Crossing the “line”: College students and academic integrity in nursing

Margaret W. Bultas\textsuperscript{a,b}*, Ashley D. Schmuke\textsuperscript{a}, Renée L. Davis\textsuperscript{a}, Janice L. Palmer\textsuperscript{b}

\textsuperscript{a} School of Nursing, Saint Louis University, St. Louis, MO, USA
\textsuperscript{b} Department of Nursing, Webster University, St. Louis, MO, USA

\textbf{ARTICLE INFO}

\textbf{Keywords:}
Cheating
Academic dishonesty
Academic integrity
Nursing education
Examinations

\textbf{ABSTRACT}

\textbf{Background:} Researchers have shown a relationship between academic integrity in the classroom and acts of dishonest behavior in the clinical setting which is concerning for nursing faculty and the health care field.

\textbf{Objectives:} The purpose of this study was to compare the attitudes toward academic integrity and the frequency of behaviors related to academic dishonesty in nursing and non-nursing students at a religiously affiliated institution.

\textbf{Design:} A cross-sectional, descriptive design was used to collect data regarding the knowledge, behavior, perceptions, and attitudes related to academic integrity via an online survey.

\textbf{Settings and Participants:} Nursing students and non-nursing students who attended a religiously affiliated (Jesuit) University in the United States were surveyed for this study.

\textbf{Results:} Results of the study suggest upper division and second degree nursing students are less tolerant and more condemning of cheating than younger students. Frequent dishonest classroom behaviors include asking and telling other students what was on the exam while the most frequent dishonest clinical behaviors included documenting findings that were not assessed or findings that were false.

\textbf{Conclusion:} Recommendations for nursing faculty include frequent and timely discussion of expected behaviors and values of nurses in order to support students’ development of honesty and integrity beyond the classroom and into the clinical setting.

\textbf{1. Introduction}

Nursing has consistently been identified as one of the most honest and trusted professions (Rifkin, 2014). Nurses must function with the utmost integrity as they care for individuals during some of the most vulnerable times in their lives. Therefore, as gate-keepers to the nursing profession, a key responsibility of nursing faculty includes both communicating and teaching attributes related to moral, ethical, honest, and trustworthy behavior as these are important qualities and characteristics for nurses in the profession to possess (Woith et al., 2012). Perhaps most concerning for nursing faculty is the identified relationship between a lack of academic integrity in the classroom setting and acts of dishonest behavior in the clinical setting of nursing students (Krueger, 2014).

Statistics related to cheating in college consistently identify greater than 50% of college students engage in dishonest academic conduct (Bernardi et al., 2008; Jones, 2011; Yardley et al., 2009). Although researchers have compared academic integrity in nursing and non-nursing students, to date, no researchers have looked at samples of students from religiously affiliated institutions. Therefore, the purpose of this study was to compare the attitudes toward academic integrity and the frequency of behaviors related to academic dishonesty in a sample of nursing and non-nursing students in a religiously affiliated institution. The specific aims included comparing attitudes toward cheating and behaviors of dishonesty among different age levels, degree programs, and types of nursing students in a sample of students who attend a Jesuit University.

\textbf{2. Review of Literature}

Attitudes and behaviors related to academic integrity in nursing students should be of concern for nursing faculty because of the positive correlation between classroom cheating and dishonest clinical behaviors (Krueger, 2014). Krueger’s study sought to identify situational conditions affecting nursing student engagement in academic dishonesty in associate degree nursing students. Prominent dishonest behaviors included obtaining examination answers from someone who already took the examination and reporting/documenting findings not

\textsuperscript{*} The authors declare no conflict of interest.

\textsuperscript{**} The authors would like to acknowledge and thank the Saint Louis University School of Nursing Research Fund for supporting the project.

\textsuperscript{†} Corresponding author at: Saint Louis University School of Nursing, 3525 Caroline Mall, Room 436, St. Louis, MO, USA.

\textit{E-mail address:} mbultas@slu.edu (M.W. Bultas).

http://dx.doi.org/10.1016/j.nedt.2017.06.012

Received 22 January 2017; Received in revised form 26 April 2017; Accepted 14 June 2017

0260-6917/ © 2017 Elsevier Ltd. All rights reserved.
observed or assessed in the clinical setting (Krueger, 2014).

Balik et al. (2010) compared nursing student attitudes in both clinical and academic contexts to determine what influenced dishonest behaviors. Study findings suggested students viewed academic dishonesty as both normative and necessary to succeed in the program. Although the study participants easily identified and agreed dishonest clinical behaviors were wrong, their primary concern was related to succeeding in the nursing program. Woith et al. (2012) identified similar findings related to outside stresses and pressures to succeed and found nursing students identified peer competition for success and jobs as a factor in fostering cheating behaviors. Subsequently, Woith et al. suggested a need for the use of honor codes to counteract societal culture changes that have become more accepting of unethical and dishonest behaviors. It has also been suggested increasing and unrealistic demands for performance in both the classroom and clinical settings have created unreasonable and unmanageable burdens for nursing students and this has transferred to practicing nurses (Lipscomb, 2016). These burdens may contribute to social pressures and practices resulting in dishonest behavior and thereby desensitizing society to wrong doing (Lipscomb, 2016).

Killam et al. (2013) conducted a study of baccalaureate nursing students’ perceptions and viewpoints related to clinical situations which compromised safety and learning. Students identified pressures to succeed, fear of making a mistake, competitive environments, intimidation from nursing staff and uncertain clinical expectations from faculty as challenges to clinical learning. Another study of Korean nursing students by Park et al. (2014) reiterated similar reasons for nursing student clinical dishonesty which also included fear of failure and poor role modeling in the clinical setting by nursing faculty. Klocko’s (2014) review of literature of academic dishonesty in nursing schools also identified these outside contextual factors as reasons for engaging in dishonest clinical and classroom behaviors: pressure for grades, emphasis on perfection, and poor role modeling by practicing nurses as reasons for engaging in dishonest clinical and classroom behaviors.

Solutions and ideas found in the literature for improving integrity among nursing students centers around role modeling, policy enforcement, and faculty influence on student behavior. Recommendations from Krueger (2014) included implementing additional learning activities reflective of the ethical nature of nursing practice and communicating clear expectations of integrity policies which could include the use of an honor code. Honor codes and frequent discussions regarding moral integrity and values have been suggested as ways to enforce appropriate behavior (Ion et al., 2015; Park et al., 2014; Stonecypher and Willson, 2014; Woith et al., 2012). Development and implementation of integrity policies are recommended as well so faculty has clear direction related to enforcement of dishonest and inappropriate behaviors (Klocko, 2014; Kolanko et al., 2006). Additionally, role modeling of professional behavior and integrity by faculty in both the classroom and clinical setting is a recommendation for teaching important professional behaviors (Balik et al., 2010; Tippitt et al., 2009).

Although researchers have provided information related to nursing and non-nursing students, no studies looked specifically at samples from a religiously affiliated institution. Since actions of academic dishonesty are aligned with moral and ethical values, results of the study might shed additional light on whether or not behaviors and attitudes differ at a Jesuit institution.

3. Design and Methods

We used a cross-sectional, descriptive design to collect data regarding the knowledge, behavior, perceptions, and attitudes of college students related to academic integrity. We collected data through an emailed online survey link.

3.1. Participants and Recruitment

We recruited study participants from the student population at a large, Midwestern, Jesuit University in the United States. We accessed student email addresses through publicly available email lists on the University’s website. Exclusion criteria for participating in the study included students who were not currently enrolled in the University.

3.2. Tools and Procedures

After obtaining IRB approval, we sent surveys via student email addresses which were not linked to the respondents. We chose email addresses, for the student body at large, through a process in which randomly selected alphabet letters were chosen and 1389 corresponding names and email addresses were downloaded from a publicly available University list. We sent surveys to the email addresses identified through this process plus to the email addresses of an additional 605 nursing students enrolled in the traditional Bachelor of Science in Nursing (TBSN) option, the accelerated BSN option (ABSN), and the accelerated Master of Science in Nursing (AMSN) option at the University. Three hundred and twenty-nine of the nursing students (who were actively participating in clinical rotations) received an additional survey to collect data specific to academic integrity related to nursing in the clinical setting. The survey link directed participants to the consent form explaining the purpose, goals, and voluntary nature of the study. After participants agreed and consented to the study, the survey started and collected basic demographic information including program of study, class level (i.e. freshman, sophomore, etc.), and years at the university.

The student survey contained the Attitude Toward Cheating Scale (ATCS) and the Student Dishonest Behavior Frequency Scale (SDBFS). The ATCS is a 34-item self-report instrument measuring attitude toward cheating whose scores have exhibited adequate reliability ($\alpha = 0.82$) and evidence of construct and predictive validity (Gardner and Melvin, 1985). In this sample, the ATCS performed with good internal consistency ($\alpha = 0.84$) (Tavakol and Dennick, 2011). The SDBFS is a 12-item instrument ($\alpha = 0.77$) the researchers adapted from the ATCS to measure self-reported frequencies of dishonest behavior.

Only nursing students actively participating in clinical rotations were sent the Nursing Specific Student Dishonest Behavior Frequency Scale (SDBFS-NS). The SDBFS-NS is a 10-item instrument ($\alpha = 0.70$) the researchers developed from the literature (Park et al., 2014) to measure self-reported frequencies of dishonest behavior specific to nursing in the clinical setting. Examples include documentation of false vital signs, performing a procedure without supervision, breaking of sterile technique without amending, etc.

3.3. Data Analysis

We analyzed data using SPSS Version 23. We used independent samples t-tests and one-way analysis of variance (ANOVA) to examine how the attitudes toward cheating varied among groups. Due to the sample size, we evaluated the ATCS for normality using the Shapiro-Wilk goodness of fit test (Razali and Wah, 2011) and visual inspection of the histogram which indicated normality. We opted to present the frequencies of the SDBFS and SDBFS-NS in order to highlight the most common dishonest behaviors. Since measures examined both attitudes and frequencies, we ran Pearson’s product moment correlations and Spearman’s rank-order correlation when appropriate to assess for relationships between attitudes and frequencies of behaviors. We addressed missing data (5.5%) through the default setting in SPSS 23 of listwise deletion.

4. Results

Three hundred and seventy five students initiated the survey with
testing indicated the signif-
ing from less than one to 8 years. Table 1 presents a breakdown of partic-
an average of 2.6 years (SD = 1.46) spent at the University, ranging
yielding a response rate of 14.8%. All participants were enrolled in at
three hundred and ten students completing at least some of the survey,
yielding a nursing-specified response rate of 24.3%. One hundred two
were nursing students, yielding a nursing-speci
spondents by grade level.
Table 2 highlights the number of re-
Participants by School or Center andTable 2 presents a comparison of the numbers of re-
participants by grade level.
Table 1 presents a breakdown of partic-
ents by grade level.
Table 2 presents a breakdown of participants by School or Center andTable 2 highlights the number of re-
ents by grade level.
Table 2 presents a comparison of the numbers of re-
ents by grade level.
Of the 310 students completing at least some of the survey, 147
were nursing students, yielding a nursing-specific response rate of
24.3%. One hundred two (69.4%) of the nursing student respondents
were of the traditional 4-year BSN option, 21 (14.3%) of the accelerated
2-year MSN option. The nursing option response rates were proportional to the
1-year option, and 16 (10.9%) were from the accelerated 2-year MSN
option. The nursing option response rates were proportional to the
overall number of students enrolled in each option. Nursing respon-
dents reported an average of 2.5 years (SD = 1.22) spent at the University, ranging from 1 to 4 years.

4.1. Attitude Toward Cheating Scale (ATCS)

The overall mean score on the ATCS for the student population at
large was 14.41 (SD = 13.51) and the range was −28 to 45, where
higher overall scores indicate a stronger condemnatory attitude toward
cheating. A comparison of undergraduate (M = 13.04, SD = 13.02)
versus graduate students' (M = 18.19, SD = 14.18) attitude toward
cheating revealed significant mean differences, t(290) = −2.922,
p = 0.004, Cohen's d = 0.38. These results suggest graduate level stu-
dents have a less tolerant attitude toward cheating.

We conducted a one-way ANOVA of the ATCS data to examine the di-
terences between attitudes toward cheating by prelicensure option. Although the
results did not indicate significant mean differences between groups, F
(2,130) = 2.002, p = 0.13, a clear trend was noted among the means:
Traditional 4-year BSN (M = 14.77, SD = 12.22), accelerated 1-year
BSN (M = 18.57, SD = 9.90), and accelerated 2-year MSN (M = 20.40,
SD = 12.79) suggesting second degree students are less tolerant of
cheating.

4.2. Student Dishonest Behavior Frequency Scale (SDBFS)

We used the SDBFS to capture the frequency of dishonest behaviors
through a 5-point Likert scale spanning from 1 (never) to 5 (always).
Students-at-large reported the most frequent dishonest behaviors were
asking other students from a previous section what was on an exam, witnessing other students cheating on an exam, telling students who
had not yet taken an exam what was on the exam, and looking at an-
other student's answer sheet during an exam. The least frequent dis-
honest behaviors were purchasing papers and turning them in as their
own work, making up an excuse to withdraw from a course to avoid a
failing grade, and making up an excuse to miss an exam in order to take a
make-up exam.

Table 3 presents a comparison of the frequencies of dishonest be-
haviors from nursing students and students enrolled in a program other
than nursing. It appears the most frequently reported dishonest beha-
viors are similar across both student populations with perhaps the ex-
ception of the use of a cheat sheet on an examination. This may suggest
students other than nursing may be more likely to engage in this par-
ticular dishonest behavior.

Table 4 presents a comparison of the frequencies of dishonest be-
haviors by nursing prelicensure option. It appears the most frequently
reported dishonest behaviors are similar across prelicensure options
with perhaps the exception of asking a student from a previous section
“what was on a test?” suggesting TBSN students may be more likely
to engage in this particular dishonest behavior compared to second degree
nursing students.

We ran Pearson's product moment correlation coefficients to assess
the relationship between attitude toward cheating and frequency of
cheating behaviors. A negative correlation was noted between the ATCS
and the SDBFS, r (293) = −0.502, p = 0.00 indicating as students'
condemnatory attitude toward cheating increased, the frequency of
dishonest behaviors decreased. A negative correlation was also noted
between the ATCS and the SDBFS including only students enrolled in a
nursing program, r (130) = −0.433, p = 0.00 indicating as students'
attitude toward cheating became more accepting, the frequency of
dishonest behaviors increased.

4.3. Student Dishonest Behavior Frequency Scale-Nursing Specific (SDBFS-
NS)

The most frequently reported nursing-specific dishonest behaviors
were documenting assessment components not actually assessed,
dropping linen or medications on the floor without replacing the item,
Documenting made up vital sign values when unable to remember the exact value, and documentation of false vital signs. Diversion of medications for personal consumption and creating a false excuse in order to miss clinical were the least frequently reported nursing-specific dishonest behaviors. Table 5 presents the frequencies of nursing-specific dishonest behaviors by nursing prelicensure option. Although sample size prohibited inferential testing, it appears the ABSN students were less likely to engage in nursing-specific dishonest behaviors.

We ran Spearman’s rank order correlation to assess the relationship between frequency of nursing-specific dishonest behaviors and the attitude toward cheating and frequency of dishonest behaviors. We chose Spearman’s correlation as the measure violated the normality assumption of Pearson’s correlation. Among nursing students currently participating in clinical rotations, a negative correlation exists between the ATCS and the SDBFS-NS, p (75) = −0.227, p = 0.47 indicating as students’ condemnatory attitude toward cheating increased, the frequency of dishonest behaviors in the clinical setting decreased. A positive correlation was noted between the SDBFS and the SDBFS-NS, p (82) = −0.530, p = 0.00 indicating as the students’ frequency of dishonest behaviors in the classroom increased, the frequency of dishonest behaviors in the clinical setting also increased.

5. Discussion

The findings of this study fill a gap in the literature with regard to comparing attitudes and behaviors toward academic integrity among different professions and majors at a Jesuit University. Specifically, we gathered data related to attitudes toward academic integrity and behaviors related to academic dishonesty in a large group of non-nursing students and nursing students across several different types of nursing options. Findings suggest cheating occurs both in the classroom and clinical setting with regard to nursing students, but nursing students engage in and tolerate less dishonest academic behavior than students of other disciplines as a whole in this sample. These findings are consistent with the existing literature of non-Jesuit institutions (Balik et al., 2010; Krueger, 2014; Park et al., 2014).

Data collected from the ATCS suggests as students’ progress in their academic programs, they become less tolerant of dishonest academic behaviors with second degree nursing students less tolerant than traditional BSN students. Even more specifically, nursing students, as a whole, are less tolerant of dishonest behavior than students at large with second degree students being the least tolerant of cheating behaviors. This finding is different from McCabe’s study that found students in the accelerated, second degree nursing option reported more cheating than the younger students (McCabe, 2009). It is difficult to identify a reason for this difference but it could be speculated more mature second degree students who choose a religiously affiliated institution place more worth in moral and ethical values.

With regard to implications for practice, the literature supports interventions by nursing faculty focused on frequent and timely discussions with students on the topics of integrity and honesty. Therefore, this information supports faculty discussion especially with younger and first degree nursing students as they may be more inclined to participate in dishonest academic behaviors. Additionally, students who transfer from another major into the nursing program should also be targeted for discussions related to academic dishonesty given the differences in attitude toward cheating among students other than nursing when compared to nursing students. Transfer students have likely received less coaching on professional nursing standards and behaviors since they are being introduced into the profession later than students who declared a nursing major earlier.

The SDBFS identified little difference in cheating behaviors between nursing students and students-at-large. The most common forms of dishonest behavior included soliciting and sharing information concerning examination content, actually looking at another student’s examination and examination penalties which discourage students from taking make-up exams that include different questions or by enforcing examination penalties which discourage students from taking make-up exams unless absolutely necessary. Both students-at-large and nursing students in the sample acknowledged witnessing peers cheating during an exam. Looking at stolen copies of exams or being offered copies of stolen exams did not appear to be a frequently occurring problem. Nursing faculty can use this information as they develop and support testing policies to include development of alternate versions of make-up exams that include different questions, or by enforcing examination penalties which discourage students from taking make-up exams unless absolutely necessary. Both students-at-large and nursing students in the sample acknowledged witnessing peers cheating during examinations. In response to this finding, examination and testing guidelines developed by faculty should consider using two versions of the exam and taking measures to space students out in the classroom during examinations. Because findings from the SDBFS and the ATCS correlated closely (identifying that a more condemnable attitude toward cheating was associated with less cheating), it is recommended that faculty briefly discuss cheating and dishonesty before each exam, similar to reviewing an honor code or code of ethics. Opposite discussion of moral issues as well as personal and professional values related to dishonesty at the time when students may be
Table 4
Student dishonest behavior frequencies by nursing program.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Traditional BSN: I have done this (%)</th>
<th>Accelerated BSN: I have done this (%)</th>
<th>Accelerated MSN: I have done this (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Looked at another student's answer sheet during an examination.</td>
<td>52.1</td>
<td>35.4</td>
<td>10.4</td>
</tr>
<tr>
<td>Looked at copies of illegally obtained previous examinations.</td>
<td>89.6</td>
<td>6.3</td>
<td>3.1</td>
</tr>
<tr>
<td>Copied exact statements from a source without citing the source.</td>
<td>75.8</td>
<td>18.9</td>
<td>5.3</td>
</tr>
<tr>
<td>Asked another student (from a previous section) “What was on the test?”</td>
<td>8.3</td>
<td>34.4</td>
<td>34.4</td>
</tr>
<tr>
<td>Told another student from a different section what was on an examination before he/she took it.</td>
<td>19.8</td>
<td>41.7</td>
<td>25</td>
</tr>
<tr>
<td>Been offered copies of a stolen examination.</td>
<td>87.5</td>
<td>9.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Looked at copies of a stolen examination.</td>
<td>92.7</td>
<td>5.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Purchased a paper and turned it in as my own work.</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Seen another student cheating on an examination.</td>
<td>26</td>
<td>27.1</td>
<td>36.5</td>
</tr>
<tr>
<td>Made up an excuse to withdraw from a course to avoid a failing grade.</td>
<td>96.9</td>
<td>2.1</td>
<td>1</td>
</tr>
<tr>
<td>Made up an excuse to miss an examination in order to take a make-up examination.</td>
<td>94.8</td>
<td>4.2</td>
<td>1</td>
</tr>
<tr>
<td>Used a form of a cheat sheet (paper cheat sheet, electronic device, etc.) on an examination.</td>
<td>93.8</td>
<td>5.2</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. For traditional BSN, n = 96. For accelerated BSN, n = 19. For accelerated MSN, n = 16. (n for measures completed in full).

Table 5
Nursing specific dishonest behavior frequencies by nursing program.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Traditional BSN: I have done this (%)</th>
<th>Accelerated BSN: I have done this (%)</th>
<th>Accelerated MSN: I have done this (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Documented made up vital signs when they were within normal limits, because I could not remember exactly what they were</td>
<td>62.3</td>
<td>32.1</td>
<td>5.7</td>
</tr>
<tr>
<td>Documented false vital signs</td>
<td>66</td>
<td>26.4</td>
<td>7.5</td>
</tr>
<tr>
<td>Continued with a procedure after breaking or potentially breaking sterile technique</td>
<td>69.8</td>
<td>24.5</td>
<td>5.7</td>
</tr>
<tr>
<td>Documented assessment components even though they were not assessed (i.e. documented a respiratory assessment as within normal limits without listening to lung sounds)</td>
<td>50.9</td>
<td>37.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Dropped a piece of linen or medication on the floor and did not replace it</td>
<td>50.9</td>
<td>37.7</td>
<td>9.4</td>
</tr>
<tr>
<td>Given too much/too little of a medication and not reported it because the patient was not harmed</td>
<td>98.1</td>
<td>1.9</td>
<td>0</td>
</tr>
<tr>
<td>Documented administration of a medication to a patient, but did not administer the medication to the patient or did not administer the medication when it was due</td>
<td>96.2</td>
<td>3.8</td>
<td>0</td>
</tr>
<tr>
<td>Divered medications for personal use</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Performed nursing interventions without faculty (or RN) supervision when faculty (or RN) supervision was indicated</td>
<td>83</td>
<td>9.4</td>
<td>7.5</td>
</tr>
<tr>
<td>Made up a false excuse in order to miss clinical</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note. For traditional BSN, n = 53. For accelerated BSN, n = 17. For accelerated MSN, n = 15. (n for completing measures in full).
most inclined to cheat may help reduce dishonest behavior during the examination. One of the most important outcomes from the study is related to findings of specific dishonest clinical nursing behaviors. Findings from the ATCS and the SDBFS correlated closely with the SDBFS-NS; students whose attitude toward cheating was more tolerant and who reported higher frequencies of academically dishonest behavior were more likely to engage in dishonest clinical behaviors. Nursing students in the sample admitted to false documentation of assessment findings, documenting findings they did not assess, and contamination practices including breaking sterile technique or using items for patient care that were dropped on the floor or contaminated. These results did not significantly differ by nursing option indicating that second degree students identified engaging in these behaviors as frequently as younger traditional students. Because of the importance of honest clinical behavior and the risk to patient safety with poor clinical practice behaviors, faculty should discuss how to handle these common situations with nursing students. It is essential clinical faculty serve as role models for actual nursing practice as they play a key role in influencing practice behaviors. Timing of this discussion may be best in the clinical setting and at a time such as preconference where students can be reminded of how to handle situations that occur during the clinical day. These discussions should take place regardless of student age or option.

There are three primary limitations of this work. First, the overall low response rate to the survey is a concern. It is possible through the self-selection process, students with greater levels of integrity responded to the survey. A second limitation is related to generalizability in that all participants were attending a Jesuit University. Students with a greater sense of affiliation with a Jesuit mission may be less compelled to participate in cheating behaviors. Finally, the survey of cheating behaviors relies on self-report. Responders may be more inclined to provide socially acceptable responses. The provision of anonymity was a strategy to address this concern.

6. Conclusion

This study compared the attitudes and behaviors toward academic dishonesty between students at large and nursing students at a large, Midwestern, Jesuit University in the United States. Findings supported the previous literature that cheating and dishonest behaviors occur in both the classroom and clinical practice setting. The trend of the data highlighted that nursing students engage in academic dishonesty and are less tolerant of cheating than students in other disciplines. This suggests the progression into the profession of nursing influence’s ones action and choices. Recommendations for nursing faculty include frequent and timely discussion of expected behaviors and values of nurses so faculty help students make moral and ethical connections to the nursing codes of ethics in order to promote honesty and integrity beyond the classroom to the clinical setting.

References