Academic Dishonesty Among Nursing Students

Linda Krueger, EdD, RN

ABSTRACT
This quantitative study identified sociodemographic and situational conditions that affected 336 nursing students’ engagement in academic dishonesty, their attitudes regarding various forms of academic dishonesty, and the prevalence of academic dishonesty in which they engaged and witnessed. More than half of the participants reported cheating in the classroom and in the clinical settings. A positive relationship was found between the frequency of cheating in classroom and clinical settings. Results revealed differences in frequency of engagement in and attitudes toward academic dishonesty by gender, semester in the program, and ethnicity. Relationships were also found among peer behavior, personal beliefs and values, and frequency of engaging in academic dishonesty. [J Nurs Educ. 2014;53(2):77-87.]

Academic dishonesty has troubled educators for decades and remains a prevalent problem in higher education across disciplines and across the United States (Arhin, 2009; Fontana, 2009). Academic dishonesty poses a problematic situation in health care professions, such as nursing, particularly in the clinical setting where patient care occurs. Nurses practice independently, and honesty is integral to patient safety and patient outcomes.

Academic dishonesty includes the misrepresentation of knowledge, of work produced, or of skills performed as authentic by the student in an educational setting. For the purpose of this study, academic dishonesty is defined as the “intentional participation in deceptive practices regarding one’s academic work or the work of another” (Gaberson, 1997, p. 14).

THEORETICAL FRAMEWORK

Bandura’s (1977) social learning theory provides a theoretical framework for studying nursing students’ behavior. The main components of the social learning theory as they relate to academic dishonesty include the consequences of engaging in academic dishonesty, reinforcement of engaging in academic dishonesty, peer behavior as modeling, personal beliefs and values, and self-generated consequences. This study explored the relationship between situational conditions and academic dishonesty. Situational conditions include three influences on behavior: (a) consequences and reinforcement of academic dishonesty policies, (b) peer behavior, and (c) personal beliefs and values. Additional variables, in particular sociodemographic conditions, that were explored in this study stemmed from the literature on academic dishonesty.

LITERATURE REVIEW

Academic dishonesty presents in the literature in many forms: cheating, plagiarism, falsifying records or data, lying about the reason for requesting an extension on an assignment or project, altering a course grade submitted by an instructor (Bailey, 2001; Hilbert, 1988; McCabe & Trevino, 1993; Sims, 1993), receiving improper assistance on assignments, and in-
tentionally facilitating cheating by others (Gerdeman, 2000). The Academic Dishonesty Index used by Lucas and Friedrich (2005) further delineated the activities that could be categorized as cheating, including submitting someone else’s answers for an assignment, altering another student’s grade on an assignment, copying from another student during an examination, using notes during an examination that were not approved, taking an examination for someone else or having someone else take one for you, and submitting the same paper for two instructors without the instructors’ approval.

Johanson (2010) explained that students cheat creatively with some of the newer techniques available, including the use of tattoos, labels on drinking containers, cell phones with cameras, and papers purchased online. Diligent instructor surveillance of academic dishonesty has become increasingly important and difficult as the methods of cheating become more complex.

Academic dishonesty has been explored in numerous higher education programs: law (Palermo & Evans, 2007), pharmacy (Rabi, Patton, Fjortoft, & Zgarrick, 2006), business (Bennett, 2005; Galbraith & Webb, 2010; Martin, Rao, & Sloan, 2009; Nonis & Swift, 2001; Rakovski & Levy, 2007; Sims, 1993; Wilson, 2008), accounting (Doty, Tomkiewicz, & Bass, 2005; Ogilby, 1995), psychology (Konheim-Kalkstein, 2006; Lucas & Friedrich, 2005), social work (Collins & Amodeo, 2005), journalism (Shipley, 2009), and engineering (Harding, Carpenter, Finelli, & Passow, 2004).

Evidence suggests that some nursing students cheat. Hilbert (1985, 1988), Russian (2003), McCabe (2009), and McCrink (2008) found that nursing students engaged in dishonest activities in the classroom and in clinical settings. Students in McCrink’s study rated the unethical nature of dishonest behaviors in varying degrees. An incongruity existed between nursing students’ engagement in behaviors and their attitudes toward the behaviors.

McCabe, Trevino, and Butterfield (2001a) suggested that academic dishonesty has persisted since 1963. Despite knowing that cheating represents improper behavior, students in nursing and other programs engage in this activity or identify cheating as socially acceptable (Smith, 2010; Smyth & Davis, 2003; Wilson, 2008). However, students and educators disagree on the activities that constitute cheating (Arhin & Jones, 2009; Hilbert, 1985; Ogilby, 1995; Tanner, 2004), as well as on the severity of academic dishonesty infractions (Schmelkin, Gilbert, Spencer, Pincus, & Silva, 2008; Sims, 1995).

STUDY PURPOSE

The purpose of the current study was to identify sociodemographic and situational conditions that affect nursing students’ engagement in academic dishonesty, to explore nursing students’ attitudes regarding various forms of academic dishonesty, and to assess the prevalence of academic dishonesty witnessed and engaged in by nursing students. The study utilized a quantitative design.

The sociodemographic and situational conditions reflect the current literature. The sociodemographic conditions that may affect engagement in academic dishonesty derived from the literature include age (Bennett, 2005; Hilbert, 1985; McCrink, 2008; Pino & Smith, 2003; Smith, 2010), gender (Doty et al., 2005; Joseph, Berry, & Deshpande, 2010; Martin et al., 2009; Nonis & Swift, 2001; Ogilby, 1995; Palermo & Evans, 2007; Rabi et al., 2006; Smith, 2010; Spake, Megehee, & Franke, 2007; Webb, Simmons, & Aaron, 2010), course credit load (Smyth & Davis, 2003), year in school (Nonis & Swift, 2001; Rabi et al., 2006; Rakovski & Levy, 2007; Smith & Oakley, 1996), cumulative grade point average (Hilbert, 1988; McCrink, 2008; Rakovski & Levy, 2007), employment status (Pino & Smith, 2003; Smith, 2010), and ethnicity (Hilbert, 1988; Smith, 2010).

Three categories of situational conditions that may affect the engagement in academic dishonesty are:

- Consequences and reinforcement of academic dishonesty policies (Bennett, 2005; McCabe & Trevino, 1993; McCabe et al., 2001b; Nagin & Pogarsky, 2003; Russian, 2003; Webb et al., 2010).
- Peer behavior (Joseph et al., 2010; McCabe & Trevino, 1993; McCabe et al., 2001a, 2001b, 2002; Wilson, 2008; Yeung & Keup, 2009).
- Personal beliefs and values, which was measured in the current study by the commitment to integrity (Lucas & Friedrich, 2005; McCrink, 2008; Schlenker, 2008; Smith, 2010; Smyth & Davis, 2003).

The above three categories provide consistency with the theoretical framework used for this study.

Nursing students’ attitudes regarding various forms of academic dishonesty represent their perception of the ethical nature of the various academic dishonesty infractions. Students’ attitudes and the ethical nature toward academic dishonesty impact their participation in academic dishonesty (Arhin & Jones, 2009; Bennett, 2005; Doty et al., 2005; McCrink, 2008; Nonis & Swift, 2001; Smith, 2010; Smyth & Davis, 2003).

METHOD

The current study was adapted from previous academic dishonesty research. The survey designed for the current study contains elements of surveys from McCabe and Trevino (1993), McCabe et al. (2001b, 2002), McCrink (2008), and Schlenker (2008). Permission was obtained from McCabe, McCrink, and Schlenker to utilize their surveys in this modified format. The survey comprised five sections: demographics, academic dishonesty policies, peer behavior, frequency of engagement and ethical nature toward academic dishonesty, and integrity. A comments section was included at the end of the survey for participants to provide additional information.

Nursing students enrolled in two midwestern United States technical college associate degree programs were invited to participate. The nursing dean and institutional review board of each participating college approved the study.

Students from all sections of one theory course in each semester of the nursing program were invited to participate in the study. The investigator presented the study in person in the face-to-face sections and via e-mail in the online sections. To address the fear of reporting honestly, the procedure implemented by McCrink (2008) was adopted for this study. Con-
RESULTS

College A provided 245 nursing students, of whom 211 participated, yielding a response rate of 86.1% in the face-to-face classes. Forty-seven students were enrolled in the online theory sections, four of whom replied to the online survey, for a response rate of 8.5%. College B provided 179 students, with 121 participating in the study. The response rate from College B was 67.6%. In total, 336 students participated in the study; 215 (64%) from College A and 121 (36%) from College B. The response rate from the face-to-face students was 78.3% (332 of 424). Despite differences in the response rate, the data for the online participants were aggregated with the data for the face-to-face participants. An overall response rate of 71.3% was obtained (336 of 471 students in total). Table 1 presents the participants’ demographic data.

The majority of participants reported that they engaged in some form of academic dishonesty in the classroom setting (216 of 334, 64.7%) and in the clinical setting (181 of 335, 54%). Table 2 presents the reported engagement in academic dishonesty in the classroom setting. All of the classroom academic dishonesty behaviors on the survey were engaged in by these participants. Table 3 presents the self-reported engagement in academic dishonesty in the clinical setting. Table 4 shows the frequency of self-reported engagement in academic dishonesty in the classroom and clinical settings.

Pearson correlation determined a statistically significant positive relationship between the self-reported engagement in academic dishonesty in the classroom setting and the self-reported engagement in academic dishonesty in the clinical setting (r = 0.42, p < 0.001). This result indicates that students who cheat in the classroom setting are also likely to cheat in the clinical setting.

The majority of participants (329 of 335, 98.2%) believe that plagiarism occurs at their college. Although 95.5% (320 of 335) of participants believe cheating occurs at their college, 28.9% (97 of 335) admitted to witnessing another student cheat on an examination in their nursing courses. The majority of participants (291 of 329, 88.4%) indicated that they have never reported an incident of cheating, but 74 of 332 (22.3%) participants reportedly believed the typical student would never report an incident of cheating they observed.

Pearson correlation indicated a statistically significant positive relationship exists between reported peer behavior and self-reported engagement in academic dishonesty (r = 0.28, p < 0.001). This indicates that academic dishonesty increases as students witness their peers cheating.

Research Question One

The first research question asked: What is the relationship between sociodemographic conditions and the frequency of engagement in academic dishonesty by nursing students? Possible scores ranged from 9 to 45 for classroom setting dishonesty, 10 to 50 for clinical setting dishonesty, and 19 to 95 for overall dishonesty, with a higher score indicating more frequent engagement in academic dishonesty. Table 5 shows the analysis of variance results examining sociodemographic conditions and the frequency of engagement in academic dishonesty.

Research Question Two

The second research question examined the relationship between sociodemographic conditions and nursing students’ attitudes toward the ethical nature of academic dishonesty. Possible scores range from 9 to 45 for classroom dishonesty, 10 to 50 for clinical dishonesty, and 19 to 95 for overall dishonesty. The higher the score, the more unethical the behaviors were deemed by participants. For example, a score of 19 would indicate the participant does not identify any of the behaviors as unethical. In the current study, scores on the ethical nature of academic dishonesty ranged from 19 (n = 8, 2.4%) to 95 (57 of 322, 17.7%). The average score was 83.93 (n = 323, SD = 15.83).

Between 10 (3%) and 27 (8.1%) of the participants indicated that any behavior listed in the survey was ethical. All of the items were identified as ethical by at least 10 participants. Table 6 presents data on the ethical nature of academic dishonesty for classroom and clinical behaviors. Pearson correlation indicated a statistically significant positive relationship between the ethical nature of academic dishonesty in the classroom and in the clinical setting (r = 0.84, p < 0.001). This indicates that students who believe that academic dishonesty in the classroom setting is highly unethical also believe that academic dishonesty in the clinical setting is highly unethical. A statistically significant negative relationship existed between the nursing students’ attitudes toward the ethical nature of academic dishonesty in the classroom setting and the reported engagement in academic dishonesty in the classroom setting (r = –0.22, p < 0.001). This result indicates that the more unethical the behavior is deemed, the less frequently the student will engage in it.

Table 7 presents the relationship between sociodemographic conditions and attitudes toward the ethical nature of academic dishonesty. Four sociodemographic conditions—grade point average, gender, ethnicity, and employment status—demonstrated significant differences in attitudes toward the ethical nature of academic dishonesty in the classroom setting, in the clinical setting, and overall.

Research Question Three

The third research question asked: What is the relationship between the situational conditions and the frequency of engagement in academic dishonesty by nursing students? The first situational condition was the consequences and reinforcement of academic dishonesty policies. Possible scores range from 7 to 28, with a higher score indicating very high agreement with the item. More than half of the participants (195 of 329, 59.3%) scored 24 or higher on the scale for consequences and reinforcement of academic dishonesty policies. The majority of partici-
pants (264 of 329, 80.2%) rated the chances of getting caught cheating at their college high or very high. Even more participants (315 of 331, 95.2%) rated the severity of the penalty for cheating as high or very high. Almost 95% (317 of 335, 94.6%) of participants identified a high or very high likelihood that instructors would address a student who was cheating. Overall, these participants indicated that the risk of being caught cheating was high and the penalty when caught was high.

Self-identified White participants demonstrated a higher mean score for consequences and reinforcement (M = 23.92, n = 276) of academic dishonesty policies compared with self-identified non-White participants (M = 22.61, n = 44). The analysis revealed a significant difference between these groups (F = 6.88, p = 0.01). The data indicate no significant correlation existed between the score on the consequences and reinforcement of academic policies scale and the frequency of self-reported engagement in academic dishonesty in the classroom setting (r = -0.02, p = 0.72), in the clinical setting (r = -0.05, p = 0.38), and overall (r = -0.04, p = 0.49).

Peer behavior represents the second situational condition examined in the current study. Possible scores range from 5 to 20, with higher scores indicating greater academic dishonesty among peers at the college. In the current study, the scores ranged from 5 to 15, with the majority of participants (263 of 326, 80.6%) scoring in the middle range of 8 to 11 on the peer behavior scale. A statistically significant positive correla-
A majority of participants (301 of 319, 94.4%) scored above the median. Scores in the current study ranged from 49 to 89 ($SD = 8.32$), with higher scores indicating a greater commitment to integrity. A statistically significant positive relationship exists between the commitment to integrity and frequency of engagement in academic dishonesty decreases.

The third situational condition examined in the current study is personal beliefs and values, represented by commitment to integrity. The possible scores for this scale range from 18 to 90, with higher scores indicating a greater commitment to integrity. Scores in the current study ranged from 49 to 89 ($n = 319, M = 68.51, SD = 8.32$). Missing data from various items on the survey prevented calculating a score for 17 of 319 students (5.3%). A majority of participants (301 of 319, 94.4%) scored above the median score of 54. A statistically significant negative correlation existed between the commitment to integrity and frequency of engagement in academic dishonesty in the classroom setting ($r = -0.21, p < 0.001$), in the clinical setting ($r = -0.12, p = 0.03$), and overall ($r = -0.20, p < 0.001$). A negative correlation indicates that as commitment to integrity increased, engagement in academic dishonesty decreased.

Research Question Four

The final research question asked: What is the relationship between situational conditions and nursing students’ attitudes toward the ethical nature of academic dishonesty? A statistically significant positive relationship exists between the consequences and reinforcement of academic dishonesty policies and the ethical nature of academic dishonesty in the classroom setting ($r = 0.27, p < 0.001$), in the clinical setting ($r = 0.28, p < 0.001$), and overall ($r = 0.28, p < 0.001$). A positive relationship indicates that as consequences and reinforcement of academic policies increase, the more academic dishonesty is rated as unethical. No significant relationship existed between peer behavior and the ethical nature of academic dishonesty in the classroom setting ($r = 0.00, p = 0.99$), in the clinical setting ($r = -0.06, p = 0.32$), and overall ($r = -0.03, p = 0.58$). A statistically significant positive relationship existed between personal beliefs and values and the ethical nature of academic dishonesty in the classroom setting ($r = 0.28, p < 0.001$), in the clinical setting ($r = 0.24, p < 0.001$), and overall ($r = 0.27, p < 0.001$). A positive relationship indicates that as personal beliefs and values increase (commitment to integrity increases), the rating for the behavior to be unethical also increases.

STUDY LIMITATIONS

The current study included nursing students from only two programs, and both were associate degree nursing programs. Applicability to other nursing students may be limited. The response rate for online students was low and data were therefore aggregated with face-to-face class sections. Finally, although the survey was adapted from previous work (McCabe & Trevino,
ACADEMIC DISHONESTY

According to the results of the current study, nursing students admit to cheating in classroom and clinical settings. Faculty members should be concerned that 65% of participants admitted to cheating in the classroom setting and 54% admitted to cheating in the clinical setting. Plagiarism and obtaining examination items prior to taking the examination were the most frequent offenses in the classroom setting. The rules on plagiarism may be unclear to students, leading to an unintentional episode of cheating. In terms of cheating on examinations, 36% of participants admitted to obtaining test items prior to taking the examination, but only 4% indicated this behavior was ethical. Students recognize this form of academic dishonesty as unethical, yet they engage in the behavior. Cheating during an examination was witnessed by 29% of participants, and few students identified cheating on an examination as ethical. Male participants self-reported engaging in academic dishonesty more frequently than did female participants. Third-semester participants self-reported engaging in academic dishonesty more often than participants did in the other semesters reported.

Violation of confidentiality was the most common clinical behavior, which was admitted to by 40% of the participants. Participants also admitted to reporting and recording inaccurate and unobserved assessments, medications, and treatments.

Note. Percentages may not equal 100 due to rounding.

a One participant did not answer the survey item.

CONCLUSIONS AND RECOMMENDATIONS

1993; McCabe et al., 2001b, 2002; McCrink, 2008; Schlenker, 2008), it lacks long-standing reliability and validity.
Participants admitted to breaking sterile technique during procedures and not rectifying the error and to performing procedures without the instructor's knowledge. Some participants identified these behaviors as ethical. Approximately half of the participants in the current study admitted to engaging in three or more of the classroom behaviors and three or more of the clinical behaviors. Such dishonesty in the classroom setting should disturb educators. However, cheating and lying in the clinical setting is particularly alarming and troublesome because of the direct impact on patient care and outcomes.

A positive correlation between engagement in classroom dishonesty and engagement in clinical dishonesty emerged. Similarly, a positive correlation was found between the attitude toward the ethical nature of academic dishonesty in the classroom and academic dishonesty in the clinical setting. Male participants rated academic dishonesty as more ethical than did female participants. Self-identified non-White participants rated academic dishonesty as more ethical than self-identified White participants. Participants who worked more than 40 hours per week rated academic dishonesty as more ethical than participants who worked 1 to 10 hours per week. A negative relationship between the attitude toward the ethical nature of academic dishonesty and the frequency of engagement in academic dishonesty was revealed.

On the basis of the literature and social learning theory, which was the framework guiding this study, the current study identified the characteristics of consequences and reinforcement of penalty, peer behavior, and integrity that would impact the engagement in academic dishonesty. This study identified these three characteristics as situational conditions. The majority of participants in this study identified a high or very high chance of getting caught cheating at their college and receiving a severe penalty if caught cheating at their college, and a high or very high likelihood that faculty would address cheating at their college. Despite the risk of being caught, as well as the penalty for cheating, nearly 65% of participants in this study reported engaging in some form of academic dishonesty. A positive correlation emerged between the consequences and reinforcement of academic dishonesty policies and the attitude toward the ethical nature of academic dishonesty.

Peer behavior represented the second category of situational conditions that the conceptual framework proposed to impact the engagement in academic dishonesty. A positive relationship between peer behavior and the frequency of self-reported engagement in academic dishonesty presented. This result indicates that students who reported witnessing their peers cheat, or reportedly believed their peers cheated, engaged in academic dishonesty behaviors more often than those students who did not witness cheating or believe their peers cheated. This result is what would be expected, based on the social learning theory. No relationship emerged between peer behavior and the attitude toward the ethical nature of academic dishonesty.

In the current study, integrity represented personal beliefs and values. Schlenker, Miller, and Johnson (2009) described integrity as "honesty, trustworthiness. . . an unwillingness to violate principles" (p. 317). The conceptual framework proposed that academic dishonesty would decrease with an increase in integrity scores. The results of the current study support this proposal. In the current study, analysis of data yielded a negative relationship between integrity scores and the frequency of engagement in academic dishonesty. A positive relationship emerged between integrity scores and the attitude toward the ethical nature of academic dishonesty. The results of the current study indicate that the social learning theory partially explains student academic dishonesty.

Recommendations for Faculty

Faculty may consider implementing learning activities that reflect the ethical nature of nursing practice, the implications and potential consequences to patients when students are dishonest, and instructor expectations for student work. Participants rated the ethical nature of academic dishonesty in varying degrees. Faculty should be clear in describing their expectations and policies (Arhin, 2009; Boehm, Justice, & Weeks, 2009; Gerdeman, 2000), as students might not fully understand the rules on plagiarism, even though faculty believe they fully outline these rules for students. Students may need practice in learning and upholding proper citation and writing skills. Nursing students just beginning clinical experiences may not recog-

**TABLE 5**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Classroom Setting</th>
<th>Clinical Setting</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester in program</td>
<td>df = 3, F = 3.65, p = 0.01 *</td>
<td>df = 3, F = 4.70, p = 0.00 *</td>
<td>df = 3, F = 5.54, p = 0.00 *</td>
</tr>
<tr>
<td>GPA</td>
<td>df = 3, F = 1.85, p = 0.14</td>
<td>df = 3, F = 1.50, p = 0.21</td>
<td>df = 3, F = 1.45, p = 0.23</td>
</tr>
<tr>
<td>Age</td>
<td>df = 5, F = 2.62, p = 0.02 *</td>
<td>df = 5, F = 0.30, p = 0.92</td>
<td>df = 5, F = 1.31, p = 0.26</td>
</tr>
<tr>
<td>Gender</td>
<td>df = 1, F = 10.03, p = 0.00 *</td>
<td>df = 1, F = 4.06, p = 0.05 *</td>
<td>df = 1, F = 9.76, p = 0.00 *</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>df = 1, F = 0.41, p = 0.52</td>
<td>df = 1, F = 0.15, p = 0.70</td>
<td>df = 1, F = 0.03, p = 0.86</td>
</tr>
<tr>
<td>Credit load</td>
<td>df = 5, F = 2.79, p = 0.02 *</td>
<td>df = 5, F = 0.52, p = 0.76</td>
<td>df = 5, F = 1.08, p = 0.37</td>
</tr>
<tr>
<td>Employment status</td>
<td>df = 8, F = 0.95, p = 0.47</td>
<td>df = 8, F = 0.53, p = 0.84</td>
<td>df = 8, F = 0.66, p = 0.73</td>
</tr>
</tbody>
</table>

Note. df = degrees of freedom; GPA = grade point average.

*p < 0.05.
nize the importance of assessments and the vital role they play in patient plans of care and outcomes. Karp (2009) described the transition period from a nonmedical program student to a health profession program student as the prime opportunity to incorporate the professional code of ethics, address ethical dilemmas, and focus attention on developing moral and ethical

<table>
<thead>
<tr>
<th>Item</th>
<th>Not Unethical</th>
<th>Slightly Unethical</th>
<th>Unethical</th>
<th>Very Unethical</th>
<th>Extremely Unethical</th>
<th>Missing or Duplicate Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting test questions from another student who has taken the examination or quiz at an earlier time</td>
<td>12 (3.6)</td>
<td>30 (9)</td>
<td>55 (16.6)</td>
<td>70 (21.1)</td>
<td>165 (49.7)</td>
<td>4 (1.2)</td>
</tr>
<tr>
<td>Copying from another nursing student’s test without their knowledge</td>
<td>13 (3.9)</td>
<td>18 (5.5)</td>
<td>46 (13.9)</td>
<td>253 (76.7)</td>
<td>6 (1.8)</td>
<td></td>
</tr>
<tr>
<td>Copying from another nursing student’s test with their knowledge</td>
<td>15 (4.5)</td>
<td>3 (0.9)</td>
<td>30 (9.1)</td>
<td>228 (68.9)</td>
<td>5 (1.5)</td>
<td></td>
</tr>
<tr>
<td>Receiving answers from another nursing student during a test</td>
<td>15 (4.5)</td>
<td>2 (0.6)</td>
<td>26 (7.8)</td>
<td>60 (18)</td>
<td>230 (69.1)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Allowing a nursing student to copy your answers during a test</td>
<td>14 (4.2)</td>
<td>1 (0.3)</td>
<td>25 (7.5)</td>
<td>67 (20.1)</td>
<td>226 (67.9)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Using notes, books, and cell phones during a closed-book test to gain the answers</td>
<td>16 (4.8)</td>
<td>1 (0.3)</td>
<td>30 (9.1)</td>
<td>62 (18.7)</td>
<td>222 (67.1)</td>
<td>5 (1.5)</td>
</tr>
<tr>
<td>Paraphrasing or copying material from another source without referencing the source</td>
<td>11 (3.3)</td>
<td>37 (11.1)</td>
<td>78 (23.5)</td>
<td>81 (24.4)</td>
<td>125 (37.7)</td>
<td>4 (1.2)</td>
</tr>
<tr>
<td>Working with another student on an out-of-class assignment when not allowed by the instructor</td>
<td>27 (8.1)</td>
<td>51 (15.4)</td>
<td>73 (22)</td>
<td>70 (21.1)</td>
<td>111 (33.4)</td>
<td>4 (1.2)</td>
</tr>
<tr>
<td>Developing a personal relationship with the nursing professor to gain information about the test</td>
<td>18 (5.4)</td>
<td>7 (2.1)</td>
<td>30 (9)</td>
<td>45 (13.6)</td>
<td>232 (69.9)</td>
<td>4 (1.2)</td>
</tr>
<tr>
<td>Going to the clinical area and providing patient care under the influence of drugs, including alcohol</td>
<td>15 (4.5)</td>
<td>5 (1.5)</td>
<td>10 (3)</td>
<td>303 (91)</td>
<td>3 (0.9)</td>
<td></td>
</tr>
<tr>
<td>Not reporting an incident or error that involves a patient</td>
<td>15 (4.5)</td>
<td>1 (0.3)</td>
<td>15 (4.5)</td>
<td>30 (9)</td>
<td>272 (81.7)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Reporting or recording treatments that were not performed or observed</td>
<td>14 (4.2)</td>
<td>4 (1.2)</td>
<td>18 (5.4)</td>
<td>51 (15.3)</td>
<td>246 (73.9)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Recording medications as given when they were not given</td>
<td>16 (4.8)</td>
<td>9 (2.7)</td>
<td>21 (6.3)</td>
<td>287 (86.2)</td>
<td>3 (0.9)</td>
<td></td>
</tr>
<tr>
<td>Recording patient responses to treatments or medications that were not assessed</td>
<td>14 (4.2)</td>
<td>3 (0.9)</td>
<td>12 (3.6)</td>
<td>39 (11.7)</td>
<td>265 (79.6)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Reporting or recording vital signs that were not taken or recalled accurately</td>
<td>14 (4.2)</td>
<td>5 (1.5)</td>
<td>22 (6.6)</td>
<td>41 (12.3)</td>
<td>251 (75.4)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Attempting to perform a procedure on a patient without adequate knowledge or failing to obtain guidance from the instructor</td>
<td>12 (3.6)</td>
<td>4 (1.2)</td>
<td>33 (10)</td>
<td>38 (11.5)</td>
<td>244 (73.7)</td>
<td>5 (1.5)</td>
</tr>
<tr>
<td>Breaking sterile technique and neither reporting it nor replacing contaminated items</td>
<td>13 (3.9)</td>
<td>4 (1.2)</td>
<td>24 (7.2)</td>
<td>75 (22.5)</td>
<td>217 (65.2)</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Losing, breaking, or damaging patients’ belongings and not reporting it</td>
<td>16 (4.8)</td>
<td>17 (5.1)</td>
<td>54 (16.3)</td>
<td>245 (73.8)</td>
<td>4 (1.2)</td>
<td></td>
</tr>
<tr>
<td>Discussing patients in public places or with nonmedical personnel</td>
<td>10 (3)</td>
<td>8 (2.4)</td>
<td>37 (11.2)</td>
<td>58 (17.5)</td>
<td>218 (65.9)</td>
<td>5 (1.5)</td>
</tr>
</tbody>
</table>

Note. Percentages may not equal 100 due to rounding.
behaviors that become habitual among these students. Unless faculty members point out to students what is right and wrong, academic dishonesty will continue to be viewed differently between faculty members and their students.

In addition to prescribing clear guidelines and expectations for behavior, instructors should role-model ethical professional behavior, create positive learning environments, and encourage students to talk with clinical staff regarding ethical dilemmas (Baxter & Boblin, 2007; Tippitt et al., 2009). Faculty can use role-playing and case studies to teach ethics and appropriate professional behavior (Karp, 2009). Implementation of a code of ethical conduct may reduce academic dishonesty (Langone, 2003; Gross, 2009; Zhong & Thomas, 2012), which suggests this relationship exists between faculty members and their students.

The results of this study found a significant positive relationship between the engagement in academic dishonesty in the classroom setting and the engagement in academic dishonesty in the clinical setting. Instructors should be acutely aware of students who have cheated in one setting, as they are likely to cheat in other settings as well. Nurses who have been disciplined or terminated for poor practice are more likely to commit cheating in other settings as well. Nurses who have been disciplined or terminated for poor practice are more likely to commit academic dishonesty (Langone, 2003; Gross, 2009; Zhong & Thomas, 2012), which suggests this behavior may be longstanding.

Cheating in the clinical setting is particularly disturbing due to the impact on patient care and outcomes. Instructors must be prepared to address these dishonest behaviors and demonstrate consistently to students that these behaviors are unacceptable. Russian (2003) found a significant negative relationship ($r = -0.35, p < 0.05$) between student perception of instructor attitude toward dishonesty and the incidence of student academic dishonesty.

Confidentiality of health care records and patient information must be maintained at all times. Faculty can impress on students the severe consequences of violating confidentiality as a student and as a future nurse. Students are being dismissed from nursing programs for disclosing patient information and for discussing information in inappropriate ways, such as on Facebook® or other media. Employed nurses are fired from their jobs for these actions. Faculty can design learning activities that address confidentiality and protection of patient information.

Faculty are stressed during clinical experiences due to the expanded accountability of student supervision, patient safety, the complexity of patient care, and their increased teaching responsibilities and student competencies. Faculty are responsible for multiple students and for the care those students provide; thus, administrators should limit the faculty-to-student ratios as much as possible. Despite scarce financial resources, maintaining low student-to-faculty ratios is imperative to allow faculty adequate time to closely supervise their clinical students. Instructors may consider requiring students to write down patients’ vital signs and assessments and report these results immediately to the instructor. Faculty would then be responsible for ensuring that the vital signs and assessments were documented accurately by students. Faculty may need to remind staff of the procedures that students are allowed and not allowed to perform. A list of procedures could be posted at the nurses’ station. Students should not be allowed to independently perform invasive procedures or other procedures that require sterile techniques. Instructors should continually educate students on the critical importance of the data they are collecting, the interventions they are performing, and the patients’ dependency on their most ethical and honest behavior.

Faculty will probably feel some anxiety and trepidation after reading the results of the current study. Educators must take action to reduce the incidence of academic dishonesty in the clinical setting.

Participants indicated they obtained examination items from their peers prior to taking the examination themselves; therefore, proctoring examinations will not address this form of academic dishonesty. Faculty can consider using multiple forms of an examination or testing students either all at the same time or close enough in time so that conversations of sharing examination items cannot take place. Students are also copying from others during examinations, so proctoring should still be instituted, and instructors should pay close attention to student behavior during examinations. One participant in the current study wrote a comment at the end of the survey: “In many classes when the teacher

TABLE 7
Participants’ ($N = 336$) Sociodemographic Conditions and Attitudes

<table>
<thead>
<tr>
<th>Condition</th>
<th>Classroom Setting</th>
<th>Clinical Setting</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester in program</td>
<td>$df = 3, F = 0.12, p = 0.95$</td>
<td>$df = 3, F = 0.86, p = 0.46$</td>
<td>$df = 3, F = 0.28, p = 0.84$</td>
</tr>
<tr>
<td>GPA</td>
<td>$df = 3, F = 2.81, p = 0.04^*$</td>
<td>$df = 3, F = 3.31, p = 0.02^*$</td>
<td>$df = 3, F = 3.30, p = 0.02^*$</td>
</tr>
<tr>
<td>Age</td>
<td>$df = 5, F = 0.64, p = 0.67$</td>
<td>$df = 5, F = 0.59, p = 0.71$</td>
<td>$df = 5, F = 0.57, p = 0.72$</td>
</tr>
<tr>
<td>Gender</td>
<td>$df = 1, F = 15.65, p = 0.00^*$</td>
<td>$df = 1, F = 9.50, p = 0.00^*$</td>
<td>$df = 1, F = 13.3, p = 0.00^*$</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>$df = 1, F = 10.56, p = 0.00^*$</td>
<td>$df = 1, F = 16.33, p = 0.00^*$</td>
<td>$df = 1, F = 14.46, p = 0.00^*$</td>
</tr>
<tr>
<td>Credit load</td>
<td>$df = 5, F = 0.30, p = 0.92$</td>
<td>$df = 5, F = 1.14, p = 0.34$</td>
<td>$df = 5, F = 0.70, p = 0.63$</td>
</tr>
<tr>
<td>Employment status</td>
<td>$df = 8, F = 2.72, p = 0.01^*$</td>
<td>$df = 8, F = 2.28, p = 0.02^*$</td>
<td>$df = 8, F = 2.66, p = 0.01^*$</td>
</tr>
</tbody>
</table>

Note. $df =$ degrees of freedom; GPA = grade point average.
*p < 0.05.
is distracted during [a] test—cheating occurs. There should be more than one teacher in the room to monitor this.”

Faculty should explore gender and cultural differences in perspectives of academic dishonesty and ethical behavior. Although male nurses represent a small percentage of the nursing workforce, a higher proportion of male nurses receive discipline from state boards of nursing (Zhong et al., 2009). Instructors should explore the perspectives of third-semester students and increase the rigor of monitoring and discussing their expectations in these courses.

Participants in this study reported a high chance of getting caught cheating and receiving a severe penalty if caught cheating. They also reported that instructors would address cheating behaviors when they were noticed. Despite these risks, participants admitted to cheating. A positive relationship between peer behavior and the engagement in academic dishonesty emerged. It is possible that even though the risks are high, they are not high enough. Faculty can design harsher penalties to address cheating, yet support from administrators is vital to the implementation of these penalties. McCabe et al. (2001a) emphasized that college administrators “must be willing to employ sanctions that have both significant educational and deterrence value” (p. 231) to reduce the incidence of academic dishonesty. Bailey (2001) found that when faculty followed through on the consequences for student violations, they desired support from administration. Consistency in executing consequences for academic dishonesty and violations of policies is essential in sending students the message that dishonesty is not tolerated (Gerdenman, 2000). Whitley and Keith-Spiegel (2002) described in detail how to effectively design an institutional policy regarding academic dishonesty.

Neither of the colleges in this study had a formal honor code. Colleges with honor codes have reported fewer incidences of academic dishonesty and greater peer reporting compared with schools without honor codes (McCabe & Trevino, 1993; McCabe et al., 1999, 2002). Nursing students should be encouraged to report their peers when cheating is learned of or observed. Support for students and confidentiality in reporting should be provided by instructors. Students should engage in conversations with each other about academic dishonesty, ethical practices during their education and during their career, and the impact of dishonesty on each other, the profession, and the patient population. Students must recognize the impact of working alongside another student who cheats, performing procedures in which they are not properly trained, and violating confidentiality. Students should support instructors, and vice versa, in efforts to hold each other accountable for professional and honest behavior.

**Recommendations for Future Research**

The social learning theory (Bandura, 1977) provided the theoretical framework for the current study. The results of the current study found that peer behavior and personal beliefs and values appear to correlate with the engagement in academic dishonesty, but consequences and reinforcement of academic dishonesty policies did not show a correlation with the engagement in academic dishonesty. The social learning theory does not fully capture the explanation for student engagement in academic dishonesty; academic dishonesty is a complex phenomenon.

The response rate in the traditional face-to-face class (78.3%) was higher than the response rate for the online students (8.5%), despite a reminder request that was sent to the online students. Future studies may find an increased participation rate by administering the survey in person. Confidentiality and anonymity were upheld and were explained to participants to enhance truthful responses on the survey. In the surveys, participants admitted to cheating. It appears that administering the survey in person was effective.

The investigator selected a quantitative approach to address the purpose of the study and to answer the research questions. Student perspectives on why academic dishonesty occurs were not addressed. Future research should explore the reasons why students cheat. If the consequences are severe, if the likelihood of getting caught is high, and if students recognize that academic dishonesty is wrong, future research could attempt to determine why students engage in this activity despite these intended hindrances. A qualitative approach may be beneficial to obtain this type of information. Additional research exploring cultural and gender variations in attitudes toward academic dishonesty are warranted. A qualitative approach may yield this information.

Future research could also explore college-wide and nursing program policies and procedures in regard to academic dishonesty and the implications these policies have for student behavior. Academic dishonesty definitions and examples, consequences of violating these policies, and the impact of academic dishonesty on stakeholders might be further explored.

Another related area for future research in policy development includes how and when nursing students are informed of the policies and consequences for academic dishonesty.

Finally, a study exploring academic dishonesty before and after a planned intervention by educators or administrators may be beneficial. For example, a study exploring the frequency of engagement in academic dishonesty and peer reporting before and after the implementation of an honor code may yield valuable data.

**REFERENCES**


Collins, M., & Amodeo, M. (2005). Responding to plagiarism in schools of


