that I had stated at the beginning of each group that I believed everyone had a useful unique contribution to make and participants stated that their contribution had felt valued. In all groups there was a sense of achievement in being able to answer the research questions.

I was aware of monitoring myself on how well I provided the scribe with clear instructions of what to capture on flipcharts ensuring that participants own words were recorded. On a few occasions in all groups I had needed to remind participants to work in silence when listing their own ideas. All four scribes provided similar feedback commenting on how useful it had been to clarify the research aim and questions at the beginning of each group. Scribes validated feedback given by participants reporting that they had observed good facilitation and listening skills, patience with participants and clarification so that participants understood instructions. This links with Thompson and Baker (2008) who assert that reflexivity, triangulation and other techniques are often used to present trustworthy accounts by the researcher and participants.

Dowling (2006) advocates use of personal and epistemological reflexivity, involving a researcher being aware of what influences their internal and external responses, while being aware of their relationship to the research topic and the participants. Dowling (2006) acknowledges that reflexivity is referred to extensively in counselling and psychotherapy literature which I can relate to from personal experience as a therapist. These principles will utilised to structure the remainder of this section on reflection.

There have been a number of internal and external influences on my completion of the research. I utilised observation skills I developed as a nurse and therapist when collecting data. Having had experience of building therapeutic relationships with patients as a nurse and with students as a

personal tutor proved to be good grounding for building rapport with participants. As a mental health nurse and cognitive therapist I have facilitated therapeutic groups and I have facilitated small group discussions as a teacher. This experience proved useful when facilitating the nominal groups. My previous roles as a manager in practice and education involving auditing and evaluating patient and student experience, proved useful when undertaking the thematic analysis.

While Dearnley (2005) acknowledges that time is a key factor for researchers and participants, I had not appreciated how time consuming the research process would be. I had written a Gantt chart and mapped all elements of the research, and obtained a sabbatical for the data analysis and writing up. Unfortunately I did not envisage a restructuring within the university and retirement of senior colleagues, resulting in a change in my role. As a consequence I was unable to take the planned sabbatical and needed to schedule time for my research around my new role. I have learnt the importance of building in contingency plans into the research process.

Following review of the literature and having analysed how nursing students have engaged in Academic and Practice Misconduct and discovered a wide range of influencing factors, I have reviewed my thinking about where students are located within the process. This fits with Dowling's (2006) epistemological reflection. When chairing investigations I observed a variety of responses in students ranging from surprise, disbelief, anger and shame. In the past I wondered why a student would put them self through the ordeal of an investigation, risking penalties. Some students stated that they did not request an extension or extenuating circumstances when they had genuine personal problems. Similarly, many students reported that they did not make use of advice and support available. Leask (2006) advocates not seeing the student as the problem more recognising their challenges and needs. I now have a more holistic view of Academic and Practice Misconduct, rather than focusing solely on the student, which Tippitt et al. (2009) also encourage. Having acknowledged the range of factors which can influence Academic and Practice Misconduct at an individual and cultural level and the number of

stakeholders who have significant roles and responsibilities in the process, my view has been modified. Leask (2006, p.189) suggests ‘movement away from metaphors of war, battle, combat and blame, to metaphors of cooperation, understanding, learning and shared responsibility’.

Towards the end of completing my research I was asked to chair a university working group reporting to the university student experience committee. The aim was to review progress in adopting a strategic approach to academy integrity. This acknowledged my subject knowledge. The steering group used the JISCPAS (2007) road map to review progress made by the university and identify areas for development, culminating in an action plan for implementation. Positive responses were given to the majority of questions in the roadmap showing the university had systems in place. However, there were some areas where work was still in progress including ensuring effective dissemination of policies and procedures and regular collection of data on features of academic dishonesty. All the recommendations were accepted by the university committee. A university policy statement (UCLan 2011a; UCLan b) was written advocating a preventative approach by staff included in a new university assessment handbook. Standardised letters sent to students and templates for documentation for completion during investigations were developed. I believe that I would not have been able to chair the working group and facilitate such a successful outcome, had it not been for the knowledge and experience I gained while undertaking this research.

In summary, I was prepared for undertaking the research having undertaken a pilot study using the data collection methods employed within the study. I was able to draw upon my experience as a nurse, therapist and teacher and utilise transferable skills gained in these roles when collecting and analysing data. I learnt an enormous amount from participants who were keen to share their wealth of experience. I have appreciated the benefits of undertaking a multi-method approach. My perspective has changed from viewing Academic and Practice Misconduct as a student problem, to one which is more systemic and dynamic, requiring a collaborative approach by all stakeholders, with the student at the centre of activity.

7.2 Limitations of the research

Prior to making recommendations it seems appropriate to take into account the limitations of this research. There have been some omissions in who were included as expert witnesses and in the documentary evidence collected. A range of stakeholder perspectives were captured, but practice teachers and commissioners of nurse education were not included. It would have been useful to have gained their perspectives. Similarly, while I have acknowledged the ethical problems involved in including students who had engaged in Academic and Practice Misconduct because of my chairing investigations, obtaining their perspective would have greatly assisted in answering all three research questions.

The age profile and the cultural background of students with evidence of Academic and Practice Misconduct was not collected in the documentary evidence. The numbers of students referred for Fitness to Practise panel investigations, was not collected within the documentary evidence. This would have been useful in answering the second research question on features of academic dishonesty.

Given that participants' listed types as well as features of academic dishonesty in the second nominal group exercise (Table 5.8), using the term 'features' of academic dishonesty appeared ambiguous and misleading and it would have been preferable to select an alternative term.

The two self-assessment tools which were developed have not been tested. Both tools need to be developed into a more user friendly format. The self-assessment tools also need adapting for use by mentors and administrative and support staff. Developing self-assessment tools for all stakeholders will help them to assume their roles and responsibilities and aid an integrated approach to implementing the collaborative cycle (Figures 6.2 and 6.3).

A number of research questions have not been addressed within this study. My original motivation for undertaking this research was curiosity why students cheat. This has not been addressed in this study. Similarly, what stops students cheating when they have opportunity to do so, has not been answered. I have not explored how a students' culture, previous academic achievement or history of Academic and Practice Misconduct at school or college, has influenced them while undertaking a nursing course at university. Exploring the relationship between students' self-esteem, self-concept and academic integrity as recommended by Tippitt et al. (2009) has also not been studied. Exploring the relationship between nursing students issued with penalties for Academic and Practice Misconduct and breaches in fitness to practice once qualified would be a useful focus for future research, since this has not been investigated in my research.

The results from my research are not generalizable, as noted by Stake (1995, p.85) 'single cases are not as strong a base for generalising to a population of cases'. He clarifies that a case study focuses on the particular and not the general (Stake, 1995).

7.3 Dissemination of the research findings and recommendations

7.3.1 Dissemination

It is important to consider how best to disseminate the research findings internal and external to the school. I envisage stakeholders engaged with nursing students in other Higher Education Institutions, may find benefit from this case study. I anticipate that the research will provide others with an opportunity to review the findings and compare them with their own situation and draw their own relevant conclusions. The development of a new definition of Academic and Practice Misconduct specific to nursing, articulation of the process involved and outline of a hierarchy of Academic and Practice Misconduct are examples of how principles can emerge from a single case study and can be transferable to other similar contexts. Yin (2009) refers to this as analytic generalisation.

I will seek to present the research findings at nursing and education focused conferences and / or submit papers for written publication focusing on key research findings:

- Diagrammatic representation and synthesis of the literature
- Definition of Academic and Practice Misconduct in nursing
- Process and hierarchy of Academic and Practice Misconduct
- Collaborative cycle of involvement for promoting Academic and Practice Integrity
- Self-assessment tools for use by nursing students and teachers

The findings will be presented within the School to academic and administrative staff as a seminar, timetabled within the seminar series and academic master class, with the aim of maximising attendance by utilising existing forums. I plan to present recommendations for practice organisations at the school Placement Learning Advisory Group (PLAG) where partner placement leads are present. I envisage presenting findings to undergraduate nursing students at the school student research conference and to post graduate nursing students undertaking the nurse education module. Additionally the research will be shared with new academic staff, practice teachers and nurse mentors, by developing a standard teaching session incorporated within these courses (NMC, 2008c) (Appendix 25).

7.3.2 Recommendations for the school and university

There are benefits in this research being replicated within another university with nurses, incorporating the lessons gained and limitations acknowledged. A range of recommendations have evolved from the research findings for the school and university; for practice partner organisations; for national stakeholders and for future research needed. Detail of each will now be outlined. The themes which emerged within the research resulted in development of new knowledge and tools which provide opportunity for implementing a range of practical solutions at school and university level.

1. Adopt the definition specific to nursing and the process summarising Academic and Practice Misconduct and incorporate within school documentation.

2. Incorporate criteria linked to professional nursing values within the selection process.

3. Incorporate the collaborative cycle of involvement for promoting Academic and Practice Integrity by stakeholders within a school policy, implementing a value based curriculum underpinned by person centred approaches.

4. Utilise a range of preventative strategies and deterrents highlighted within the cycle, including use of student self-declarations and the list of hints and tips for stakeholders.

7.3.3 Recommendations for practice partner organisations

1. Partner provider organisations implement approaches for promoting academic integrity outlined in the timeline of activities undertaken prior to, during and at the end of a student's experience.

2. Develop guidance for practice staff, facilitating what mentors and practice teachers do if they suspect academic dishonesty in a nursing student. This could be included within annual mentorship updates and on the school mentorship website.

7.3.4 Recommendations for national stakeholders

1. The definition of Academic and Practice Misconduct, the summary of the process and hierarchy of Academic and Practice Misconduct to be considered for adoption by the NMC to influence revision of national policy, educational standards and guidance provided to teachers, students and employers. Recommendations for enhancement of

existing guidance and advice available in national policy provided by the NMC to be incorporated.

2. The hierarchy of Academic and Practice Misconduct be developed further, specific to nursing through liaison with the Joint Information Systems Committee (JISC) and Plagiarism Advisory Service for this to be adopted as a national resource at Northumbria University.

3. The taxonomy to be developed to guide nursing students and academic staff by building on the work of the national Plagiarism benchmark Tariff project (Tennant and Rowell, 2009). The points based benchmark tariff to be reviewed to incorporate an additional criterion to account for students undertaking professionally regulated courses and this to influence the penalties awarded.

4. Liaise with the QAA and request review of current guidance within The Code of Practice for the Assurance of Academic Quality and Standards in Higher Education standards for assessment, so that it covers all types of Academic and Practice Misconduct and includes a stronger emphasis on adoption of preventative approaches (QAA, 2006). For ease of follow up a summary of all recommendations are listed (Appendix 26).

7.4 Conclusion

Finally, the outcome of this study is an integration of research, education and practice. Key themes have been identified from the findings to form new knowledge and understanding of Academic and Practice Misconduct and Academic and Practice Integrity related to nursing students. A theoretical definition; a process summarising features and events and a hierarchy of types of Academic and Practice Misconduct have been discovered. A collaborative cycle of involvement; hints and tips list; timeline of approaches used in practice, together with self-assessment tools for use by students for assessing personal risk and for academic staff promoting Academic and Practice Integrity have been generated from the research themes. The

research results have practical application by stakeholders working with nursing students in nurse education and clinical practice. The aim of the research of exploring stakeholder perspectives of academic dishonesty and approaches used to promote academic integrity has been achieved and the three research questions successfully answered.

‘The very spring and root of honesty and virtue lie in good education’
Plutarch (46-120 AD), Morals cited by Elzubeir & Rizk (2003, p.589)

8.0 Reference List

Aluede,O.; Omoregie,E.O. & Osa-Edoh,G.I. (2006) Academic dishonesty as a contemporary problem in Higher Education: How academic advisers can help? *Reading Improvement,* 43 (2), p.97-106.

Anderson,I. (2009) Avoiding plagiarism in academic writing. *Nursing Standard,* 23 (18), p.35-37.

Anonymous (2005) I remember when the going rate for essays was two large gin and tonics. *Nursing Standard,* 24 (10), p.38.

Appleton,V.A. (2002) Critiquing approaches to case study design for a constructionist inquiry. *Qualitative Research Journal,* 2 (2), p.80-97.

Arhin,A.O. (2009) A pilot study of nursing students' perceptions of academic dishonesty: A generation Y perspective. *The ABNF Journal,* Winter, 20 (1), p.17-21.

Asthana,A. & Francis-Pape,C. (2007) Universities use computers to catch plagiarists. *The Observer*, 30th September. [online] Available at: http://education.guardian.co.uk/higher/news/story/0,,2180460,00.htlm (Accessed 8th October 2007).

Atkinson,I. (2008) Descriptive statistics. In: Watson,R.; McKenna,H.; Cowman,S. & Keady,J. ed(s). *Nursing research: Designs and methods.* London: Churchill Livingstone Elsevier, p.353-363.

Attwood,R. (2008a) 143 students expelled for plagiarism. *Times Higher Education,* 12th June, p.11.

Attwood,R. (2008b) Originality score to curb copying. *Times Higher Education,* 22nd May, p.5.

Attwood,R. (2009) Anglo-Indian MSc savaged by QAA. *Times Higher Education,* 9th July, p.11.

Austin,Z.; Simpson,S. & Reynen,E. (2005) The fault lies not in our students, but in ourselves': Academic honesty and moral development in health professionals education-results of a pilot study in Canadian pharmacy. *Teaching in Higher Education,* 10 (2), p.143-156.

Badge,J,L.; Cann,A,J. & Scott,J. (2007) To cheat or not to cheat? A trial of the JISC plagiarism detection service with biological sciences students. *Assessment & Evaluation in Higher Education,* 32 (4), p.433-439.

Badge,J,L.; Green,M. & Scott,J. (2011) *Investigating the use of the plagiarism reference tariff.* In the 5th Asia Pacific Conference on Education Integrity, The University of Western Australia, 26-28th September 2011.

Baggs,J.G. (2008) Editorial: Issues and rules for authors concerning authorship versus acknowledgements, dual publication, self-plagiarism, and salami publishing. *Research in Nursing & Health,* 31, p.295-297.

Bailey,P.A. (2001) Academic misconduct: Responses from deans and nurse educators. *Journal of Nursing Education*, 40 (3), p.124-131.

Barker,P. (2001) The tidal model: Developing an empowering, person centred approach to recovery within psychiatric and mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, 8, p.233-240.

Barrett,D. (2011) The cheating epidemic at Britain's universities. *The Telegraph,* 5th March. [online] Available at: http://www.telegraph.co.uk/education/educationnews/8363345/The-cheating-epidemic-at-Britains-universities.html (Accessed 14th March 2011).

Barrett,R. & Cox,A.L. (2005) 'At least they're learning something': The hazy line between collaboration and collusion. *Assessment & Evaluation in Higher Education,* 30 (2), p.107-122.

Bassendowski,S.L. & Salgado,A.J. (2005) Is plagiarism creating an opportunity for the development of new assessment strategies? *International Journal of Nursing Education Scholarship,* 2 (1), Article 3, p.1-13. [online] Available at: http://www.bepress.com/ijnes/vol2/iss1/art3 (Accessed 23rd July 2011).

Bates,I.; Davies,J.G.; Murphy,C. & Bone,A. (2005) A multi-faculty exploration of academic dishonesty. *Pharmacy Education,* 5 (1), p.69-76.

Battles,J.B. & Liford,R.J. (2003) Organising patient safety research to identify risks and hazards. *Quality & Safety in Health Care,* 12, p.2-7.

BBC News, (2004) Plagiarist to Sue University. [online] Available at: http://news.bbc.co.uk/l/hi/education/3753065.stm (Accessed 27th May 2004).

BBC News. (2008) Profile: Dr Raj Persaud. [online] Available at: http://news.bbc.co.uk/l/hi/health/7457091.stm (Accessed16th June 2008).

Beck,U. (1992) *Risk society: Towards a new modernity.* London: Sage Publications Ltd.

Bellack,J.P. (2005) Why plagiarism matters. *Journal of Nursing Education,* 43 (12), p.527528.

Berlins,M. (2009) Cheating has always been around in schools and universities – but the internet is making it far worse. The Guardian, 20th May. [online] Available at: http://www.guardian.co.uk/commentisfree/2009/may/20/comment-marcel-berlins-plagiarism-students-internet (Accessed 12th June 2012).

Boesveld,S. (2011) University of Alberta dean of medicine in midst of plagiarism scandal. *National Post*, 13th June. [online] Available at: http://news.nationalpost.com/2011/06/13/university-of-alberta-dean-of-medicine-in- (Accessed 8th October 2010).

Bowling,A. (2002) *Research methods in health: Investigating health and health services.* 2nd ed. Buckingham: Open University Press.

Brice,J. & Bligh,J. (2004) Author misconduct: not just the editor's responsibility. *Medical Education,* 39, p.83-89.

British Educational Research Association (2011) *Ethical guidelines for educational research.* London: BERA.

Broome,M.E. (2004) Self-plagiarism: Oxymoron, fair use, or scientific misconduct? *Nursing Outlook,* 52, p.273-274.

Brown,V.J.& Howell,M.E. (2001) The efficacy of policy statements on plagiarism: Do they change students views? *Research in Higher Education,* 42 (1), p.103-118.

Brown,A.S. & Murphy,D.R. (1989) Cryptomnesia: Delineating inadvertent plagiarism. *Journal of Experimental Psychology,* 15 (3), p.432-442.

Burnard,P. (2002) All your own work? Essays and the Internet. *Nurse Education Today,* 22, p.187-188.

Burns,D. (2009) Cut out the plagiarism, *Nursing Standard,* 23 (25), p.61.

Carney,O.; McIntosh,J. & Worth,A. (1996) The use of the nominal group technique in research with community nurses. *Journal of Advanced Nursing,* 23 (5) p.1024-1029.

Carr,G. (2008) Changes in nurse education: Delivering the curriculum. *Nurse Education Today,* 28, p.120-127.

Carroll,J. (2007) *A Handbook for deterring plagiarism in Higher Education.* 2nd edition. Oxford: Oxford Centre for Staff and Learning Development.

Carroll,J. & Appleton,J. (2001) *Plagiarism: A good practice guide.* Oxford: Oxford Brookes University. http://www.jisc.ac.ukuploaded_documents/brookes.pdf (Accessed 23rd July 2011).

Carter,B. (2004) How do you analyse qualitative data? In: Lavender,T.; Edwards,G. & Alfrevic,Z. ed(s). *Demystifying qualitative research in pregnancy and childbirth.* Shropshire: MA Healthcare Ltd, p87-108.

Carter,S.L. & Punyanunt-Carter,N.M. (2007) Acceptability of treatments for plagiarism. *College Student Journal,* 41 (2) p.

Centre for Academic Integrity (Undated) Membership Information CAI. Clemson: Clemson University. [online] Available at: http://www.academicintegrity.org/icai/home.php (Accessed 24th October 2012)

Chambers Thesaurus: New Edition in A to Z form (1991) Edinburgh: W & R Chambers Ltd.

Chambers,C. & Ryder,E. (2009) *Compassion and care in nursing.* Oxon: Radcliffe Publishing.

Childs,L.; Coles,L. & Marjoram,B. (2009) *Essential skills clusters for nurses: Theory for practice.* Chichester: Blackwell Publishing Ltd.

Chop,R.M. & Cipriano Silva,M. (1991) Scientific fraud: Definitions, policies, and implications for nursing research. *Journal of Professional Nursing,* 7 (3), p.166-171.

Clark,C.M. & Springer,P.J. (2007a) Incivility in nursing education: A descriptive study of definitions and prevalence. *Journal of Nursing Education,* 46 (1), p.7-14.

Clark,C.M. & Springer,P.J. (2007b) Thoughts on incivility: Student and faculty perceptions of uncivil behaviour in nursing education. *Nursing Education Perspectives,* 28 (2), p.93-97.

Clemson University (undated) Plagiarism resources. {online} Available at: http://www.clemson.edu/academics/academic-integrity/integrityplagiarism.html (Accessed 25.11.12)

Cohen,L; Manion,L. & Morrison,K. (2007) *Research methods in education.* 6th edition. London: Routledge.

Collins,M.E. & Amodeo,M. (2005) Responding to plagiarism in schools of social work: Considerations and recommendations. *Journal of Social Work Education,* 41 (3), p.527-543.

Corbin,J. & Strauss,A. (2008) *Basics of qualitative research 3e: Techniques and procedures for developing grounded theory.* London: Sage Publications.

Council of Deans for Health (undated) RCN commission on pre-registration nursing education London Council of Deans for Health {online} Available at: http://www.councilofdeans.org.uk/Data/Sites/8/rcncommissiononpre-regnursingeducation-final.pdf
(Accessed 25.11.12)

Crace,J. (2005) Jude Carroll: Original thinker. *The Guardian,* 26th April. [online] Available at: http://www.guardian.ac.uk/education/2005/apr/26/highereducationprofile.academicexperts (Accessed 23.07.11)

Cronin,S.N. (2003) The problem of plagiarism. *Dimensions of Critical Care Nursing,* 22 (6), p.253-254.

Culwin,F. (2006) An active introduction to academic misconduct and the measured demographics of misconduct. *Assessment & Evaluation in Higher Education,* 31 (2), p.167-182.

Daniel,L.G.; Adams,B,N.& Smith,N.M.(1994) Academic misconduct among nursing students: A multivariate investigation. *Journal of Professional Nursing,* 10 (5) p.278-288.

Davis,S.F.; Grover,C.A. ; Becker,A.H. & McGregor,L.N. (1992) Academic dishonesty: Prevalence, determinants, techniques and punishments. *Teaching of Psychology,* 19 (1), p.16-20.

Davis,K.; Drey,N. & Gould,D. (2009) What are scoping studies? A review of the nursing literature. *International Journal of Nursing Studies,* 46 (10), p.1386-1400.

Deacon,M. (2007) We have a duty to stop academic cheating. *Nursing Times,* 103 (7), p.15.

Dearnley,C. (2005) A reflection on the use of semi-structured interviews. *Nurse Researcher,* 13 (1), p.19-28.

Delbecq,A.L. & Van de Ven,A.H. (1971) A group process model for problem identification and program planning. *The Journal of Behavioral Science,* 7, p.466-492.

Delbecq,A.L. ; Van de Ven,A.H. & Gustafson,D.H. (1975) *Group techniques for program planning: A guide to nominal group and delphi processes.* Glenview, Illinois: Scot Foresman & Company.

Department of Health (2001) *The NHS plan – An action guide for nurses midwives and health visitors.* London: Department of Health.

Department of Health (2002) *Supporting the implementation of patient advice and liaison services (PALS): A resource pack.* London: Department of Health.

Department of Health (2004) *Patient and public involvement.* London: Department of Health.

Department of Health (2005a) *Creating a patient-led NHS: Delivering the NHS improvement plan.* London: Department of Health.

Department of Health (2005b) *Research governance framework for health and social care* 2nd edition. London: Department of Health.

Department of Health (2006) *A stronger local voice: A framework for creating a stronger local voice in the development of health and social services.* London: Department of Health.

Department of Health (2011) *Quality, innovation, productivity and prevention (QIPP).* London: Department of Health. [online} Available at: http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm (Accessed 13th April 2012).

Department of Health (2012a) *Liberating the NHS: Developing the healthcare workforce.* Leeds: Department of Health.

Department of Health (2012b) *Health and social care act explained.* London: Department of Health. [Online] Available at: www.dh.gov.uk/health/2012/06/act-explained/ (Accessed 23rd June 2012).

Devlin,M. (2006) Policy, preparation and prevention: Proactive minimization of student plagiarism. *Journal of Higher Education and Management,* 28 (1), p.45-58.

DiBartolo,M.C. & Walsh,C.M. (2010) Desperate times call for desperate measures: Where are we in addressing academic dishonesty? *Journal of Nursing Education,* 49 (10), p.543-544.

Dowling,M. (2006) Approaches to reflexivity in qualitative research. *Nurse Researcher,* 13 (3), p.7-21.

Duffin,C. (2006) NMC alert over forged papers from bogus overseas nurses. *Nursing Standard,* 20 (41), p.12.

Duggan,F. (2006) Plagiarism; prevention, practice and policy. *Assessment & Evaluation in Higher Education,* 31 (2), p.151-154.

Duke University Libraries (undated) Avoiding plagiarism. {online} Available at: http://library.duke.edu/research/plagiarism/index.html
(Accessed 25th November 2012)

Eisenhardt,K,M. (2002) Building theories from case study research. In: Huberman,A.M. & Miles,M,B. ed(s). *The qualitative researchers' companion.* London: Sage Publications.

Elliott,B. (2007) *Assessment in the age of Web 2.0.* Glasgow: Scottish Qualifications Authority.

Elzubeir,M.A. & Rizk,D.E.E. (2003) Exploring perceptions and attitudes of senior medical students and interns to academic integrity. *Medical Education,* 37, p.589-596.

Embleton,K. & Helfer,D.S. (2007) The plague of plagiarism and academic dishonesty. *Searcher,* 15 (6), p.23-26.

Eminoglu,E. & Nartgun,Z. (2009) A scale development to measure academic dishonesty tendency of university students. *International Journal of Human Sciences*. 6 (1), p.215-241.

Faucher,D. & Caves,S. (2009) Academic dishonesty: Innovative cheating techniques and the detection and prevention of them. *Teaching and Learning in Nursing,* 4 (2), p.37-41.

Financial Reporting Council (2005) *Internal control: Revised guidance for directors on the combined code.* London: The Financial Reporting Council.

Finn,K.V. & Frone,M.R. (2004) Academic performance and cheating: Moderating role of school identification and self-efficacy. *The Journal of Educational Research,* 97 (3), p.115-122.

Fitzpatrick,J.J. (2004) Naming and taming our ethical dilemmas. *Nursing Education Perspectives,* 25 (2), p.57.

Flanagin,A. (1993) Fraudulent publication. *Journal of Nursing Scholarship, 25 (4),* p.359.

Flemming,E. & Carberry,M. (2011) Steering a course towards advanced nurse practitioner: a critical care perspective. *Nursing in Critical Care.* 16 (2), p.67-76.

Fontana,J.S. (2009) Nursing faculty experiences of students' academic dishonesty. *Journal of Nursing Education,* 48 (4), p.181-185.

Foster,R.L. (2007) Avoiding unintentional plagiarism. *Journal for Specialists in Pediatric Nursing,* 12 (1), p.1-2.

Francis,R. (2010) *The mid Staffordshire NHS Foundation Trust inquiry: Independent inquiry into care provided by mid Staffordshire NHS Foundation Trust, January 2005 - March 2009.* London: The Stationery Office.

Gaberson,K.B. (1997) Academic dishonesty among nursing students. *Nursing Forum,* 32 (3), p.14-20.

Gambling,T. & Long,A.F. (2010) The realisation of patient centred care during a 3 year proactive telephone counselling self-care intervention for diabetes. *Patient Education and Counselling,* 80, p.219-226.

Ganske,K.(2010) Moral distress in academia. *The Online Journal of Issues in Nursing,* 15 (3), Manuscript 6, p.1-10.

Gardner,F. & Lehmann,J. (2002) But wait! There's more! Some unaccounted aspects of qualitative evaluation and research. *Qualitative Research Journal,* 2 (2), p.16-27.

Gerrish,K. & Lacey,A. (2006) *The research process in nursing.* Oxford: Blackwell Publishing.

Gill.J. (2008) Cultural insight can help tackle plagiarism. *Times Higher Education,* 24th April, p11.

Godin,P. (2006) *Risk and nursing practice.* ed. Basingstoke: Palgrave Macmillan.

Graber,D. & Mitcham,M. (2004) Compassionate clinicians: Take patient care beyond the ordinary. *Holistic Nursing Practice,* 18 (2), p.87-94.

Guardian (2004) Plagiarising student sues university for negligence. [online] Available at: http://www.guardian.co.uk/education/2004/may/27/highereducation.uk1 (Accessed 25th October 2012).

Habermann,B.; Broome,M.; Pryor,E.R. & Ziner,K.W. (2010) Research coordinators' experiences with scientific misconduct and research integrity. *Nursing Research,* 59 (1), p.51-57.

Haig,C. (2008) Research governance and research ethics. In: Watson,R.; McKenna,H.; Cowman,S. & Keady,J. ed(s). *Nursing research: Designs and methods.* London: Churchill Livingstone, p125-136.

Hamilton,D. (2003) Plagiarism. *Searcher,* 11 (4), p.26-28.

Hancock,P.K. (2008) Nurse migration: The effects on nursing education. *International Nursing Review,* 55, p.258-264.

Hancock,D.R. & Algozzine,B. (2006) *Doing case study research: A practical guide for beginning researchers.* New York: Teachers College Press.

Hansen,B.C. & Hansen,K.D. (1995) Academic and scientific misconduct: Issues for nurse educators. *Journal of Professional Nursing,* 11 (1), p.31-39.

Ha Phan,L. (2006) Plagiarism and overseas students: stereotypes again? *ELT Journal,* 60 (1), p.76-78.

Harper,M.G. (2006) High tech cheating. *Nurse Education in Practice,* 6 (6), p.364-371.

Harrison,S. (2005) Web plagiarism claims. *Nursing Standard,* 19 (49), p.10-11.

Harrison,N. (2008a) *A critical analysis of the literature on academic dishonesty and academic integrity relating to nursing students.* Paper one. School of Education, University of Manchester. 15th May 2008.

Harrison,N. (2008b) *An exploration of a strategic approach to promote academic integrity in nursing students: preliminary findings using a case study approach in one Higher Education Institution,* In the 3rd International Plagiarism Conference, Northumbria University, 25th June 2008.

Harrison,N. (2009a) *An exploration of approaches used to promote academic integrity in nursing students: A pilot study using a case study approach.* Paper two. School of Education, University of Manchester, 27th February 2009.

Harrison,N. (2009b) *Stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: A research proposal.* Paper three. School of Education, University of Manchester, 31st October 2009.

Harrison,N. (2010a) A manager's perspective of enhancing service user and carer involvement in Higher Education. In: McKeown,M; Shoja,L & Downey,S. ed(s). *Service user and carer engagement in health and social care education.* Oxon: Blackwell, p.120-133.

Harrison,N. (2010b) *Stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: Findings from a pilot study.* In the 4th International Plagiarism Conference, Northumbria University, 23rdJune 2010.

Hart,C. (1998) *Doing a literature review: Releasing the social science research imagination*. London: Sage Publications Ltd.

Hayes,R. (2007) Is plagiarism treated consistently? *Author's Licensing and Collecting Society* October p4.

Hayes,N. & Introna,L.D. (2005) Cultural values, plagiarism, and fairness: When plagiarism gets in the way of learning. *Ethics & Behavior,* 15 (3), p.213-231.

Hegyvary,S. (2005) What every author should know about redundant and duplicate publication. *Journal of Nursing Scholarship,* 37 (4), p.295-297.

Higher Education Academy (2011) Academic integrity resources. [online] Available at: http://www.heacademy.ac.uk/resources/detail/assessment/academic-integrity-staff-resources (Accessed 12th November 2011).

Hilbert,G. (1985) Involvement of nursing students in unethical classroom and clinical behaviors. *Journal of Professional Nursing,* 1 (4), p.230-234.

Hilbert,G. (1987) Academic fraud: Prevalence, practices and reasons. *Journal of Professional Nursing,* 3 (1), p.39-45.

Hilbert,G. (1988) Moral development and unethical behaviour among nursing students. *Journal of Professional Nursing,* 4 (3), p.163-167.

Holmstrom,I. & Larsson,J. (2005) A tension between genuine care and other duties: Swedish nursing students' views of their future work. *Nurse Education Today,* 25, p.148-155.

Hoyer,P.J.; Booth,D.; Spelman,M.R. & Richardson,C.E. (1991) Clinical cheating and moral development. *Nursing Outlook,* 39, p.170-173.

Integrated Research Application System (undated) The Integrated Research Application System. [online] Available at: www.myresearchproject.org.uk/signin.aspx (Accessed 17th November 2008)

Jackson,D.; Daly,J. & Davidson,P. (2008) Interviews. In: Watson,R.; McKenna,H.; Cowman,S. & Keady,J. Nursing research: Designs and methods. London: Churchill Livingstone Elsevier, p.281-288.

Janowski,A. (2002) Plagiarism: prevention, not prosecution. *The Book Report*, 21 (2), p.26-27.

Jenkins,R. (2008) TV psychiatrist Raj Persaud suspended for plagiarism. *The Times,* 21st June. [online] Available at: http://entertainment.timesonline.co.uk/tol/arts_and_entertainment/tv_and_radio/article... (Accessed 8th October 2010).

JISC Collections (2007) Preventing and detecting plagiarism. *Fact File 4*, p.1-2 London: JISC Collections.

JISCPAS (2007) Plagiarism advisory service roadmap: Version 4 JISCPAS. [online] Available at: www.jiscpas.ac.uk/documents/Roadmap v4r4b.pdf (Accessed 22nd October 2012).

Johansson,I.; Bachrach-Lindstrom,M.; Struksnes,S. & Hedelin,B. (2009) Balancing integrity versus risk of falling – Nurses experiences of caring for elderly people with dementia in nursing homes. *Journal of Research in Nursing,* 14 (1), p.61-73.

Johnson,M.; Haigh,C. & Yates-Bolton,N. (2006) Valuing of altruism and honesty in nursing students: A two decade replication study. *Journal of Advanced Nursing,* 57 (4), p.1-9.

Kaitani,T.; Tokunaga,K.; Matsui,N. & Sanada,H. (2010) Risk factors related to the development of pressure ulcers in the critical care setting. *Journal of Clinical Nursing,* 19 (3-4), p.414-421.

Keats,D.M. (2000) *Interviewing: A practical guide for students and professionals.* Buckingham: Open University Press.

Kececi,A.; Bulduk,S.; Oruc,D. & Celik,S. (2011) Academic dishonesty among nursing students: A descriptive study. *Nursing Ethics,* 18 (5), p.725-733.

Kennedy,D. (2011) Sherlock Holmes and the case of the plagiarised paper. *Nurse Education Today,* 31 (5), p.525-530.

Kenny,D. (2007) Student plagiarism and professional practice. *Nurse Education Today,* 27 (1), p.14-18.

Kiehl,E.M. (2006) Using an ethical decision-making model to determine consequences for student plagiarism. *Journal of Nursing Education,* 45 (6), p.199-203.

Kirkman,S.; Thompson,D,R.; Watson,R. & Stewart,S. (2007) Are all doctorates equal or are some 'more equal than others'? An examination of which ones should be offered by schools of nursing. *Nurse Education in Practice,* 7 (2), p.61-66.

Kolanko,K.M.; Clark,C.; Heinrich,K.T. & Olive,D. (2006) Academic dishonesty, bullying, incivility and violence: Difficult challenges facing nurse educators. *Nursing Education Perspectives,* 27 (1), p.34-43.

Kralik,D. (2003) Cyberplagiarism...what is it? *Journal of Advanced Nursing,* 43 (6), p.539.

Krueger,R.A. (1994) *Focus groups: A practical guide for applied research.* 2nd edition. London: Sage Publications.

Langone,M. (2007) Promoting integrity among nursing students. *Journal of Nursing Education,* 46 (1), p.45-47.

Larkham,P.J. & Manns,S. (2002) Plagiarism and its treatment in Higher Education. *Journal of Further & Higher Education,* 26 (4), p.339-349.

Lathrop,A. & Foss,K. (2005) *Guiding students from cheating and plagiarism to honesty and integrity: Strategies for change.* London: Libraries Unlimited.

Leagard,R; Keegan,J. & Ward,K. (2003) In-depth interviews. In: Ritchie,J. & Lewis,J. ed(s). *Qualitative research practice: A guide for social science students and researcher.* London: Sage Publications Ltd., p.138-169.

Leask,B. (2006) Plagiarism, cultural diversity and metaphor-implications for academic staff development. *Assessment & Evaluation in Higher Education,* 31 (2), p.183-199.

Leeds Metropolitan University (2003) *The Leeds Met Little Book of Plagiarism: What it is and how to avoid it.* Registrar & Secretary's Office, Leeds: Leeds Metropolitan University.

Lincoln,Y.S. & Guba,E.G. (2002) Judging the quality of case study reports, In: Huberman,A.M. & Miles,M.B. *The qualitative researcher's companion.* London: Sage Publications, p.205-216.

Lindsay,E. (2004) The Lindsay leg club model: a model for evidence based leg ulcer management. *Wound Care.* June p.S15-S20.

Littlemore,S. (2012) Universities need to tell students the rules about plagiarism, says adjudicator. The Guardian,11th June. [online] Available at: http://www.guardian.co.uk/education/2012/jun/11/universities-students-rules-plagiarism-adjudicator
(Accessed 4th August 2012).

Liu,D. (2005) Plagiarism in ESOL students: is cultural conditioning truly the major culprit? *ELT Journal.* 59 (3), p.234-241.

Lloyd,C. (2010) How does all this affect me? Applying the student guidance. *NMC & You.* September, p.12-15.

Logue,R. (2004) Plagiarism: the internet makes it easy. *Nursing Standard,* 18 (51), p.4-43.

Lupton,D. & Tulloch,J. (2002) 'Risk is part of your life': Risk epistemologies among a group of Australians, *Sociology,* 36 (2), p.317-334.

Macdonald,R. & Carroll,J. (2006) Plagiarism – a complex issue requiring a holistic institutional approach. *Assessment & Evaluation in Higher Education,* 31 (2), p.233-245.

Manley,K.; Hills,V. & Marriot,S. (2011) Person centred care: Principle of nursing practice. *Nursing Standard*, 25 (31), p.35-37.

Marsden,H.; Carroll,M. & Neill,J.T. (2005) Who cheats at university? A self-report study of dishonest academic behaviours in a sample of Australian university students. *Australian Journal of Psychology,* 57 (1), p.1-10.

Marsh,A. (2007) Unintentional plagiarism. *Journal of Perioperative Practice,* 17 (10), p.452.

Marsh,R.L. & Landau,J.D. (1995) Item availability in cryptomnesia: Assessing its role in paradigms of unconscious plagiarism. *Journal of Experimental Psychology,* 57 (1), p.1-10.

Maslow,A. (1970) *Motivation and personality.* 2 edition. New York: Harper Row.

McCabe,D,L. (1999) Academic dishonesty among high school students. *Adolescence,* 34 (136), p.681-687.

McCabe,D.L. (2009) Academic dishonesty in nursing schools: An empirical investigation. *Journal of Nursing Education,* 48 (11), p.614-623.

McCabe,D.L. & Pavela,G. (2005) *Ten principles of academic integrity.* [online] Available at: http://www.college.pubs.com/ref/10PrinAcaInteg.shtml (Accessed 20th March 2008).

McCarthy,G. & O'Sullivan,D. (2008) Evaluating the literature. In: Watson,R.; McKenna,H.; Cowman,S. & Keady,J. *Nursing research: Designs and methods.* London: Churchill Livingstone Elsevier, p.113-124.

McCrink,A. (2010) Academic misconduct in nursing students: Behaviors, attitudes, rationalizations, and cultural identity. *Journal of Nursing Education,* 49 (11), p.653-659.

McCullough,M. & Holmberg,M. (2005) Using the google search engine to detect word for word plagiarism in master's thesis: A preliminary study. *College Student Journal,* 39 (3), p.435-441.

McLean,C. (2011) The yellow brick road: A values based curriculum model. *Nurse Education in Practice,* 12 (3), p.159-163.

Meizlish,D. (2005) *Promoting academic integrity in the classroom.* Centre for Research on Learning and Teaching. Occasional Paper No 20. University of Michigan. [online] Available at: http://www.crlt.umich.edu/sites/default/files/resource_files/CRLT_no20.pdf (Accessed 22nd October 2012).

Mitchell,T. & Carroll,J. (2008) Academic and research misconduct in the PhD: Issues for students and supervisors. *Nurse Education Today,* 28 (2), p.218-226.

Moon,J. (2005) *Plagiarism in higher education: An integrated approach*. Workshop handout. March. [online] Available at: http://www.hhs.hud.ac.uk/w2/ltsu/plagiarism_folder/plagiarism_workshop.pdf (Accessed 22nd October 2012).

Mooney,P. (2006) Plagued by plagiarism. *Chronicle of Higher Education,* 52 (37), p.69-72.

Moore,C.M. (1994) *Group techniques for idea building.* 2nd edition. London: Sage Publications.

Moore,P. & Hart,L. (2004) Strategies for teaching nursing research online. *International Nursing Review,* 51 (2), p.123-128.

Mott MacDonald / NMC (2012) *Quality Assurance Handbook.* Cambridge: Mott MacDonald.

Netskills.ac.uk (undated) The netskills training materials service. [online] Available at: http://www.netskills.ac.uk/content/products/materials/index.html. (Accessed 8th January 2013).

Neville,C. (2010) *The complete guide to referencing and avoiding plagiarism.* 2nd edition. Maidenhead: Open University Press.

NHS Institute for Innovation and Improvement (2011) *Rapid impact assessment of the productive ward: Releasing time to care. Executive summary.* Coventry NHS Institute for Innovation and Improvement. [online] Available at: http://www.institute.nhs.uk/images//documents/quality-and-value/productiveness/rapid%20impact%20assessment%20full%20reports%20FINAL.pdf (Accessed 6th September 2012).

NHS National Research Authority (undated) *The national research ethics service* (NRES). [online] Available at: www.nres.nhs.uk/ (Accessed 17th November 2008).

NHS National Patient Safety Agency (2007) *Information sheets and consent forms: Guidance for researchers and reviewers.* Version 3.2 May National Research Ethics Service. [online] Available at: http://www.nres.npsa.nhs.uk/rec-community/guidance/ (Accessed 17th December 2008).

Nilstun,T.; Lofmark,R. & Lundqvist,A. (2010) Scientific dishonesty-questionnaire to doctoral students in Sweden. *Journal of Medical Ethics,* 36 (5), p.315-318.

Njie,V.P.S. & Thomas,A.C. (2001) Quality issues in conical research and the implications on health policy (QICRHP). *Journal of Professional Nursing,* 17 (5), p.233-242.

NMC (2004) *Standards of proficiency for pre-registration nursing education.* London: NMC.

NMC (2008a) *The Code: Standards of conduct, performance and ethics for nurses and midwives.* London: NMC.

NMC (2008b) *Good health and good character: guidance for educational institutions.* London: NMC.

NMC (2008c) *Standards to support learning and assessment in practice.* London: NMC.

NMC (2010a) *Standards for pre-registration nursing education.* London: NMC.

NMC (2010b) *NMC and You: Helping you train to become a nurse or midwife.* London: NMC.

NMC (2010c) *Advice and information for employers of nurses and midwives.* London: NMC.

NMC (2011) *Guidance on professional conduct for nursing and midwifery students.* London: NMC.

nlearning (undated a) *Plagiarism advisory service. Frequently asked questions.* Newcastle upon Tyne: N-Learning Digital Assessment Suite.

nlearning (undated b) *Turnitin: Reading, writing research and originality.* Newcastle upon Tyne: N-Learning Digital Assessment Suite.

nlearning (2010) Turnitin2: *One comprehensive solution for evaluating written work. Prevent plagiarism.* Engage students. Newcastle upon Tyne: N-Learning, Authentic Assessment.

O'Connor,S,J. (2010) What do duplicate publications; self-plagiarism and monotony of endless descriptive studies signify: publication pressure or simply a collective lack of imagination? *European Journal of Cancer Care,* 19 (3), p.281-283.

OFQUAL (2010a) *Using sources: A guide for students: Find it – Check it – Credit it.* Coventry: The Office of Qualifications and Examinations Regulation.

OFQUAL (2010b) *Authenticity: A guide for teachers.* Coventry: The Office of Qualifications and Examinations Regulation.

OFQUAL (2010c) *Avoiding plagiarism: A guide for parents and carers.* Coventry: The Office of Qualifications and Examinations Regulation.

Osinski,K. (2003) Due process rights of nursing students in cases of misconduct. *Journal of Nursing Education,* 42 (2), p.55-58.

Overland,M.A. (2006) Test answers leaked in Philippines. *Chronicle of Higher Education,* 53 (2), p.81.

Owen,D. & Behrens,R. (2011) The Office of the Independent Adjudicator - Pod cast. [online] Available at: http://www.qaa.ac.uk/Publications/Podcasts/Transcripts/Pages/Office-Independent-Adjudicator.aspx (Accessed 25th July 2011).

Oxford Brookes University (2010) *Assessment standards knowledge exchange: Institutional policies and procedures for managing student plagiarism.* The Centre for Excellence in Teaching and Learning, The Business School. Oxford: Oxford Brookes University.

Parish,C. (2004) Student essays for sale on internet auction sites. *Nursing Standard,* 19 (1), p.4.

Park,C. (2003) In other (people's) words: Plagiarism by university students-literature and lessons. *Assessment & Evaluation in Higher Education,* 28 (5), p.471-488.

Park,C. (2004) Rebels without a clause: towards an institutional framework for dealing with plagiarism by students. *Journal of Further and Higher Education.* 28 (3), p.291-306.

Paterson,B.; Taylor,L. & Usick,B. (2003) The construction of plagiarism in a School of Nursing. *Learning in Health and Social Care,* 2 (3), p.147-158.

Payne,N (2009) Nurse Investigated by NMC for selling essays on ebay. Nursing Times. [online] Available at: http://www.nursingtimes.net/whats-new-in-nursing/students/nurse-investigated-by-nmc-for-selling-essays-on-ebay/5002397.article?referrer=RSS (Accessed 4th June 2009).

Pears,R. & Shields,G. (2010) *Cite them right: The essential referencing guide.* Basingstoke: Palgrave MacMillan.

Pierson,C.A. (2010) Detecting and preventing plagiarism in publishing. *Nurse Author & Editor,* 20 (1), March, 1st Item Number 2011060652.

Pontin,D. (2006) Exploring the issues of risk and freedom for parents of children with life limiting, life threatening and chronic health problems. In: Godin,P. (2006) *Risk and Nursing Practice.* ed. Basingstoke: Palgrave Macmillan, p.121-134.

Price,B. (2003) Avoiding plagiarism and related cheating. *Nursing Standard,* 18 (4), p.32A, 32B.

Price,S,L. (2008) Becoming a nurse: a meta-study of early professional socialization and career choice in nursing. *Journal of Advanced Nursing,* 65 (1), p.11-19.

Protection of Freedoms Act 2010-2012 (2012) Royal Assent 1st May [online] Available at: http://www.services.parliament.uk/bills/2010-2011/protectionofffreedoms.html
(Accessed 7th October 2012).

Quality Assurance Agency (2006) *Code of practice for the assurance of academic quality and standards in higher education, Section 6: Assessment of students.* 2nd edition. Mansfield: Quality Assurance Agency. {online} Available at: http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/COP_AOS.pdf
(Accessed 25th November 2012)

Quinn,C. & Clare,L. (2008) Interpretive phenomenological analysis. In: Watson,R.; McKenna,H.; Cowman,S. & Keady,J. ed(s). *Nursing research: Designs and methods.* London: Churchill Livingstone Elsevier, p.375-384.

Rankin,M. & Esteves,M.D. (1997) Perceptions of scientific misconduct in nursing. *Nursing Research,* 46 (5), p.270-276.

Redman,B.K. & Merz,J.F. (2008) Scientific misconduct: Do the punishments fit the crime? *Science,* 321 (5890), p.775.

Register of Probationer Nurses (1893-1902) Liverpool Record Office (614 Mil 8/2/1).

Ridley,D. (2008) The *literature review: A step – by – step guide for students.* London: Sage Publications Ltd.

Ritchie,J. (2003) The application of qualitative methods to social research. In: Ritchie,J. & Lewis,J. ed(s). *Qualitative research practice: A guide for social science students and researchers.* London: Sage Publications Ltd, p.24-46.

Robson,C. (2002) *Real world research.* 2nd edition. Oxford: Blackwell Publishing.

Rogers,C.R. (1951) *Client centred therapy: Its current practice, implications and theory* London: Constable.

Rogers,C.R. (1983) *Freedom to learn for the 1980s.* London: Charles E. Merrill Publishing Company.

Roig,M. (2001) Plagiarism and paraphrasing criteria of college and university professors. *Ethics & Behavior,* 11 (3), p.307-323.

Rosamond,B. (2002) Plagiarism, academic norms and the governance of the profession. *Politics,* 22 (3), p.167-174.

Saunders,M.; Lewis,P. & Thornhill,A. (2007) *Research methods for business students.* 4th edition. Essex: Pearson Education Limited.

Sawatzky,J.V. (2009) A mentoring needs assessment: Validating mentorship in nursing education. *Journal of Professional Nursing,* 25 (3), p.145-150.

Sayer,A. (2010) *Method in social science: A realist approach.* 2nd edition. Oxon: Routledge.

Scottish Government (2010) *Leading better care and releasing time to care: Implementation and progress to date: A Briefing Paper.* [online] Available at: http://www.evidenceintopractice.scot.nhs.uk/media/126433/lbc%20and%20rtc%20briefing%20briefing%20paper%20Sept%202010.pdf (Accessed 22nd October 2012).

Schmidt,S. (2006) Cheating; An ethical concern for nursing educators. *The Kansas Nurse,* 81 (1), p.1-2.

Schuetze,P. (2004) Evaluation of a brief homework assignment designed to reduce citation problems. *Teaching of Psychology,* 31 (4), p.257-259.

Scullion,P.A. (2010) Models of disability: their influence in nursing and potential role in challenging discrimination. *Journal of Advanced Nursing.* 66 (3), p.697-707.

Sellman,D. (2007) On becoming of good character: Nurse education and the assessment of good character. *Nurse Education Today,* 27 (7), p.762-767.

Shepherd,J. (2009) Universities' crackdown on cheating sparks record number of student complaints. *The Guardian,* 18th May, [online] Available at: http://www.guardian.co.uk/education/2009/may/18/higher-education-universities-complaints-plagiarism (Accessed 12th June 2012).

Sherriff,L. (2004) Web-cheat student to sue university. *The Register.* 28th May. [online] Available at: http://www.theregister.co.uk/2004/05/28/plagarist_student/print.html (Accessed 22nd October 2012).

Shibley,R. (2006) Student sues university of Tampa over plagiarism accusation. *The Torch,* [online] Available at: http://www.thefire.org/index.php/article/7489.html (Accessed 15th November 2012).

Sileo,F.J. & Kopala,M. (1993) An A-B-C-D-E worksheet for promoting beneficence when considering ethical issues. *Counselling & Values* 37 (2), p.89-96.

Simon,C.A.; Carr,J.R.; McCulloch,S.M.; Morgan,S.J.; Oleson,T.; Ressel,M. (2003) The other side of academic dishonesty: the relationship between faculty scepticism, gender and strategies for managing student academic dishonesty cases. *Assessment & Evaluation in Higher Education,* 28 (2), p.193-207.

Silverman,D. (2005) *Doing qualitative research: A practical handbook.* 2nd edition. London: Sage Publications Ltd.

Smith,C.B. (2003) Fighting Cyberplagiarism. *Library Journal,* Summer, p.22-23.

Smith,N. & Wren,K.R. (2010) Ethical and legal aspects Part 2: Plagiarism – What is it and how do i avoid it? *Journal of PeriAnesthesia Nursing,* 25 (5), p.327-330.

Solomon,M. & DeNatale,M.L. (2000) Academic dishonesty and professional practice: A convocation. *Nurse Educator,* 25 (6), p.270-271.

Stake,R.E. (1995) *The art of case study research.* London: Sage Publications.

Sturcke,J. & Wainwright,M. (2008) Disgraced Raj Persaud quits as consultant at leading hospital. *The Guardian,* 24th October. [online] Available at: http://ww.guardian.co.uk/lifeandstyle/2008/oct/24/raj-persuad-psychiatry-maudsley/..... (Accessed 8th October 2010).

Symon,A. (2010) Legal challenges to the NMC's Fitness to Practice decisions. *British Journal of Midwifery,* 18 (6), p.390-391.

Tahir,T. (2008) Dean dismissed for plagiarism. *Times Higher Education,* 21st April. [online] Available at: http://www.timeshighereducation.ac.uk/story.asp?sectioncode+26&storycode+400950 (Accessed 8th October 2010).

Tanner,A,A. (2004) Moral decline or pragmatic decision making?: Cheating and plagiarism in perspective. *Journal of Nursing Education,* 43 (7), p.291-292.

Tennant,P. Rowell,G. & Duggan,F. (2007) *Academic misconduct benchmarking research project: Part 1: The range and spread of penalties available for student plagiarism among UK Higher Education Institutions.* Newcastle (UK): JISC Plagiarism Advisory Service. [online] Available at: http://www.plagiarismadvice.org/documents/amber/FinalReport.pdf (Accessed 22nd October 2012).

Tennant,P. & Duggan,F. (2008) *Academic misconduct benchmarking research project: Part 2: The recorded incidence of student plagiarism and the penalties applied.* Newcastle (UK): JISC Academic Integrity Service. [online] Available at: www.heacademy.ac.uk/assets/York/documents/AMBeR_Part11_Full_Report.pdf (Accessed 22nd October 2012).

Tennant,P. & Rowell,G. (2009) *Benchmark plagiarism tariff. A benchmark tariff for the application of penalties for student plagiarism in Higher Education.* iParadigms Europe Ltd. [online] Available at: www.plagiarismadvice.org/BTarriff.pdf (Accessed 22nd October 2012).

Thompson,C. & Baker,R. (2008) Q methodology in nursing research. In: Watson,R.; McKenna,H.; Cowman,S. & Keady,J. *Nursing research: Designs and methods.* London: Churchill Livingstone Elsevier, p.321-330.

Thomas,L. (2011) *University of Central Lancashire Data Report.* July, Manchester: NHS North West.

Thompson, M. (2005) Hidden in plain sight. *Chronicle of Higher Education,* 52 (15), p.B5-B5,1p, 1c.

Tippitt,M.P.; Ard,N.; Kline,J.R.; Tilghman,J.; Chamberlain,D. & Meagher,P.G. (2009) Creating an environment that foster academic integrity. *Nursing Education Perspectives,* 30 (4), p.239-244.

Tod,A. (2006) Interviewing. In: Gerrish,K. & Lacey,A. ed(s). *The research process in nursing.* Oxford: Blackwell Publishing, p.337-352.

Tolan,J. (2003) *Skills in person-centred counselling & psychotherapy.* London: Sage Publications.

Tulloch,J. & Lupton,D. (2003) *Risk and everyday life.* London: Sage Publications Ltd.

UCLan (2007) *Appendix 9: Unfair means to enhance performance.* University Academic Regulations. Preston: UCLan.

UCLan (2008) *Appendix 9: Unfair means to enhance performance.* University Academic Regulations. Preston: UCLan.

UCLan (2009) *Appendix 9: Unfair means to enhance performance.* University Academic Regulations. Preston: UCLan.

UCLan (2010a) *Appendix 9: Unfair means to enhance performance.* University Academic Regulations. Preston: UCLan.

UCLan (2010b) *School of Nursing and Caring Sciences: Student Handbook.* Preston: UCLan.

UCLan (2011a) *Appendix 9: Unfair means to enhance performance.* University Academic Regulations. Preston: UCLan.

UCLan (2011b) *University assessment handbook.* Preston: UCLan.

UCLan (2011c) *Risk management policy and procedure.* Preston: UCLan.

UCLan (2011d) *Shaping our future.* Preston: UCLan.

UCLan (2011e) *University of Central Lancashire data report.* July, Preston: UCLan.

United Kingdom Research Integrity Office (2008) *Procedure for the investigation of misconduct in research UKRIO.* [online] Available at: http://www.ukrio.org/resources/UKRIO_Procedure_for_the_Investigation_of_Misconduct_in_Research.pdf (Accessed 14th March 2011).

Universities UK (2006) *Proposal for national arrangements for the use of academic credit in higher education in England: Final report of the burgess group.* London: Universities UK.

University of Derby (Undated) *Plagiarism teaching on line: An introduction.* Derby: University of Derby. www.preventplagiarsm.co.uk (Accessed 22nd October 2012).

Vogelsang,J. (1997) Plagiarism – An act of stealing. *Journal of PeriAnesthesia Nursing,* 12 (9), p.422-425.

Walden,K. & Peacock,A. (2006) The i-Map: A process-centred response to plagiarism. *Assessment & Evaluation in Higher Education,* 31 (2), p.201-214.

Warwick University (undated) e guide to plagiarism. [online] Available at: http://www2.warwick.ac.uk/services/ldc/resource/eguides/plagiarism/ (Accessed 22nd October 2012).

Warger,T. (2005) Catching copy cats. *University Business*, 8 (10), p.33-34.

Warn,J. (2006) Plagiarism software: no magic bullet! *Higher Education Research & Development,* 25 (2), p.195-208.

Wasson,P. (2011) *The Patients Association listening to patients, speaking up for change: We have been listening, have you been learning?* Middlesex: The Patients Association.

Wells,A.S. Hirshberg,D. Lipton,M. & Oakes,J. (2002) Bounding the case within its context. In: Huberman,A.M & Miles,M.B. ed(s). *The qualitative researcher's companion.* London: Sage Publications, p.331-348.

White,C.; Woodfield,K. & Ritchie,J. (2003) Reporting and presenting qualitative data. In: Ritchie,J. & Lewis,J. ed(s). *Qualitative research practice: A guide for social science students and researcher's.* London: Sage Publications, p.287-320.

Wicker,P. (2007) The author replies... *Journal of Perioperative Practice,* 17 (10), p.452-454.

Wilkinson,J. (2009) Staff and student perceptions of plagiarism and cheating. *International Journal of Teaching and Learning in Higher Education,* 20 (2), p.98-105.

Williams,S. (2001) How do I know if they're cheating? Teacher strategies in an information age. *The Curriculum Journal,* 12 (2), p.225-239.

Williams,K. & Carroll,J. (2009) *Referencing and understanding plagiarism.* Basingstoke: Palgrave MacMillan.

Willig,C. Case studies. In: Willing,C. (2001*) Introducing qualitative research in psychology: Adventures in theory and methods.* Buckingham: Open University Press, p.70-85.

Yin,R.K. (2003) *Case study research: Design and methods.* London: Sage Publications.

Yin,R.K. (2009) *Case study research: Design and methods.* 4th edition. London: Sage Publications.

Yingqi,C. & Yong,W. (2012) Academic fraud tough to beat. *China Daily,* 18th July, [online] Available at: http://usa.chinadaily.com.cn/china/2012-07/18/content_15592581.htm (Accessed 22nd October 2012).

9.0 Appendices

Appendix 1

Vignettes illustrating examples of plagiarism, cheating and collusion undertaken by nursing students within the school:

1. Student steamed off the label on a small plastic bottle and wrote notes on the reverse of the label before sticking it back on. The notes were disguised by a coloured drink. At the beginning of the examination the student drank all of the drink, which enabled the notes to be visible through the bottle.

2. Students had notes on post it notes or parts of their body hidden by clothing accessed in an examination or when visiting the toilet during the examination.

3. Two pre-registration students who were close friends on clinical placement together, colluded by copying large amounts of their individual personal reflections from their clinical practice documents. When reviewed alongside each other the students reported to have had the same experience, gaining the same knowledge and skills while on the placement and identifying the same future learning needs. This was despite having very different prior experience and working with different staff and patients. When asked why they had thought this acceptable, they both attempted to justify their actions, stating that they had not fully enjoyed the placement and writing their reflective diaries together had helped them cope. Neither student had spoken with their personal mentors or tutors about any difficulties they had experienced.

4. One post registration nursing student submitted work which matched almost exactly with work submitted by a student who had completed the course the previous year and worked within the same practice area. This was identified by the module leader who was familiar with all work submitted over recent years due to the small size of student groups and specialist aspect of their work. The current student had taken the work of the previous student from a notice board within the resource and training room in the unit. It had been standard practice for staff to post their work there for others to read. This incident was discussed with the respective manager aimed at understanding what practice was occurring and what further preventative measures could be instigated. The manager agreed to review the unit protocol so that work was disseminated through staff seminars and abstracts, summary points and reference lists only posted on notice boards and not entire essays.

5. A post registration nursing student (A) had complex extenuating circumstances and shared their problems with a fellow student (B) who responded by e-mailing their assignment to student A. When the academic staff member came to mark the work, the two assignments matched in terms of text, structure, references used and errors made in spelling and presentation. Student A had not spoken with their personal tutor about their personal problems, or requested extenuating circumstances. When student B was asked why they forwarded their work to student A, rather than provide general support and encouragement to access pastoral support available at school and university level, they reported that they were wanting to help and were not expecting their work to be copied and offered it as guidance only.

Appendix 2
Ten principles of academic integrity
(McCabe & Pavela 2005)

1. Affirm the importance of academic integrity
2. Foster a love of learning
3. Treat students as ends in themselves
4. Promote an environment of trust in the classroom
5. Encourage student responsibility for academic integrity
6. Clarify expectations of students
7. Develop fair and relevant forms of assessment
8. Reduce opportunities to engage in academic dishonesty
9. Challenge academic dishonesty when it occurs
10. Help define and support campus-wide academic integrity and standards

Appendix 3

Gantt chart outlining planned schedule of research activity

TIME																								
Research Activity	**2009**		**2010**												**2011**									
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O
UCLan Ethical approval	■																							
Update Lit review	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■								
Transfer panel			■																					
Recruit participants			■	■	■																			
Nominal groups				■	■	■	■																	
Individual interviews								■	■	■	■	■												
Documentary evidence				■	■	■	■	■	■	■	■	■	■											
Data analysis								■	■	■	■	■	■	■	■	■								
Write drafts								■	■	■	■	■	■	■	■	■	■	■	■	■				
Proof read																	■	■	■	■	■			
Make change																			■	■	■	■	■	
Submission																								■

Appendix 4
Semi-structured individual interview schedule and questions
An exploration of perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: A case study

1. Define academic dishonesty?
2. What are the key features of academic dishonesty occurring within nursing students in university settings?
3. What are the key features of academic dishonesty occurring within nursing students in practice settings?
4. How can academic integrity be promoted in nursing students at a course level?
5. How can academic integrity be promoted in nursing students at a school level?
6. How can academic integrity be promoted in nursing students at a university level?
7. How can academic integrity be promoted in nursing students within practice placements?
8. How can academic integrity be promoted in nursing students within practice placement organisations?
9. Are there any other ways you think that academic integrity can be promoted in nursing students?
10. Is there any other information which you think may be relevant and useful to this study which you have not had opportunity to share?
11. What worked well in the interview?
12. How could the interview have been improved?

Appendix 5
Overview of nominal group technique

An exploration of perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: A case study approach within the School of Nursing and Caring Sciences.

12.0 Two researchers meet to clarify format and roles during the afternoon
Check consent forms have been signed by participants
Set up flip charts and audio recording equipment in room

12.30 Participants arrive for refreshments

12.45 Welcome and introductions.

Explain what the afternoon is about including aims of study.
Explain the format of the nominal group technique.
Request respect for confidentiality and nondisclosure of discussions to people not present in the group.
Clarify that the purpose is to respect each person's perspective and experience which will help to increase understanding on academic dishonesty and academic integrity.

1.00 Question 1 'Define academic dishonesty; List below examples of academic dishonesty occurring in nursing students?'

2.30 Break with refreshments

3.00 Question 2 'How can academic integrity be promoted in nursing students' at course, school, and university level and by placement providers?'

4.30 Debrief and take feedback on the format and questions used

4.45 Thank participants before they depart and take any questions

4.50 Debrief by two researchers

5.15 Researcher 1 completes reflective diary notes

Format for each nominal group technique question

1	**Individual generation of ideas**	Give each participant a question sheet and pencil Ask each participant to list their own ideas in response to question number one, printed at the top of the sheet Ask participants to undertake the task in silence Respond to and clarify questions relating to instructions

2	**Round robin**	When all participants appear to have completed the individual task, list the ideas on a flip chart using marker pen, bulleting each individual idea Go clockwise around the room obtaining one idea from each participant, one at a time Continue clockwise around the room until all ideas are on the flip chart Ask the group to avoid discussion at this stage
3	**Clarification of ideas, discussion and generation of a combin-ed group list of ideas**	Check own and participants understanding of ideas listed on the flip chart Encourage discussion and merge ideas on a new flip chart Bullet point and then letter this new merged list of ideas eg A,B,C and so on Use participants words and language and not ones own interpretation / language
4	**Ranking of the list**	Provide each participant with five blank index cards marked 1 to 5 Ask individual participants to work in silence and write down their own top five ideas, taken from the list generated on the flip chart, which they believe best answers the question Ask participants to print the letter corresponding to the answers one on each of the five cards, for ease of reading Ask participants to rank these five ideas, in the top right hand corner of the card, ranking 1 as the most important idea, 2 as the second most important idea and so on
5	**Collate rankings and feedback to participants**	Collect in the cards containing the ranking by participants, ensuring that each participant has completed five cards in rank order Shuffle the cards so that the order of the cards and results are mixed up and therefore not identifiable or linked to individual participants Transfer the individual ranking by participants onto the new merged list on the flipchart to collate the groups combined response to ideas generated Add up the scores for each individual idea, together with the group Review the flip chart with participants acknowledging the overall group scores, pointing out the idea with the least points is the most important group idea and the idea with the second least points is the second most important group idea as so on
6	**Debrief and feedback on the process at the end of the interview**	Ask the group what worked well and how the group work could be improved

Appendix 6

Nominal group technique individual exercise: academic dishonesty

An exploration of perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students:

Please answer the two questions below on your own in the spaces provided:	
A. Define academic dishonesty?	
B. List below examples of academic dishonesty occurring in nursing students':	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Appendix 7
Nominal group technique individual exercise: academic integrity
An exploration of perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students:

Please answer the question below on your own in the spaces provided:	
B. How can academic integrity be promoted in nursing students' at course, school and university level and by placement providers?	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Appendix 8
Invitation to participate in an individual interview

10th June 2010

Re Invitation to participate in an Individual Interview

Dear

I am writing to you in your position as xxxxxxxx. I am currently undertaking a professional Doctorate in Education at the University of Manchester. In my research project I am attempting to capture stakeholder perceptions of academic dishonesty (plagiarism, cheating and collusion) and approaches used to promote academic integrity i.e. how to manage and prevent it in the university and in practice settings.

I am keen to include the views of academic staff, mentors, students, and university administrators and support staff in my research. This is voluntary. My overall aim is to enhance the learning experience in both the university and practice setting for the benefit of staff and students.

I am seeking to recruit volunteers to participate in an individual interview occurring in either June or July 2010. This will occur in a setting of your choice and last for approximately 45-60 minutes. I do not wish to disadvantage you in any way.

I attach an information sheet for your information and would value the opportunity to discuss this further with you. This will involve me talking through the information sheet giving your more information about what is involved.

Please contact me if needing further information or clarification on any aspect of the research on Tel. 01772 893714 or nharrison@uclan.ac.uk .

Thank you for taking the time to consider this.

Nigel Harrison

EdD Research student

Appendix 9
Invitation to participate in Nominal group

Dear All

I am writing to you in your role as a member of staff at the University of Central Lancashire linked to the School of Nursing and Caring Sciences, in either an administrative or support role. I am currently undertaking a professional Doctorate in Education at the University of Manchester. In my research I am exploring perceptions of academic dishonesty (plagiarism, cheating and collusion) and approaches used to promote academic integrity in nursing students i.e. how to manage and prevent it occurring in the university and in practice settings.

I am really keen to include the views of administrative and support staff as well as the views of mentors, practice teachers, academic staff and students in my research. This is voluntary. My overall aim is to enhance the learning experience in both the university and practice setting for the benefit of students and staff.

The research uses a case study design using purposive sampling, where by participants are being selected because of their experience in the area of the research being undertaken.

I am seeking to recruit six volunteers to participate in a nominal group for approximately 2 hours between 9.30-11.45am (inclusive of break) on one of the following dates: xxxxxxxxxx

There will be refreshments available prior to the group and mid morning. The nominal group will occur in Brook Building at UCLan in room 429. I appreciate that you may need to discuss this with your line manager. The intention is that anyone willing to attend is not disadvantaged.

If you are interested and able to participate please contact me by e-mail by Friday 11th June and let me know which of the above dates is convenient to you. I will then arrange to meet with you to discuss this in more detail. Attached is an information sheet which summarises the study and what is involved. I am undertaking some individual interviews with senior managers which does not involve administrative and support staff.

Thank you for taking the time to consider this.

Nigel Harrison
EdD Research Student

Tel.: 01772 89 3714
nharrison@uclan.ac.uk

Appendix 10
Participant information sheet
Faculty of Health & Social Care
School of Nursing and Caring Sciences
Information Sheet

Re: An exploration of perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: an invitation to participate in an individual interview or a Nominal Group: A case study within the School of Nursing and Caring Sciences.

Invitation paragraph
Thank you for reading this information sheet. You are being invited to take part in a research study, which I am undertaking as a student on a professional Doctorate in Education (EdD) at the University of Manchester. Before you decide, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. You can ask me if there is anything that is not clear or if you would like more information. Please take time to decide whether or not you wish to take part.

What is the purpose of the study?
The purpose or aim of the study is to explore perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students.

Why have I been chosen?
You have been chosen because the perceptions of nursing lecturers, mentors / practice teachers, nursing students, senior academic and administrative support staff are being explored within the study?

Do I have to take part?
It is completely up to you whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving any reason. A decision to withdraw at any time, or a decision not to take part, will not affect your position within the School of Nursing & Caring Sciences or Faculty of Health and Social Care or the university. If you decide not to take part nothing will happen as a consequence of this. You will not be sent any further information about participating in the research study, but you are welcome to attend any presentation on the results when they are disseminated.

What will happen to me if I take part?
If you decide to take part you will be sent a letter inviting you to participate in the pilot study and clarify if and / or how long you have been involved in working in the university / practice setting and what experience you have in student

investigations for alleged plagiarism / cheating / collusion. You will also be asked to sign a consent form.

If you decide to take part in the nominal group discussion
You will be invited to a structured face to face group discussion with up to a maximum of six stakeholders linked to the School of Nursing & Caring Sciences at UCLan. This will be facilitated by me between 12.45-4.50pm on ……2010 in Brook Building room ……. The nominal group will be audio-taped to enable checking of data collected. The discussion will be an opportunity for you to share your perception of academic dishonesty and how academic integrity can be promoted in nursing students. The group discussion may be energetic and will help to identify best practice.

If you decide to take part in the individual interview
You will be invited to attend a face to face semi-structured interview which will be on UCLan premises in an environment familiar to you. This will be facilitated by Nigel Harrison and last approximately one and a half hours long. The individual interviews will be audio-taped to enable checking of data collected. The interview will be an opportunity for you to share your perception of academic dishonesty, how this relates to professional misconduct and how academic integrity can be promoted in nursing students. The individual interview will help to identify best practice.

What are the possible disadvantages of taking part?
I do not think that there are any disadvantages or risks for you taking part in this study. Apart from either being involved in a group discussion or individual interview nothing else will happen to you.

What are the possible benefits of taking part?
I do not think that there are any direct benefits to you. There is no financial remuneration for taking part. You may find contributing in the study interesting and useful to share your experiences with someone else. You may also find it rewarding to know that you have contributed to a study that ultimately may benefit academic, practice, administrative and support staff and student nurses. You may also find it helpful to learn about other peoples views on this subject.

What if I want to know more about the research?
If you want to see the full research proposal submitted in the future please contact Nigel Harrison. The findings of the study will be presented at a future RASAG in the School of Nursing & Caring Sciences.

What happens with the results of the pilot study?
The results of the nominal group and individual interviews will be written up as a requirement of a Thesis for the Doctorate in Education at the University of Manchester.

Conference papers will be submitted to local, national and or international conference. Written publications will also be submitted in the future to peer reviewed journals. Any information, ideas or quotes provided during an individual interview or nominal group and used, will not have your name attached to it, so that comments will not be able to be tracked back to you.

Will my taking part in the study be kept confidential?

All of your personal details and information that you have shared will be kept in the strictest confidence. Any data generated will be stored within a locked filing cabinet within the researchers locked office at UCLan for a period of five years. After five years the data will be shredded. Your name and other details will be removed so that you cannot be recognised. If you have been involved in the nominal group you should be aware that information that you share with other participants in the group, will see you and hear what you are saying.

Who has reviewed the outline of the study?

This study has been reviewed and considered by:

1. The Faculty of Health & Social Care Research Ethics Committee, University of Central Lancashire
2. The individual research supervisor of Nigel Harrison in the School of Education Studies at the University of Manchester
3. The School of Education Research Ethics Committee, University of Manchester
4. The University of Manchester Ethics Committee
5. The regional office of the National Research Ethics Service

Contact for further information

Nigel Harrison: School of Nursing & Caring Sciences
Telephone 01772 893714
E-mail: nharrison@uclan.ac.uk

Thank you for taking the time to read this information sheet and consider being involved in either the nominal group technique or individual interview within this study. Please do not hesitate to contact me if needing further information - Nigel Harrison.

Appendix 11
Consent form for participation in an individual interview

University of Manchester
School of Education
Consent form for participants taking part in individual interviews within the School of Nursing and Caring Sciences at the University of Central Lancashire

Re: An exploration of stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: A case study approach.

Name of Researcher: Nigel Harrison

Please initial each item in the corresponding space below

- I confirm that I have read and understood the information sheet for the above study and have had opportunity to ask questions ……..
- I agree to take part in the interview ……..
- I understand that the interview will be audio recorded and I give my permission for this ……..
- I understand that my participation is voluntary and I am able to withdraw at any time and that this will not affect my position within the School of Nursing & Caring Sciences or Faculty of Health & Social Care or University of Central Lancashire ……..

Name of Participant……....Date…….....Signature…….

Name of Researcher and witness of consent……..

Date……..Signature……..

Appendix 12
Consent form for participation in a nominal group

University of Manchester
School of Education
Consent form for participants taking part in a nominal group within the School of Nursing and Caring Sciences at the University of Central Lancashire

Re: An exploration of stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: A case study approach.

Name of Researcher: Nigel Harrison

Please initial each item in the corresponding space below

- I confirm that I have read and understood the information sheet for the above study and have had opportunity to ask questions ……..
- I agree to take part in the nominal group ……..
- I understand that the nominal group will be audio recorded and I give my permission for this ……..
- I understand that my participation is voluntary and I am able to withdraw at any time and that this will not affect my position within the School of Nursing & Caring Sciences or Faculty of Health & Social Care or University of Central Lancashire ……..

Name of Participant……....Date…….....Signature…….

Name of Researcher and witness of consent……..

Date……..Signature……..

Appendix 13

Ethical Approval - University of Manchester

Dear Nigel

I write to say that we have been able to review your project and it was agreed that it should be given a favourable ethical opinion. It was noted that participants would be drawn either largely or wholly from within your own School. Care must be taken, therefore, to avoid any perceived pressure on anyone to participate.

Best wishes

Timothy Stibbs

Secretary to the University Research Ethics Committee,
John Owens Building 2.004
University of Manchester
0161 275 2046

Appendix 14

Relationship between research ethics (Haig 2008) and BERA guidelines (2011)

Haig (2008) **Fundamentals of research ethics**	**BERA (2011)** **Responsibilities to participants**
Autonomy	Voluntary informed consent Openness and disclosure Right to withdraw Children, vulnerable people and vulnerable adults
Non-maleficence	Deception Children, vulnerable people and vulnerable adults Privacy Disclosure Detriment arising from participation in research
Beneficence	Incentives **Responsibilities to sponsors of research**
Justice	Disclosure **Responsibilities to the community of educational researchers** **Responsibilities to educational professionals, policy makers and the general public**

The four aspects of research ethics outlined by Haig (2008) match with the first principle of BERA (2011) focusing on responsibilities to participants.

Appendix 15
Extract from participants' responses to question number one in individual interviews Define academic dishonesty?

School of Nursing & Caring Sciences
An exploration of perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students: A case study approach within the School of Nursing and Caring Sciences.
Data Analysis of Semi-structured Individual Interviews

Margin Notes	**Emerging themes**
Participant 1	
The way you assess students primarily	Unfair means
Related to the way they use unfair means to gain advantage with their assessments	Gain advantage
whether exams, course work or group work assessment	Occurs in range of assessments
Unfair means that enable them to get results that doesn't reflect their abilities (on the assumption that abilities are reflected in the work that they do)	Get results not reflective of ability
Anyone acting dishonestly is improving their position or improving their position relative to others in their cohort	Improve position comparative to other students
Primarily relates to students on taught courses	Taught courses
Academic dishonesty in research there are other activities which may be undertaken e.g. bribe editor of a journal to get journal accepted; bribe lecturers about assessments;	Bribery
Plagiarism in MPhil, Phd thesis copied from an author without attribution; the thesis and viva being examined - hoodwink the panel by not attributing to the source of the work written down	Plagiarism / Copying
MPhil / PhD students may cheat in similar ways but not exactly the same like taking notes in exams	Research degrees
	Exams

Margin Notes	Emerging themes
Participant 2 An umbrella term, wide area meaning the student is using unfair means to gain advantage in their academic work A number of elements that could cover this: Cheating in an exam – taking notes in; seeing the exam paper before the exam Someone doing the work for them Plagiarising the work Taking credit for work that was not theirs e.g. group work	Umbrella term Unfair means Gain advantage Cheating Accomplice doing the work Plagiarism Taking credit for others work
Participant 3 Plagiarism, cheating and collusion A student who attempts to pass a module with work that is not their own Plagiarised from another source Copied a friends work Worked together on a piece of work - not solely their work	Plagiarism Cheating Collusion Pass module using others work Plagiarism Copying Working together
Participant 4 When a student presents / hands in work to a tutor which is not their own work either copied or taken from someone else's resources and not put in the bibliography Passing off someone else's work as your own - Plagiarism Collusion which is complex and may not be obvious	Taking / submitting others work Copying Using someone else's work Plagiarism Collusion

Appendix 16
Definitions of academic dishonesty derived from each of the four nominal groups

Lecturers Definition of Academic Dishonesty

A nursing student may be academically dishonest in a variety of ways which can be intentional or unintentional and involve use of prohibited equipment and / or materials to enhance performance.

Academic dishonesty may involve using published or unpublished work without acknowledging the source, disguising that the work is not their own. A student may also use other students work to enhance their own, or work together to compile a formative and / or summative piece of assessment.

As a result the student may receive credit with unfair advantage involving limited work for maximum gain. There may be social advantages gained within the student group, including personal credibility. Nursing lecturers may not lead by example and be guilty of academic dishonesty themselves in their work e.g. acknowledging sources when teaching.

Students Definition of Academic Dishonesty

A nursing student may act with academic dishonesty by plagiarising; cheating and / or forging/ falsifying documents. A student may take and use someone else's work declaring this as their own; allow someone else to do the work on their behalf; copy work from friends, colleagues and / or other nurses and change clinical assessment documents / records, for their own gain.

This involves lying, acting dishonestly and being untrustworthy. The result may be passing an assessment without gaining knowledge and competence and being in breach of the NMC Code of Conduct.

Mentors Definition of Academic Dishonesty

A nursing student may demonstrate academic dishonesty by plagiarising, cheating, colluding and / or falsifying documents. This will involve passing off someone's ideas / work as their own without credit to the original author; either giving work to another student or using another student's work and / or forging signatures in clinical practice documents. The consequence is gaining qualifications in the absence of learning.

Administrative and Support Staff Definition of Academic Dishonesty

Academic dishonesty occurs in nursing students through plagiarism / cheating and / or collusion and involves an attempt to deceive the examiner, intentionally or unintentionally. Academic dishonesty can occur in a variety of assessments and may be culturally influenced.

In nursing students the act of concealment demonstrates a lack of integrity and morality. Academic dishonesty uses unfair means to enhance performance for academic gain in the absence of learning.

Appendix 17
Extract from School of Nursing and Caring Sciences monitoring log recordings
Incidence of outcomes of investigations September 2004 – August 2010

Academic Year	No. of students in the school recorded in Banner system	No. of cases invited to an invest-igating panel meeting	No. of cases with evidence of unfair means and penalty awarded	No. of cases with insuffi-cient evidence of unfair means and no penalty awarded	No. of academic staff reporting alleged cases of unfair means	Additional student information	Timeline of significant influencing events internal and external to the school
2004 / 05	4902 as at 27.07.05	31 (29)	25 (23)	6 (6)	16 different staff reporting: 8 staff reported 1 student; 6x2; 1x3; 1x8	1 nursing student stage 2 appeal upheld over-turning penalty awarded	Use of Turnitin introduced at UClan in 2005
2005 / 06	4889 as at 31.07.06	32 (32)	21 (21)	10 (10)	18 different staff reporting: 11 staff reported 1 student; 6x2; 1x7	1 nursing student resigned 2 students had 2 cases each in 2 separate modules	Judgement whether case intentional / unintentional removed from UCLan regulations
2006 / 07	4465 as at 01.08.07	44 (38)	42 (36)	2 (2)	17 different staff reporting: 9 staff reported 1 student; 3x2; 2x3; 1x4; 1x6; 1x11	2 students had 2 cases each in 2 separate modules	Collusion defined in UClan regulations introduced September 2006
2007 / 08	4074 as at 21.07.08	20 (19)	20 (19)	0	15 different staff report -ing: 12 staff reported 1 student; 3x2	2 students had 2 cases each in 2 separate modules	

2008 / 09	4633 as at 24.07.09	25 (20)	24 (19)	0	13 different staff reporting: 5 staff reported 1 student; 5x2; 3x3	1 nursing student resigned 1 student had 2 cases in 2 separate modules	New school established August 2008 including counselling students
2009 / 10	4718 as at 02.08.10	19 (16)	18 (15)	0	11 different staff reporting: 11 staff reported 1 student; 4x2	1 nursing student resigned	NMC student conduct guidelines published
Totals		171 (154) (90.05%)	150 (87.71%) (133) (86.36%)	18 (10.52%)	57 different staff reported alleged cases	3 (1.75%)	

Notes

- Number outside of bracket represents total number of cases investigated in the school
- Number inside of bracket represents number of nursing students investigated
- The monitoring log commenced in 2004 linked within the appointment of the Associate Head commencing in post and completing a log for audit purposes
- The exact number and percentage of students that were nurses is unknown but acknowledged as a very large proportion
- The number of academic staff that reported the highest numbers of alleged incidents is a different member of staff in each year linked to different modules
- As at end of July 2010 there were 111 academic staff within the school and 32 additional research staff within the professoriate totalling 143. This number has fluctuated slightly during the past six years linked to increases and decreases in the school portfolio
- Some students have been investigated more than once - some of these investigations were undertaken simultaneously where allegations of unfair means occurred in different modules undertaken at the same time

Year	Examination: seen / unseen	Written assign-ment: essay / case study / reports	Dissertation / professional practice project	Clinical assessment document / portofolio	Presentat-ion/ poster / osce / story board / patchwork text / blog	Type of unfair means in school and in nurses	Academic level of unfair means	Male	Fe-male
2004 / 05	7 (7)	14 (12)	0	4 (4)	0	Plagiarism: 4 (4) Cheating: 7 (7) Collusion: 1 (12)	L1 (4) 6 (6) L2 (5) 19(17) L3 (6) 0 (0) L4 (7) 0 (0)	2 (1)	23 (22)

2005 / 06	1 (1)	8 (8)	1 (1)	11 (11)	0	Plagiarism: 5 (5) Cheating: 1 (1) Collusion: 15 (15)	L1 (4) 9 (9) L2 (5) 8 (8) L3 (6) 3 (3) L4 (7) 1 (1)	5 (5)	16 (16)
2006 / 07	1 (1)	28 (26)	0	9 (9)	0	Plagiarism:19(14) Cheating: 1 (1) Collusion: 22 (21)	L1 (4) 1 (9) L2 (5)26(24) L3 (6) 3 (1) L4 (7) 2 (2)	6 (2)	36 (34)
2007 / 08	2 (2)	14 (13)	2 (2)	2 (2)	0	Plagiarism:12(11) Cheating: 0 (0) Collusion: 8 8)	L1 (4) 6 (6) L2 (5)10(9) L3 (6) 3 (3) L4 (7) 1 (1)	0 (0)	20 (19)
2008 / 09	3 (3)	21 (16)	0	0	0	Plagiarism:12(10) Cheating: 3 (3) Collusion: 9 (6)	L1 (4) 1 (1) L2 (5)17(1) L3 (6) 6 (5) L4 (7) 0 (0)	6 (4)	18 (15)
2009 / 10	0	16 (13)	0	2 (2)	0	Plagiarism:13(10) Cheating: 0 (0) Collusion: 5 (5)	L1 (4) 4 (3) L2 (5) 7 (5) L3 (6) 7 (7) L4 (7) 0 (0)	3 (2)	15 (13)
Total number	14 (14)	101 (88)	3 (3)	28 (28)	0	Plagiarism:65(54) Cheating: 12(12) Collusion: 73(67)	L1(4) 37(34) L2(5) 87(76) L3(6) 22(19) L4 (7) 4 (4)	22 (14)	128 (119)

Number outside of bracket represents total number of cases; Number inside of bracket represents number of nursing student

Appendix 18
Summary of nursing academic staff who initiated investigations for alleged academic dishonesty with nursing students

Academic	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	Total
1.	2	1	1				**4**
2.						1	**1**
3.						2	**2**
4.		2		1			**3**
5.	1	1	11			1	**14**
6.				1			**1**
7.		2					**2**
8.			4			1	**5**
9.				1			**1**
10.	8		1	1			**10**
11.			1				**1**
12.	1				1		**2**
13.			3	1	2		**6**
14.	3	7	6		1		**17**
15.	2			1	2	2	**7**
16.	1						**1**
17.			1				**1**
18.	2	1		4	3		**10**
19.		1					**1**
20.		1					**1**
21.	1						**1**
22.						1	**1**
23.				1			**1**
24.	2		1	1		1	**5**
25.		1					**1**
26.		1					**1**
27.		2					**2**
28.		1					**1**
29.				2			**2**
30.	2	2		1			**5**
31.	1						**1**
32.		1	1				**2**
33.						2	**2**
34.			2				**2**
35.			4	2			**6**
36.						1	**1**
37.					1	1	**2**
38.			1				**1**
39.	1						**1**
40.				1			**1**
41.						1	**1**
42.					3		**3**
43.		1					**1**
44.		2			4		**6**
45.	1	1		1	2		**5**
46.					1		**1**
47.	1		1			2	**4**
48.		4					**4**
Total	**29**	**32**	**38**	**19**	**20**	**16**	**154**

Appendix 19
Thematic analysis of Individual Interviews
Question number 2: What are the Key features of academic dishonesty occurring in university settings

Category	Type of Assess-ment	How academic dishonesty occurs	Who / what involved	Where occurs	Contributing factors
Plagiarism	• Written assignment • Essay • Case study • Thesis • Project	• Passing off someone else's work as your own • Not referencing / attributing the source and original author • Cut sections of text from the internet; journals; books; U Tube; lecturers handouts; e learning materials and then paste them into an assignment unreferenced and unacknowledged • Student submits work for assessment which they have previously submitted and received academic credit for i.e. representing work / self-plagiarism	• Offending student • Internet / Services • Ebay / Essay mill writers	• University IT Suite • Library • Students home • Accomplishes home • Internet provider service	• Opportunity increased if essay titles are not changed or personalised • Academic staff familiar with specialist literature can aid detection and serve as a useful deterrent • Turnitin may not have been used as a deterrent or preventative strategy • Student is naive of their wrong doing • Student has poor study skills / referencing skills when collating sources of information • Student doesn't use support available • Technological advances –internet and electronic devices provides increased access to information • A digital world enables nurses to freely download music & text in other aspects of their lives

Collusion	• Written assignments • Individual / group presentations • Posters • Clinical Practice assessment document • Portfolio	• Two or more students jointly work on and write an assignment • A current or past student provides another student with a paper or electronic copy of their assignment by e-mail, memory stick or disc • Friends, family, academic staff make significant contribution to the structure, content and or focus of a student's assignment • Purchase work from a friend / essay mill / ebay • Student steals work from another student e.g. pen drive or computer • Student copies content of a case study / clinical assessment document from another student • Student makes no contribution to a group assessment but benefits from others work	• Offending student • Accomplish • Electronic device used for copying	• University e-mail system • University IT Suite • Library • Students home • Accomplishes home • Clinical Practice Setting	• Group focused assessments need clear guidance expecting each student to demonstrate their contribution • Some teaching methods facilitate students sharing their experience and ideas e.g. problem based learning, seminars and discussion groups • Help students distinguish between the acceptability of learning together in group work compared with the need to demonstrate individual effort in assessment • Students who work independently and comply with assessment regulations are disadvantaged compared to offending students not detected • Academic & practice staff are responsible for challenging & reporting suspected cases • Academic staff, course, school & university reputation is protected when offending students are penalised

Cheating	• Exam • On line exam • OSCE	• Take crib notes into an exam e.g. post it notes, inside label of drink bottle, in pencil case • Place revision notes on personal clothing (shirt sleeves) or parts of body e.g. stomach, viewed when visiting toilet mid exam • Take into the exam and use electronic devices e.g. mobiles phones; kindle; i pad; note book • Student texts accomplish for information from toilet mid exam • Impersonator undertakes exam for student • Student copies another student in exam • In a seen exam two or more students jointly devise a model answer and / or reference list producing similar answers in the exam	• Offending student • Impersonator • Accomplish • Electronic devices	• Exam room • Toilet • Skills lab • Location of accomplish	• Opportunity increased if exam questions are not frequently changed or personalised • Detecting incidents of cheating is dependent on good exam invigilation and preparatory training • Social / work pressures & • Extenuating circumstances may motivate a student to cheat if not using available support • Student working on an assessment late increases personal pressure • A student may consciously cheat
Fabrication / Falsification	• Assignment • Case study • Thesis / Project • Clinical Portfolio	• Download research data from internet • Fabricate research data • Fabricate own learning in practice & reflection • Fabricate patient details in case study • Fabricate unread theories & ideas in their work	• Offending student • Accomplish • Internet source	• Clinical practice • Internet provider • University IT Suite /Library	• Fair application of university penalties limits numbers of students appealing • Student blames resources and rationalises their behaviour thereby questioning their professional integrity

Appendix 20
Ranking of themes which emerged from the four nominal groups
List below examples of academic dishonesty occurring in nursing students?

NGT with Nursing Lecturers

Merging of ideas and ranking

A. Copying from others, receiving and or taking, using various sources e.g. books, websites
   3 4 4 5 4 2 = 22 (Group ranking second)
B. Without acknowledgement
   4 3 3 = 10 (Group ranking fourth)
C. Giving work to / sharing work with another student, knowingly used for unfair advantage
   1 1 1 1 1 1 = 6 (Group ranking sixth)
D. Submission of a whole piece of work obtained from a variety of different sources e.g. bought
   2 2 4 5 4 = 17 (Group ranking third)
E. Immoral behaviour written or spoken e.g. forgery, lying
   5 5 5 3 2 5 = 25 (Group ranking first)
F. Cheating in exams in a variety of ways
   2 3 2 3 = 10 (group ranking fourth)

NGT with Students

Merging of ideas and ranking

A Being in breach of the NMC Code of Conduct / Guidelines for students of Nursing & Midwifery / University guidelines
   5 5 5 5 5 = 25 (Group ranking first)
B Plagiarism
   2 4 2 2 4 2 = 16 (Group ranking second)
C Collusion
   3 = 3 (Group ranking sixth)
D Claiming to have knowledge and skills that you clearly have not got
   3 3 1 2 = 9 (Group ranking fourth)

E Forging / falsifying records and or documents
1 4 4 = 9 (Group ranking fourth)
F Cheating
1 = 1 (Group ranking seventh)
G Lying / dishonesty for personal gain
4 1 1 3 3 = 12 (Group ranking third)

NGT with Mentors

Merging of ideas and ranking

A Passing off someone else's work as your own regardless of how (buying / making up)
3 3 5 2 5 = 18 (Group ranking second)
B Being unethical and or immoral
5 1 1 1 2 = 10 (Group ranking fifth)
C Claiming to have the competencies, skills and knowledge that they don't have
4 4 3 5 4 = 20 (Group ranking first)
D Knowingly being in the breach of 'The code'
2 2 2 3 3 = 12 (Group ranking fourth)
E Gaining a qualification or job when the student hasn't earned it
1 5 4 4 1 = 15 (Group ranking third)

NGT with Administrative and Support Staff

A Plagiarism
3 5 3 5 = 16 (Group ranking first)
B Cheating
4 4 4 3 = 15 (Group ranking second)
C Collusion
2 3 2 4 = 11 (Group ranking fourth)
D Theft / forgery / lying / immoral
5 2 5 2 = 14 (Group ranking third

Appendix 21

Extracts taken from individual interviews illustrating themes emerging of approaches used for promotion of academic integrity in university and practice settings

Course

‘academics as role models - being honest, trustworthy, professional’

‘in course induction take a positive approach - what is considered a good academic style’

‘clarify importance of being caring, honest, genuine, trustworthy’

‘creat atmosphere where issues discussed transparently’

‘promote ethical side of profession’

‘educate students about plagiarism, cheating & collusion - how to avoid it’

‘module leader change essay title/exam questions’

‘reduce the opportunity’

‘use Turnitin as preventative tool’

‘module / course leaders get across the referencing system – Harvard’

‘information in handbooks, lectures, briefing session, e-learn, web sites’

‘where to go for advice, support and guidance’

‘provide a learning agreement between the university and the student’

School

‘students sign self declaration that work submitted is their own’

‘school policy on types of assessment to design it out’

‘information on standards expected’

‘initial address by Head of School’

‘monitor & address where a pattern of incidence’

‘ensure resources needed are available to students’

‘school forum used to address library issues’

‘named person to come to if suspect academic dishonesty’

‘culture where staff feel supported to take suspected cases forward’

‘application of fairness of penalties – consistency’

University

‘bringing in best practice from the sector’

‘having university committee structure dealing with this’

‘having a culture in place that plagiarism is designed out’

‘a strategic approach to promote a culture of academic integrity’

‘clear university policy and guidelines-student friendly speak’

‘university takes account of nursing students in regulations / standards’

‘international office provide students from different cultures how to avoid it’

‘provide student support systems / student services’

‘provide information literacy framework’

‘invest in IT and resources.....offer range of study skills’

‘educate staff in teaching course and staff induction’

‘publish / monitor incidence’

Practice placements

‘educate practice staff on module learning outcomes, roles and responsibilities’

‘literature and case studies available to mentors’

‘have correct communication between school and placement’

‘consistency between the academic and practitioner is important’

‘good role models demonstrating good moral and ethical practices‘

‘feedback to a student.....poor moral ethical practice’

‘reinforce nature of the profession, ethical requirements, academic integrity’

‘help students understand the evidence base’

‘information in placement handbook’

‘offer solutions when students are struggling’

‘whole team approach to supporting students’

‘report academic dishonesty’

Practice placement organisations

‘value learning and students achievements’

‘only use suitable placements’

‘have resources for students to access’

‘have clear ethical and practice protocols’

‘not letting standards and values slip’

‘NHS Trusts have to identify suitable role models’

‘have a clear strategy for dealing with student nurses what is acceptable behaviour - communicate to staff and students’

‘Trust have disciplinary procedure / policy on academic dishonesty for post registration students...linked to professional body / code of conduct ’

‘mentors work together with teachers complementing each other’s roles’

Appendix 22

Extracts taken from participants' exercise sheets completed individually within each nominal group

Nurse Teachers:

'helping staff & students understand academic dishonesty'

'regularly emphasise the rules'

'regularly change assessment questions'

'supervision / personal tutor appointments with students'

'positive role modelling by lecturing staff'

'clear guidance & regulations'

'publish details of hearings'

'clear process of detection & management'

'make mentors aware of professional responsibilities'

Nurse Mentors:

'students taught how to reference'

'reduce student stress'

'promote pride & self esteem in own knowledge & skills'

'emphasise 'The code / importance of not cheating'

'students being proud of own work & gaining it honestly'

'show by example in placement setting (mentors)'

'provide list of dos & don'ts'

'statement of penalties for breaches'

'asking someone to leave the course when plagiarism proved'

Nursing Students:

‘lecture underpinning dos & don’ts’

‘school teachers promote plagiarism as wrong’

‘lecturers highlight importance of NMC Code’

‘teach about trustworthy, honest, respectful’

‘ongoing support, assistance‘

‘communication with personal tutor’

‘real scenario of what can happen if academically dishonest’

‘learning styles to cater for all abilities’

‘zero tolerance’

‘mentor’s reinforce what expect of you’

‘learn good behaviour from your peers, teachers, parents’

Administrative & support staff

‘Turnitin used as a preventative tool’

‘assignments handed in electronically via Turnitin'

‘assignment in year 1 on plagiarism, cheating & collusion’

‘promotion of values & ethics – NMC guidelines’

‘refreshers about academic integrity’

‘course leaders candid about what behaviour is acceptable’

‘user friendly handbooks explaining academic rules & regulations’

posters, podcasts, websites, plasma screens, leaflets, CRM Mails’

(Courtesy Reply Mail)

‘involvement of the students union with new cohorts’

‘international office to address cultural issues’

Appendix 23

Personal Risk Assessment of Academic and Practice Misconduct (PRAAPM) A Self-Assessment Measurement Tool for Nursing Students

Background Information

The purpose of this self-assessment measurement tool is to enable you to rate your personal level of risk of plagiarism, cheating and / or collusion in your role as a nursing student. This involves you reviewing what controls you have put in place to minimise your risk. Completion of the self-assessment will help you to clarify how much you have / or have not utilised the strategies, polices, people, resources and systems which promote academic integrity utilising a holistic, preventative approach. If you are not accessing information and support you may not be using all of the help to minimise your risk. The assessment tool will help you to appreciate what controls are available to you. The last part of the assessment tool provides you with opportunity to develop an action plan of what you need to do in the future to further reduce your level of risk.

The content, structure and sequence of questions have been derived from the research findings of a case study which explored the perceptions of academic staff, students, mentors and administrative and support staff at one Higher Education Institution (Harrison 2011). There are five sections listed A to E corresponding to the themes which emerged from the research which correlate with contributing risk factors and risk controls that can be put in place to reduce the risk of students plagiarising, cheating, colluding and / or forging / fabricating.

The five areas which you will self-assess are linked to you accessing the following:

1. Features of Academic Dishonesty / contributing risk factors
2. Education of staff and students incorporating strategies, policies and procedures
3. Implementation of holistic preventative processes and deterrents
4. Detection and management of alleged incidents
5. Monitoring, review & enhancement of all stages of the process

Instructions for Completion

There are fifty statements in total which take approximately 30 minutes to complete. Please answer all statements honestly in the order that they are sequenced. Base your answers on your own personal experience as a nursing student. In the column positioned to the right of each statement indicate your answer by circling one of three options: whether you Fully Agree / Involved / Contributed (Full); Partially Agree Involved / Contributed (Part); or Do Not Agree / Not Involved / Contributed (Not). The main topic of each statement is highlighted in bold. Prompts are provided for some statements featured in italics.

A. Features of Academic and Practice Misconduct / Contributing Risk Factors

No	STATEMENT	SCORING	
1	When I applied for the nursing course I was familiar with the need to uphold professional values which underpin the theoretical and practical aspects of the course, requiring me to demonstrate honesty, trustworthiness, integrity and good moral and ethical behaviour	**Full Part Not**	
2	When I have encountered personal difficulties occurring outside of the course / qualification / previously studied, I have sought pastoral advice and support available to help resolve these difficulties and have shared my problem/s with others *(This may include use of occupational health / counselling / accommodation / financial / welfare services / use of extenuating / mitigating circumstances)*	**Full Part Not**	
3	In the past I have made effort to use all available academic and / or practice related advice, guidance and support *(This may have included regular contact with a personal tutor, module supervisor, use of disability advisers, practice mentors, practice education facilitators; librarians; IT staff)*	**Full Part Not**	
4	The nursing / health care related course / qualification I have previously undertaken had a range of different types of assessment including written reports / essays requiring me to reference my work	**Full Part Not**	
5	In the past I have not found the theoretical aspects of the nursing / health care course / qualification I have undertaken unduly difficult and have attained high marks overall	**Full Part Not**	
6	In the past I have risen above all opportunity / temptation to cheat *(This may have involved not taking in to examinations notes / aid memoirs and electronic devices which were forbidden)*	**Full Part Not**	
7	In the past I have risen above all opportunity / temptation to plagiarise, ensuring that all sources of information I have used in my written work has been accurately referenced *(This will have involved not cutting and pasting text from the internet e.g. Wikipedia / books / journal articles / newspapers / magazines and then omitting the reference source)*	**Full Part Not**	
8	In the past I have risen above all opportunity / temptation to collude *(This may have involved not giving your work to someone else to read and use; declining to look at and use other students work when offered to you; not working jointly with other students on work which is to be individually written; not allowing your peers to do your work within a peer group assessment)*	**Full Part Not**	

9	In the past I have risen above all opportunity / temptation to fabricate or falsify academic work or clinical practice documents *(This will have included avoiding any of the following: not signing attendance register on behalf of others; not falsifying your sickness / absence records; not falsifying your mentors signature and / or comments on your assessment documents; not entering inaccurate information into your clinical practice documents; not fabricating patient details within a case study; not fabricating research data results)*	**Full** **Part** **Not**	
10	In the past I have not copied / fabricated personal information / achievements on course / job application forms and / or at interview or downloaded / copied information / music from illegal internet sites	**Full** **Part** **Not**	
Total Score for Features of Academic and Practice Misconduct / Contributing Risk Factors			

B. Education of self and others with strategies, policies and procedures

No	STATEMENT	SCORING	
11	I have read and / or attended a workshop on and / or shared information with staff / other students on the National Plagiarism Advisory Service **Roadmap**	**Full** **Part** **Not**	
12	I have read and / or attended a workshop on and / or shared information with staff / other students on the **Benchmark Plagiarism Tariff**	**Full** **Part** **Not**	
13	I have read and / or attended a workshop on and / or shared information with staff / other students on the **University Academic Regulations** on **Academic Dishonesty / Unfair Means**	**Full** **Part** **Not**	
14	I have read and / or attended a workshop on and / or shared information with staff / other students on the **University Academic Regulations and Procedures for Fitness to Practice**	**Full** **Part** **Not**	
15	I have read and / or attended a workshop on and / or shared information with staff / other students on the **University Strategies / Policies / Guidelines / Implementation Plans** advocating a culture of academic and professional integrity and a holistic and preventative approach	**Full** **Part** **Not**	
16	I have read and / or attended a workshop on and / or shared information with staff / other students on the **NMC Standards**, **Competencies and Requirements for the nursing course I am studying**	**Full** **Part** **Not**	

17	I have read and are familiar with the **NMC Standards and Competencies for my course**, including professional behaviour, moral values, ethical practice and core nursing values of dignity / self respect	**Full Part Not**	
18	I have read and / or attended a workshop on and / or shared information with staff / other students on the NMC **Guidance on Professional Conduct** for nursing and midwifery students	**Full Part Not**	
19	I have read and / or attended a workshop on and / or shared information with staff / other students on the **NMC Standards of Conduct, performance and ethics** for nurses and midwives otherwise known as **'The Code'**	**Full Part Not**	
20	I have read and / or attended a workshop on and / or shared information with staff / other students on **Strategies / Policies / Guidelines / Implementation Plans** on the University **IT / library services** e.g. SCONUL	**Full Part Not**	
21	I have read and / or attended a workshop on and / or shared information with staff / other students on **Strategies / Policies / Guidelines / Implementation Plans on the University Advice and Support Services / Resources**	**Full Part Not**	
22	I have shared my views on **nursing Strategies**, **Policies, Procedures / Guidelines / Implementation plans** and / or nursing **standards / values** within clinical placement settings	**Full Part Not**	
23	I have acknowledged the **benefits of academic integrity and value my personal achievements.** I have shared this with academic and practice staff and / or other students (This may be linked to theoretical work or clinical practice assessment)	**Full Part Not**	
24	I have accessed a range of **verbal and / or written educational formats** presenting information on academic dishonesty / academic integrity / professionalism in nursing *(This may include attending briefing sessions; reading module / course / school handbooks; accessing podcasts; websites; placement induction)*	**Full Part Not**	
25	I have accessed **a range of teaching and learning methods** available for staff and / or students providing information on academic dishonesty / academic integrity / professionalism in nursing *(This may include face to face; paper and / or electronic mediums; case studies; service user / carer involvement)*	**Full Part Not**	
26	I have read and / or attended a workshop on **hints and tips** related to preventing plagiarism / cheating / and / or collusion *(This may have involved reading the 'dos & don'ts' of academic writing)*	**Full Part Not**	
27	I am familiar with the risks involved in using **essay mills / essay writing services** and do not support use of these services and / or the people who have used them	**Full Part Not**	

28	I have actively **promoted a culture of learning while in the university / school and / or practice setting** (This may include engaging in regular clinical supervision; enhancing own competence for employment	**Full Part Not**	
29	I have accessed information on and are familiar with the **potential risks linked with plagiarism, cheating and / or collusion** for me as a student; other health care professionals; patients and / or carers (This may have involved accessing nursing case studies and understanding the consequences of academic dishonesty on care)	**Full Part Not**	
30	I have read and are familiar with the **methods of communication** / procedures used for exchanging information about students between staff within the university and practice setting	**Full Part Not**	
Total Score for Engagement / Contribution in the Education of self and others			
C. Implementation of holistic, preventative processes and deterrents			
No	**STATEMENT**	**SCORING**	
31	When I made an application for my nursing course I was familiar with the **student selection criteria, including the need for my commitment to professional nursing values** *(You may have reinforced the need for professionalism with people who have approached you for information about a career in nursing)*	**Full Part Not**	
32	I have accessed **IT and library services** available at course, school, university level and / or in practice *(This may include the SCONUL 7 pillars of **Information Literacy)***	**Full Part Not**	
33	I have **accessed a range of staff and resources** available to me for advice, guidance and support available at course, school, university level and / or in practice	**Full Part Not**	
34	I have accessed generic and specific **advice, guidance & support for** assessments I have undertaken *(This may include contact with your personal tutor; module supervisor; module / course leader)*	**Full Part Not**	
35	I have accessed **specialist advice, guidance & support** with staff in the University and / or practice settings *(This may include staff with roles for equality and diversity & working with students with disabilities and / or student welfare)*	**Full Part Not**	
36	I have participated in **'designing academic dishonesty out'** of the curriculum by limiting opportunity & temptation	**Full Part Not**	

	(This may include changing the subject focus of your essays & answers to exam questions; use of detection software in formative assessments; acting on verbal and written feedback provided to you in tutorials and / or use of reflective assessments which enable you to reflect on authentic personal experience)		
37	I have signed **student contracts / student self declarations** *(This may have included reading a university / school card and / or student handbook; completing a signed front sheet confirming work submitted is my own; obtaining signed authentication statements of learning from a practice mentor)*	**Full Part Not**	
38	I have **acted as a professional role model** for other nursing students and health care staff demonstrating professional behaviour and nursing values *(This may include adopting a professional appearance; demonstrating core values of honesty, trustworthiness; personal accountability, responsibility & integrity)*	**Full Part Not**	
39	I have attempted to ensure that my **nursing practice is evidence based** incorporating national and local policy, practice guidelines and research findings *(This may have included the ability to provide a rationale for one's own and others research informed practice)*	**Full Part Not**	
40	I have **discussed my level of progress and achievement with** practice staff linked to nursing strategies, policies, procedures and standards within placement provider organisations	**Full Part Not**	
Total Score for Engagement / Contribution to implementing holistic, preventative processes and deterrents			

D. Detection & management of alleged incidents

No	STATEMENT	SCORING	
41	I have **submitted formative and / or summative assessments electronically** using detection software e.g. Turnitin enabling similarity match reports	**Full Part Not**	
42	I have **recorded & reported suspected incidents** of academic dishonesty *(This may be personal observations or information that you have on other students suspected of cheating in an examination; or plagiarising / colluding on an assignment)*	**Full Part Not**	
43	I have **been involved in investigation/s of alleged student incidents** of academic dishonesty *(This may be an alleged incident involving yourself or another student requiring you to write a statement and / or attend an investigation)*	**Full Part Not**	

44	I have been involved in alleged incidents requiring my attendance at a **fitness to practice panel investigation** and / or prepared reports and evidence and / or contributed at them *(This may include student forgery / falsification of attendance records and / or assessment documentation)*	**Full Part Not**	
45	I have supported practice placement mentors / managers / practice education facilitators **address incompetent / unprofessional nursing practice** in the workforce *(This may include reporting safeguarding issues; writing a statement for a safeguarding board investigation)*	**Full Part Not**	
Total Score for Engagement / Contribution to the detection and management of alleged incidents			

D. Monitor, review and enhance all stages of the process for promoting integrity

No.	STATEMENT	SCORING	
46	I have provided constructive feedback on how **strategies, policies & procedures** on academic dishonesty / academic integrity available within the university / school / clinical practice could be enhanced	**Full Part Not**	
47	I have made suggestions to academic, administrative and / or practice staff on how the education of **staff and students** on academic dishonesty / academic integrity could be improved	**Full Part Not**	
48	I have shared my ideas with academic, administrative and / or practice staff **on the implementation of a holistic, preventative process and deterrents used** for academic dishonesty / academic integrity	**Full Part Not**	
49	I have provided feedback on how **detection and management of alleged incidents of** academic dishonesty could be progressed further	**Full Part Not**	
50	I have continuously evaluated and **updated my own knowledge and skills** on academic dishonesty / academic integrity since commencing the nursing course	**Full Part Not**	
Total Score for Engagement / Contribution to monitoring, reviewing & enhancing all stages of the collaborative cycle of involvement			

Scoring

To score the self assessment measurement tool award points in the far right hand column within each theme marked A to E as follows:

- Two points for each question you have circled 'fully agree / involved / contributed'
- One point for each question where you have circled 'partially agree/involved/contributed'
- No points where you have circled 'do not agree / no involvement / not contributed'

Then add these scores up in each of the five themes marked in the box provided at the bottom of each theme of questions. This will provide you with an indication of your level of risk behaviour and activity promoting academic integrity in each theme. Transfer the scores for each theme into the grid below. The maximum score possible for each theme is indicated on the far right of the grid to enable you to determine where your personal activity could be enhanced. Now add up the scores derived from each of the five themes to provide you with an overall score. There are fifty questions altogether. There is a maximum of two points for each question providing an overall maximum score of 100. The lower your score, the higher you're level of risk of plagiarism, cheating and or collusion.

SUMMARY OF SELF ASSESSMENT SCORES		
THEMES	**Actual score**	**Maximum score possible**
Previous Features of Academic Dishonesty / Contributing Factors		20
Educating staff & students including strategies, policies & procedures		40
Implementing holistic, preventative processes and deterrents		20
Detection and management of alleged incidents		10
Monitoring / reviewing / enhancing different stages of the process		10
Overall Score		100

Personal Reflection and Action Planning

The final section involves you reflecting upon what you have learned from completing this self-assessment measurement tool by reviewing your past experience and analysing your level of personal involvement in putting controls in place to minimise the risk of unfair means. This provides you with an opportunity to develop a personal action plan to undertake to reduce your risk of plagiarism, cheating and collusion in the future. This may be activity you could undertake at course, school and / or university level and / or in practice settings.

Reflection and Personal Action Plan

List actions, people and resources you would involve for each question in the boxes provided:

What have you learned overall from completing this self assessment measurement tool?

What can you do about your previous behaviour and knowledge of Academic Dishonesty / Contributing Risk Factors?

What else could you do to promote your academic integrity and put controls in place which could reduce your risk of plagiarism, cheating and / or collusion?

What can you do to achieve the following?

- **Contribute to development of strategies, policies and procedures?**
- **Increase yours and others understanding of academic dishonesty / integrity?**
- **Access holistic, preventative processes and deterrents?**
- **Detection and management of alleged incidents?**
- **Monitoring, reviewing and enhancing the whole process?**

What personal development needs do you have and need to arrange to achieve the above and take to your next meeting with your personal tutor / course leader?

Future Considerations

This self-assessment measurement tool will have enabled you to determine your personal level of risk and controls you have / have not used to reduce the risk of you plagiarising, cheating and or colluding. There are a range of people who have roles and responsibilities who can also contribute to minimising this risk. Are there any of your peers who you could encourage to complete this self-assessment so that they can benefit from this understanding?

There is a corresponding self-assessment measurement tool for academic staff to complete which enables them to determine their contribution to implementing a preventative approach to plagiarism, cheating and or collusion. You may what to ask your personal tutor / module supervisor if they are familiar with the assessment tool and have completed it.

Glossary of Terms

Academic Dishonesty
Academic Integrity
Cheating
Collusion
Detection and management of alleged incidents
Deterrents
Designing academic dishonesty out
Essay mills / writing services
Evidence based practice
Fitness to practice investigation
Holistic preventative processes
Information exchange policy / procedure
Monitoring, review & enhancement
National Plagiarism Advisory Service Roadmap
National Plagiarism Advisory Service Benchmark Plagiarism Tariff
NMC Standards for Education and Training and Competencies
NMC Guidance on Professional Conduct for nursing and midwifery students
NMC Standards of Conduct, performance and ethics for nurses and midwives otherwise known as 'The Code'
Plagiarism
School academic integrity lead
SCONUL7 pillars of Information Literacy
Standardised templates for the investigatory process
Strategies, policies and procedures
Student contracts / student self declarations
Summative assessment
Unfair means to enhance performance
University Academic Regulations

Appendix 24
Self-assessment of promotion of academic and practice integrity by academic staff (SAPAPI)
HOW MUCH DO I CONTRIBUTE TO PROMOTING ACADEMIC INTEGRITY IN NURSING STUDENTS?
A Self-Assessment Measurement Tool for Academic Staff

Background Information

The purpose of this self-assessment measurement tool is to enable you to rate how much you have personally promoted academic integrity with nursing students. The tool will enable you to determine what level of personal commitment and actions you have undertaken to prevent plagiarism, cheating and / or collusion. The self-assessment tool will help increase your awareness of your level of involvement in promoting academic integrity utilising a holistic, preventative approach and the controls you have / or have not put in place which helps reduce the risk of nursing students plagiarising, cheating and / or colluding.

The content, structure and sequence of statements have been derived from the research findings of a case study which explored the perceptions of nursing lecturers, students, mentors and administrative and support staff at one Higher Education Institution (Harrison 2011). There are five sections A to E corresponding to the five themes which emerged from the research which correlate with five areas where risk controls can be put in place to reduce the risk of students plagiarising, cheating, colluding and / or forging / fabricating.

The five themes which you will self-assess yourself against are listed below and focus on your level of involvement and contribution in:

1. Strategies, policies and procedures
2. Education of staff and students
3. Implementation of holistic preventative processes and deterrents
4. Detection and management of alleged incidents
5. Monitoring, reviewing and enhancing each of the above four stages

Instructions for Completion

There are fifty statements in total which take approximately 30 minutes to complete. Please answer all statements honestly in the order that they are sequenced. Base your answers on your own personal experience of working with nursing students. In the column positioned to the right of each statement indicate your answer by circle one of three options: whether you have been fully involved / contributed (Full); or partially involved / contributed (Part) or had no involvement / contribution (No). The main topic of each statement is highlighted in bold. Prompts are provided for some statements featured in italics.

A. Involvement in Devising Strategies, Policies and Procedures			
No.	**STATEMENT**	**SCORING**	
1	I have contributed to consultation at a national / local level and / or development of action plans for implementation of the National Plagiarism Advisory Service **Roadmap**	**Full Part No**	
2	I have contributed to consultation at a national / local level and / or development of implementation plans for the National Plagiarism Advisory Service **Benchmark Plagiarism Tariff**	**Full Part No**	
3	I have contributed to consultation at a national / local level and / or development of curriculum and / or implementation plans for the **NMC Standards for Education and Training** for a nursing course	**Full Part No**	
4	I have contributed to consultation at a national / local level and / or development of implementation plans for The **NMC Guidance on Professional Conduct** for nursing and midwifery students	**Full Part Not**	
5	I have contributed to consultation at a national / local level and / or development of curriculum and / or implementation plans incorporating the **NMC Standards of Conduct, performance and ethics** for nurses and midwives otherwise known as **'The Code'**	**Full Part No**	
6	I have contributed to consultation at a university / school level and / or development of implementation plans for instigating the **University Academic Regulations on Academic Dishonesty** (unfair means)	**Full Part No**	
7	I have contributed to consultation at a university / school level and / or development of implementation plans for instigating the **University Academic Regulations on Fitness to Practice**	**Full Part No**	
8	I have contributed to consultation at a university / school level and / or development of University Strategies / Policies / Guidelines / Implementation Plans advocating a **culture of academic & professional integrity** and a holistic and preventative approach (This may include support of / liaison with the school academic dishonesty / academic integrity lead**)**	**Full Part No**	
9	I have contributed to consultation at a national / local level and / or development of Strategies / Policies / Guidelines / Implementation Plans for **Information Technology / Library Services** e.g. SCONUL	**Full Part No**	

10	I have contributed to consultation at a national / local level and / or development of Strategies / Policies / Guidelines / Implementation Plans on **Student Advice and Support Services / Equipment and Resources**	**Full Part No**	
11	I have contributed to consultation at a national / local level and / or development of implementation plans challenging **essay mills / essay writing services**	**Full Part No**	
12	I have contributed to the development / amendment of **nursing Strategies**, **Policies, Procedures / Guidelines / Implementation plans** and / or nursing **standards / values** within **placement** provider organisations	**Full Part No**	
13	I have contributed to the development of a school **information exchange policy** focusing on communication between staff in the school and placement settings	**Full Part No**	
Total Score for Involvement in Devising Strategies, Policies and Procedures			

B. Involvement in the Education of Staff and Students

No.	STATEMENT	SCORING	
14	I have read / attended workshops and / or delivered education & training to staff and / or students on the National Plagiarism Advisory Service **Roadmap** and / or the **Benchmark Plagiarism Tariff**	**Full Part No**	
15	I have read / attended workshops and / or delivered education & training to staff and / or students • **University Academic Regulations on Academic** on any of the following: • **Academic Dishonesty** • **Fitness to Practise Regulations / procedures** • **Policy** advocating a **culture of academic & professional integrity**	**Full Part No**	
16	I have read / attended workshops and / or delivered education & training to staff and / or students on any of the following**:** • **NMC Standards and Competencies** • **Guidance on Professional Conduct** for nursing / midwifery students • **NMC Standards of Conduct, performance and ethics** for nurses and midwives: **'The Code'**	**Full Part No**	
17	I have read / attended workshops and / or delivered education to staff and / or students on any of the following: • **Strategies / Policies / Guidelines** on University **Information Technology / Library Services** • **Student Advice and Support Services**	**Full Part No**	

18	I have delivered education & training with stakeholders on **academic dishonesty - regulations, policies, procedures and processes** *(Stakeholders may include FE college staff; school teachers; university/ practice staff and / or students. Content may include definitions; cultural influences; professional values & behaviour; detection & reporting; investigatory process; penalties & consequences)*	**Full Part No**	
19	I have highlighted **benefits of student academic integrity and personal achievements** with university / practice staff and / or students	**Full Part No**	
20	I have used **a range of teaching and learning methods** with staff and / or students on academic dishonesty/academic integrity *(This may include face to face sessions; briefing sessions; placement induction; mentor preparation / updates; case studies; service user / carers)*	**Full Part No**	
21	I have used a range of **verbal / written / electronic presentation formats** for educational information on academic dishonesty / academic integrity with staff and / or students*(This may include leaflets; handouts; posters; elearn; podcasts; module / course / school handbooks; websites)*	**Full Part No**	
22	I have facilitated **study skills** and / or **reinforced 'dos & don'ts'** with students related to academic writing skills	**Full Part No**	
23	I have outlined areas for **personal and professional development** with students promoting a culture of learning, use of clinical supervision and enhancing competence for employment	**Full Part No**	
24	I have **highlighted potential risks with plagiarism, cheating and / or collusion** for students, other health care professionals, patients / carers	**Full Part No**	
25	I have read / shared with others the university / school **information exchange policy** focused on communication between university and practice staff involving students	**Full Part No**	
Total Score for Involvement in the Education of Staff and Students			

C. Involvement in Implementing Holistic, Preventative Processes and Deterrents

No.	STATEMENT	SCORING	
26	I have **adopted good practice** from across the Higher Education and Nursing sector to prevent plagiarism, cheating and / or collusion *(This may include using different approaches for student advice, guidance and support; study skills and assessment methods)*	**Full Part No**	
27	When recruiting and selecting for nursing courses I have adhered to established **student selection criteria,** including review of an applicant's **commitment to professional nursing values**	**Full Part No**	
28	**I** have facilitated student access to **Information Technology and Library Services, Staff and Resources** at course, school, university level and / or in practice settings *(This may include implementation of the SCONUL 7 pillars of **Information Literacy)***	**Full Part No**	
29	I have personally provided students with generic and specific **advice, guidance and support on** assessment *(This may include fulfilling role and responsibilities as personal tutor; module supervisor; module leader; course leader; cohort leader)*	**Full Part No**	
30	I have referred students to staff providing **specialist advice, guidance and support** with roles in University and / or practice settings *(This may include staff with a variety of roles relating to disability; finance; welfare; accommodation; faith; counselling)*	**Full Part No**	
31	I have participated in **'designing academic dishonesty out'** of the curriculum by limiting opportunity & temptation *(This may include changing essay titles / examination questions between consecutive student groups; using a range of assessments; use of detection software in formative assessments; focus on feedback and prevention; and / or use of personal / reflective assessments)*	**Full Part No**	
32	I have used **student contracts / student self declarations** *(This may include outlining student roles and responsibilities using a university / school card / charter and / or student handbook; students signing assignment front sheets confirming work submitted is their own; practice mentors signing authentication statements for case studies)*	**Full Part No**	

33	I have contributed to **devising and / or delivering a nursing programme** compliant with **NMC Standards for Education**, with emphasis on teaching & assessing competencies and professional ethics and values	**Full Part No**	
34	I have **acted professionally as a role model** to a range of stakeholders demonstrating professional behaviour and nursing values *(This may include adopting a professional appearance at work; demonstrating core values of honesty, trustworthiness; personal accountability, responsibility & integrity)*	**Full Part No**	
35	I have **promoted evidence based practice** in my teaching and learning activities using research informed teaching *(This may include referencing PowerPoint presentations / handouts following university / school guidelines; sharing recent research findings)*	**Full Part No**	
36	I have **liaised with practice staff** on any of the following: • **student progress** and achievement • **nursing strategies, policies, procedures in the practice setting** • **standards** within **placement** provider organisations	**Full Part No**	
Total Score for Involvement in Implementing Holistic, Preventative Processes and Deterrents			

D. Involvement in Detection and Management of Alleged Incidents			
No.	**STATEMENT**	**SCORING**	
37	I have arranged for students to **submit summative assessments electronically** using detection software e.g. Turnitin enabling similarity match reports	**Full Part No**	
38	I have **recorded & reported suspected incidents** of academic dishonesty *(This may be when invigilating an examination; marking assignments)*	**Full Part No**	
39	I have **contributed to investigations of alleged student incidents** of academic dishonesty *(This may be by preparing reports / evidence and / or attendance at the investigation)*	**Full Part No**	
40	I have contributed to the **use of standardised templates used within the investigatory process** *(This may be standard student letters, agendas, documentation of the investigation, detection reports shared with students)*	**Full Part No**	

41	I have contributed to the **application of penalties** fairly and consistently using a sliding scale and / or points based tariff	**Full Part No**	
42	I have referred students for **fitness to practice panel investigations** and / or prepared reports and evidence and / or contributed at them *(This may include student forgery / falsification of attendance records and / or assessment documentation)*	**Full Part No**	
43	I have contributed to the **monitoring, publication and / or dissemination of incidence and / or consequences** of plagiarism, cheating and / or collusion *(This may have included collection and recording of details of incidence at module, course and / or school level. It may also have included dissemination and discussion at a range of forums e.g. at assessment boards; course / school management meetings; liaison with external examiner / professional body reviewers)*	**Full Part No**	
44	I have supported practice placement managers **address incompetent / unprofessional nursing practice** in the workforce *(This may include reporting safeguarding issues; supporting students writing statements for safeguarding board investigations)*	**Full Part No**	
45	I have **supported the work of the school academic integrity lead** *(This may have included liaison with placement managers in cases of academic dishonesty occurring in post registration nursing students; providing advice on what to / not to retain in learning resource rooms, limiting access to previous students' assignments. It may also have included contribution with audits / collection of data for school monitoring logs; internal and or external quality monitoring events)*	**Full Part No**	
Total Score for Involvement in Detection and Management of Alleged Incidents			

E. Involvement in Monitoring, Reviewing and Enhancing Each Stage of the Process			
No.	**STATEMENT**	**SCORING**	
46	I have contributed to the evaluation and / or updating of **strategies, policies and procedures** on academic dishonesty / academic integrity at university, school, course level / in practice settings	**Full Part No**	

47	I have contributed to the evaluation and / or updating of **education of staff and students** on academic dishonesty / academic integrity at university, school, course level / in practice settings	**Full Part No**	
48	I have contributed to the evaluation and / or updating of **holistic, preventative approaches and use of deterrents** promoting academic integrity at university, school, course level / in practice settings	**Full Part No**	
49	I have contributed to the evaluation and / or updating of **detection and management of alleged incidents** of academic dishonesty at university, school, course level / in practice settings	**Full Part No**	
50	I have continuously **reflected and updated my own knowledge and skills** on academic dishonesty / academic integrity	**Full Part No**	
Total Score for Involvement in Monitoring, Reviewing and Enhancing Different Stages of the Process			

Scoring

To score the self-assessment measurement tool award points in the far right hand column within each theme marked A to E as follows:

- Two points for each question you have circled 'fully agree / involved / contributed'
- One point for each question where you have circled 'partially agree/involved/contributed'
- No points where you have circled 'do not agree / no involvement / not contributed'

Then add these scores up in each of the five themes marked in the box provided at the bottom of each theme of statements. This will provide you an indication of your level of contribution for promoting academic integrity in each theme. Transfer the scores for each theme into the grid below. The maximum score possible for each theme is indicated on the far right of the grid to enable you to determine where your involvement and contribution could be enhanced. Now add up the scores derived from each of the five themes to provide you with an overall score. There are fifty questions altogether. There is a maximum of two points for each statement providing an overall maximum score of 100. The lower your score the more involvement / contribution you could make to promoting academic integrity.

SUMMARY OF SELF ASSESSMENT SCORES		
Themes	**Actual score**	**Maximum score possible**
Devising strategies, policies and procedures		26
Educating staff & students		24
Implementing holistic, preventative processes and deterrents		22
Detection and management of alleged incidents		18
Monitoring/reviewing/enhancing different stages of the process		10
Overall Score		100

Personal Reflection and Action Planning

The final section involves you reflecting upon what you have learned from completing this self-assessment measurement tool by analysing your level of personal involvement in putting controls in place and minimising the risk of unfair means in nursing students. This information provides you with an opportunity to develop a personal action plan to undertake to enhance your contribution to the prevention of plagiarism, cheating and collusion in the future. This may be activity you could undertake at university, school, course level and / or in practice settings.

Reflection and Personal Action Plan

List actions, people and resources you would involve for each question in the boxes provided:

What have you learned overall from completing this self-assessment measurement tool?

What else could you do to promote academic integrity and put controls in place which could reduce a nursing student's risk of plagiarism, cheating and or collusion?

What can you do to achieve the following?

- **Contribute to development of strategies, policies and procedures?**
- **Increase yours and others understanding of academic dishonesty / integrity?**
- **Implement holistic, preventative processes and deterrents?**
- **Detection and management of alleged incidents?**
- **Monitoring, reviewing and enhancing the whole process?**

What personal development needs do you have and need to arrange to achieve the above and take to your next appraisal?

Future Considerations

This self-assessment measurement tool will have enabled you to determine what your personal contribution has been to putting controls in place to reduce the risk of students plagiarising, cheating and or colluding. You could take the results to your next appraisal to help you identify your development needs. There are a range of people who have roles and responsibilities who can also contribute to minimising this risk. Are there any of your peers who you could encourage to complete this self-assessment?

There is a corresponding self-assessment measurement tool for a student to complete which enables them to determine their own level of risk of plagiarism, cheating and or collusion. You may want to encourage your personal students to complete this.

Glossary of Terms

Academic Dishonesty
Academic Integrity
Cheating
Collusion
Detection and management of alleged incidents
Deterrents
Designing academic dishonesty out
Essay mills / writing services
Evidence based practice
Fitness to practice investigation
Holistic preventative processes
Information exchange policy / procedure
Monitoring, review & enhancement
National Plagiarism Advisory Service Roadmap
National Plagiarism Advisory Service Benchmark Plagiarism Tariff
NMC Standards for Education and Training and Competencies
NMC Guidance on Professional Conduct for nursing and midwifery students
NMC Standards of Conduct, performance and ethics for nurses and midwives: 'The Code'
Plagiarism
School academic integrity lead
SCONUL7 pillars of Information Literacy
Standardised templates for the investigatory process
Strategies, policies and procedures
Student contracts / student self declarations
Summative assessment
Unfair means to enhance performance
University Academic Regulations

Appendix 25
Proposed outline for teaching session in teacher, practice teacher and mentorship courses

Academic Dishonesty and Approaches used to promote academic integrity
1. What is academic dishonesty?
2. What is cheating?
3. What is plagiarism?
4. What is collusion?
5. What is forgery / fabrication?
6. Give examples of how students might cheat, plagiarise, collude and forge / fabricate in university settings?
7. Give examples of how students cheat, plagiarise, collude and forge / fabricate in practice settings?
8. What is the responsibility of a mentor / practice teacher in relation to alleged academic dishonesty occurring in students?
9. How can academic integrity be promoted in students in the university?
10. How can academic integrity be promoted in students in practice settings?
11. What criteria are used to decide whether a fitness to practice panel meeting is warranted in academic dishonesty investigations?
12. What is the responsibility of a mentor / practice teacher in relation to student fitness to practice issues and investigations?
13. Are there any other points to consider in your role as mentors/practice teachers?

Appendix 26

Checklist of recommendations		
		Timescale and person leading recommendation
Recommendations for the school and university		
1	Adopt the definition specific to nursing and the process summarising Academic and Practice Misconduct and incorporate within school documentation.	
2	Incorporate criteria linked to professional nursing values within the selection process.	
3	Incorporate the collaborative cycle of involvement for promoting Academic and Practice Integrity by stakeholders within a school policy, implementing a value based curriculum underpinned by person centred approaches.	
4	Utilise a range of preventative strategies and deterrents highlighted within the cycle, including use of student self-declarations and hints and tips for stakeholders.	
Recommendations for practice partner organisations		
5	Partner provider organisations implement approaches for promoting academic integrity outlined in the timeline of activities undertaken prior to, during and at the end of a student's experience	
6	Develop guidance for practice staff, facilitating what mentors and practice teachers do if they suspect academic dishonesty in a nursing student. Include within annual mentors updates and on the school mentorship website.	

Recommendations for national stakeholders		
7	The definition of Academic and Practice Misconduct, the summary of the process and hierarchy of Academic and Practice Misconduct to be considered for adoption by the NMC to influence revision of national policy, educational standards and guidance provided to teachers, students and employers. Recommendations for enhancement of existing guidance and advice available in national policy provided by the NMC to be incorporated.	
8	The hierarchy of Academic and Practice Misconduct should be developed further, specific to nursing through liaison with the Joint Information Systems Committee (JISC) and Plagiarism Advisory Service for this to be adopted as a national resource at Northumbria University.	
9	The taxonomy to be developed to guide nursing students and academic staff by building on the work of the national Plagiarism benchmark Tariff project (Tennant and Rowell, 2009). The points based benchmark tariff to be reviewed to incorporate an additional criterion to account for students undertaking professionally regulated courses and this to influence the penalties awarded.	
10	The QAA should review its current guidance within The Code of Practice for the Assurance of Academic Quality and Standards in Higher Education standards for assessment, so that it covers all types of Academic and Practice Misconduct and includes a stronger emphasis on adoption of preventative approaches (QAA, 2006).	