Original Article

Academic Dishonesty: A Multi-Discipline View of Faculty and Students' Perceptions

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Abstract

Background: Health care faculty and educators have expressed concerned about students' dishonest behaviors in the classroom and clinical setting due to the potential impact on patient outcomes. There is limited information regarding faculty and students' perceptions of dishonest behavior in traditional and online programs and in the workplace.
Objective: To explore the perceptions of faculty and students of dishonest behaviors in the academic setting and in the workplace.
Methodology: A descriptive, cross-sectional quantitative study was designed using a purposive, convenience sample. Participants were asked to determine if a described behavior presented as a scenario was an example of dishonesty.
Results: A majority of respondents perceived 21 of the 24 described behaviors as dishonest. Scenarios five, eleven, and fifteen were not perceived as dishonest.
Conclusions: When perceptions were compared by age, gender, and role (students and faculty) and type (professional and allied health) there was little disagreement among the respondents. Two of the scenarios perceived by the majority of respondents as not representative of a dishonest behavior (scenario five and eleven) are similar to assignments often given to students. Understanding the perceptions of dishonest behaviors provides an opportunity for open conversation between faculty and students.

Key words: Academic dishonesty, cheating, undergraduate, graduate, allied health, professional

Introduction

Research has indicated that cheating in higher education is evident (Montuno et al., 2012; Chertok, Barnes and Gilleland, 2013; Park, Park and Jang, 2013; Park, Park, and Jang, 2014; Korn and Davidovitch, 2016). It is also believed students in health care programs who cheat may not be prepared to care for clients (DiBartolo and Walsh, 2010; Laduke, 2013). Dishonest work practices can include falsifying records, diversion of drugs, and other actions that endanger patients (Johnson, 2013). The perceptions of academic dishonesty of students and faculty in health care programs have been studied, however, there is a lack of published research describing student and faculty perceptions of dishonesty in the traditional and online academic setting, and in the workplace (Muhney, et al., 2008; Forinash, et al., 2010; Jurdi, Hage, and Chow, 2012; Montuno et al., 2012; Grignol et al., 2013; Morgan and Hart, 2013; Krueger, 2014; Vail et al., 2015). Understanding the relationships is fundamental to establishing a common description of academic dishonesty that can be mutually appreciated by students and faculty.

This study was guided by the research question: "What are the perceptions of dishonest behaviors in academic courses and in the workplace, of faculty and students in health science programs?"

The purpose of this study was to describe the perceptions held by students and faculty in health care programs of dishonest behaviors in traditional courses, online courses, and in the workplace. The following factors were studied to see if any differences existed in the perceptions (age, gender, and role [undergraduate student, graduate/professional degree student or faculty appointment] and the type of program of study (professional programs [medical, dental, pharmacy, nursing] and allied health [dental hygiene, health and laboratory science, physical therapy and radiological science]).

Background

Academic dishonesty can be described as a behavior that is purposeful and deceitful (Merriam-Webster, n.d.). It includes a wide variety of behaviors such as copying a classmate's answers during a test (with or without the other student's knowledge), using unauthorized notes during a testing situation, taking a test for another person, or using phones to search for or share answers with classmates (Faucher and Caves, 2009; Rettinger and Kramer, 2009; Vail et al., 2015). Studies have found individuals committing in the clinical setting (Krueger, 2014; Park, Park and Jang, 2014) or reporting non-existent or incorrect data in the laboratory or clinical research setting (National Institutes of Health, 2012). Assignments outside of the classroom setting are also subject to acts of academic dishonesty. Students have easy and convenient access to a wide array of information on the internet, and along with the increased use of technology in classrooms, opportunities exist for students to engage in dishonest behaviors (Wideman, 2011; Morgan and Hart, 2013; Vail et al., 2015). Faculty have also expressed concern that online courses may be vulnerable to forms of cheating not experienced in traditional face-to-face course (Chertok, Barnes and Gilleland, 2013; Morgan and Hart, 2013). Acts of academic dishonesty may have an impact on a patient's actual care and well-being (DiBartolo and Walsh, 2010). Although research has been conducted to some extent on dishonesty in the work place, and on linking dishonesty in academic pursuits to workplace dishonesty, there has been little research in the health care setting of student and faculty perceptions of academic dishonesty in traditional and online programs, and of workplace dishonesty.

Methodology

A quantitative cross-sectional survey consisting of two components was conducted in fall of 2015. All participants completed a demographic survey and the Academic Dishonesty Perception Survey (ADPS). The demographic survey collected information on participants' age, gender, role, and program of study. The ADPS (Table 1) is an adaption of an instrument first developed and used by Aggarwal, et al. in 2002, and subsequently adapted for use by Arhin (2009). The survey is applicable to a health care setting as both classroom and laboratory scenarios are described; for example, a fictitious student is taking a final exam and uses hidden notes to answer questions. On the original survey tool, participants were asked: (1) Is this dishonest? (2) Have you ever done this behavior in any of your courses? And, (3) Do you know if this has occurred in your program? Each question had three possible answers: yes, no and I don't know. The original instrument has been used in previous studies (Aggarwal, et al., 2002; Bates, et al., 2005; Arhin, 2009; Arhin and Jones, 2009).

For this study, 12 additional scenarios were developed. Six scenarios described situations which might occur in an online academic course and six scenarios described workplace situations. Only one question was asked for each of the 24 scenarios: 'Is this dishonest?' with each question having only two answer choices: yes or no. This multi-discipline study included faculty and students in a traditional baccalaureate nursing program, an RN to BSN completion program; master's and doctoral programs in health care, medical, pharmacy, and dental programs, along with various allied health and laboratory science programs.

Inclusion criteria for participant selection were students and faculty, with a valid institutional email address, in all programs of interest at the time of the study. The study was approved by the Institutional Review Board. Potential subjects were informed that participation was voluntary and data would be anonymous. They were also informed that declining to participate would not affect employment, enrollment status or grades. Completion of the demographic data and study survey indicated consent to participate.

Data were collected in late 2015 by way of an email with a link to an online survey program which does not collect any identifying data. The email, which included a description of the proposed study and invited the recipient to participate, was sent to all potential subjects (n=3187) with a valid campus email address at the time of the study. A second email was sent three weeks after the first and included a reminder to participate. A total of 430 surveys were submitted yielding a return rate of 13.9% (Table 2), however, some respondents did not answer all the questions. Differences in totals presented here are due to missing data for the variables.

Results

Percentages were calculated for the responses based on the number of responses to survey questions. For the purpose of this analysis, perception that a described behavior is dishonest is represented by a higher percentage of yes answers to the question. Perception that the behavior is not dishonest is indicated by a higher percentage of no answers to the question. A percentage of 50% or higher was used as the cut-point for this study. Overall, 21 of the 24 scenarios were perceived by a majority of the respondents as representative of a dishonest behavior. Scenarios five (n=279, 65.5%), eleven (n=276, 65.2), and fifteen (n=292, 69%) were not perceived as dishonest behaviors. Frequencies and percentages for the answers to all scenarios by all respondents are presented in Table 3.

Sixty-three percent of participants (n=263) identified their role as student. Students in nursing programs (n=97) accounted for the largest percentage (37%) of student respondents and students in a medical school program (n=60, 23%) were the second highest frequency of respondents. Approximately 83% of students (n=220) identified themselves as graduate/professional degree students. While 162 respondents identified themselves as faculty, only 153 identified their program affiliation. Medical school program faculty (n=69) accounted for the largest portion of faculty respondents (45%) and nursing school program faculty (n=26, 17%) accounted for the next largest group of faculty respondents. Female (n=290) respondents outnumbered male (n=140) respondents almost two to one. Seventy-three percent of student respondents were female (n=196) and 27% were male (n=72). Female respondents (n=94) accounted for 58% of the faculty, while 42% of faculty were male (n=68). Eighty-eight percent of student respondents (n=215) were age 20 to 39; while only 33% of faculty were in that age group. There were no faculty aged 20 to 24. The majority of faculty respondents (n=83, 54%) were between 40 and 59. There were seven student respondents aged 60 to 64, and 28 faculty respondents in the 60 plus age group. Two faculty members were in the greater than 70 age group.

Of the 24 questions, only three questions (five, eleven and fifteen) were not perceived as a dishonest behavior by a majority of all participants in all age-groups. The majority of each student age-group agreed that the other 21 behaviors were dishonest. For questions one through four and six through eight, all student age-groups identified the behaviors as dishonest. The lowest agreement (57%) for a question was seen in the 50-54 age-group for question eight. Across the board, only three of the questions had 100% agreement among students by age-group, that a behavior was not dishonest.

For question five, the age-group 50-54 (n=7) agreed the behavior was dishonest (n=6, 86%), however, this same age-group did not perceive question 15 to be a dishonest behavior (n=4, 57%). Question five describes a student using a classmate's paperwork to gain ideas for his own work. Question 15 is a re-wording of question five, but describes a student in an online course. The other student age-groups indicated the behavior was not dishonest with a higher percentage of no answers. Percentages for the no answer choices ranged from a low of 56% (age-group 25-29, n=73) and a high of 71% for age-groups 55-59 (n=7) and 60-64 (n=7). For question eleven, 71% of age-group 50-54 (n=7) indicated the behavior was dishonest. All other age-groups found the behavior was not dishonest; with responses ranging from a low of 56% for age-group 40-44 (n=18), and a high of 80% for age-group 60-64 (n=7).

Table 1. Academic Dishonesty Perceptions Survey (ADPS).

1	Student takes bathroom break during exam and looks at hidden notes
2	Students grade each other's test papers leniently
3	Student writes notes on arm before an exam
4	Student writes abbreviations and mnemonics on hand before exam
5	Student borrows assignment from friend; and uses it for ideas
6	Student photocopies assignment (without friend's knowledge) and uses parts of it
7	Student photocopies work (with friend's permission) and uses parts of it
8	Student cuts and paste from internet without changing it; but references website
9	Students uses information directly from journal without referencing
10	Student makes up results for a lab assignment
11	Student taking exam in lab and asks for help with instructions from classmate
12	Students pass course work and reports down to students in lower classes
13	Student in online course taking a non-proctored exam; instructions specify students should not use additional notes or resources. Prior to the exam the student prepares notes and hints and uses them while testing
14	Student in online course taking a non-proctored exam; instructions specify students should not use additional notes or resources. Several students meet together and take the exam, sharing questions and answers
15	Student in online course borrows assignment from friend; and uses it for ideas
16	Student in online course photocopies assignment (without friend's knowledge) and uses parts of it
17	Student submits an assignment from one course (previously graded) as work for an assignment in another course
18	Student in an online course becomes ill; another student completes all assignments for her
19	A nurse has to leave work early, so he gives his password to another nurse; the second nurse finishes the charting on patients for the first nurse
20	A medical researcher, presenting a research project, manipulates information to show better results
21	A client with cancer is on a clinical trial where all pain medications are paid for; she asks for additional medication to share with a sister who has no insurance. The clinical trial investigator agrees.
22	A patient caretaker, unable to finish all the morning care (baths) for his patients in the hospital, simply charts that the patients refused their baths.
23	One member of a research group submits an article to a journal and fails to include the other members of the research team on the article.
24	Several members of a research group, with permission from all members, submits an article that has been accepted for publication, to another journal in a foreign country.

Table 2. Participants by Program.

	Students	Faculty	Total
Professional Programs			
Dentistry	12	8	20
Medicine	60	69	129
Nursing	97	27	124
Pharmacy	5	1	6
Total	174	105	279
Allied Health Programs			
Cytotechnology / Lab Sciences	3	11	14
Dental hygiene	2	4	6
Informatics	0	3	3
Health Administration	4	3	7
Occupational Therapy	26	6	32
Physical Therapy	8	6	14
Radiologic Science	5	4	9
Graduate Studies	41	11	52
Total	89	48	137
TOTAL ALL	**263**	**153**	**416**
Missing	5	9	14

Scenarios thirteen through eighteen are composed of questions related to dishonest behaviors in online courses. For this section, all questions were seen as examples of dishonest behavior, by a majority of each student age-group, except for item fifteen, as previously described. Question seventeen was not perceived as dishonest by 57% of age-group 50-54 (n=4). Scenario seventeen describes a student in an online course who submits a paper from a previous course for a grade in the current course. The last six scenarios describe dishonest behaviors in the workplace. Five of the six behaviors were perceived as dishonest by a majority of all student age-groups. Agreement ranged from a low of 86% (age-group 60-64) for question nineteen to 100% for all student age-groups for question twenty-two.

The majority of responses from faculty participants was similar to students' responses. Of the first twelve scenarios, eight were viewed as dishonest by all age-groups. The majority of faculty did not perceive scenario five as dishonest, except for two age groups; age-group 40-44 (n=10, 59%), and age-group 45-49 (n=9, 53%) indicated the described scenario was dishonest. Age-group 65-69 (n=6) was split 50% between yes and no responses; while both of the faculty in age-group > 69 did not see the behavior as dishonest. For scenarios eleven and twelve there are also some differences in perceptions between age-groups. Two of the ten faculty age-groups indicated they did not perceive scenario eleven to be a dishonest behavior (age-group 25-29, 75%, and age-group 40-44, 53%). For scenario twelve, only two faculty age-groups (35-39, 52%, and >69, 100%) did not view the behavior as dishonest.

Scenarios thirteen through twenty-four were perceived as dishonest by all age groups, except for scenario fifteen. Again, this is similar to the students' perception of this behavior.

Table 3. All Scenarios by All Respondents.

Question	All Respondents				Total (n=432)		Missing
	No		Yes				
	N	%	N	%	N	%	
1	2	.5%	427	99.5%	427	100.0%	5
2	70	16.4%	358	83.6%	428	100.0%	4
3	1	.2%	428	99.8%	429	100.0%	3
4	28	6.5%	400	93.5%	428	100.0%	4
5	279	65.5%	147	34.5%	426	100.0%	6
6	1	.2%	428	99.8%	429	100.0%	3
7	22	5.1%	406	94.9%	428	100.0%	4
8	50	11.7%	379	88.3%	429	100.0%	3
9	4	.9%	425	99.1%	429	100.0%	3
10	4	.9%	424	99.1%	428	100.0%	4
11	276	65.2%	147	34.8%	423	100.0%	9
12	165	38.7%	261	61.3%	426	100.0%	6
13	23	5.4%	405	94.6%	428	100.0%	4
14	11	2.6%	418	97.4%	429	100.0%	3
15	292	69. %	131	31.0%	423	100.0%	9
16	6	1.4%	422	98.6%	428	100.0%	4
17	109	25.5%	319	74.5%	428	100.0%	4
18	13	3.0%	416	97.0%	428	100.0%	4
19	17	4.0%	411	96.0%	428	100.0%	4
20	7	1.6%	422	98.4%	429	100.0%	3
21	7	1.6%	422	98.4%	429	100.0%	3
22	2	.5%	427	99.5%	429	100.0%	3
23	4	.9%	424	99.1%	428	100.0%	4
24	189	44.6%	235	55.4%	424	100.0%	8

When accounting for gender for all participants, only three scenarios (five, eleven, and fifteen) were viewed as dishonest by a majority of both genders. For scenario twenty-two, 100% of the female students agreed the behavior was dishonest. Three scenarios (twenty, twenty-one, and twenty-two) were viewed as dishonest by 100% of the female faculty. An interesting note is that none of the other twenty-one scenarios were seen to be dishonest by 100% of the male student or faculty respondents.

Analysis by gender for students revealed the three scenarios, five, eleven and fifteen, were perceived as not dishonest by both male and female students. This is similar to the finding for both students' age and faculty age previously presented. Faculty also indicated scenarios five, eleven and fifteen were not perceived as dishonest. Over 65% of males, and 67% of female faculty responded no for scenario five. The percentage of no answers for scenario fifteen were almost 74% for male faculty, and 72% for female. Faculty also did not view scenario eleven (student in a laboratory exam asking a classmate for assistance with instructions) as a dishonest behavior (males 72% and females 57%).

When the results were viewed by role (undergraduate student, graduate/professional student, and faculty), the findings were again similar to what was seen with age and gender, for both students and faculty. The majority of respondents agreed that 21 of the 24 behaviors were dishonest. An interesting finding was that only 66% of undergraduate students, 62% of graduate/professional students and 60% of faculty perceived the behavior described by question twelve was dishonest. And, for question seventeen, 87% of undergraduate students, 75% of

graduate/professional students, and 71% of faculty felt the behavior was dishonest. For the other nineteen questions, agreements ranged from 88% to 100% across student and faculty roles that the behaviors described were dishonest.

Finally, when the data was reviewed based on type (professional versus allied health), the findings were once again similar. Scenario five, eleven and fifteen, were all perceived as not dishonest by both groups. An interesting finding is that six of the other 21 scenarios (one, three, six, ten, twenty-two and twenty-three) were seen as dishonest by 100% of the respondents in the allied health program type. The professional program type percentage of agreement on dishonesty ranged from a high of 99.7% to a low of 59.1%.

Discussion

The influence of age on the perceptions and on acts of academic behavior has not been established. Studies have explored the influence of age but failed to find an association with the perceptions of dishonest behaviors (Rabi, et al., 2006; Honny, et al., 2010; Park, Park and Jang, 2013; Korn and Davidovitch, 2016). However, in the study reported here, only three of the twenty-four scenarios on the APDS were viewed differently by a few age-groups.

Gender, as an influence on the perceptions of dishonest behavior, has had mixed results (Forinash, et al., 2010; Jurdi, et al., 2012). Studies have shown that male students were more likely to admit to cheating or to commit a dishonest behavior (Vail et al., 2015). In their study, Vail and colleagues reported that female students were more likely to agree that having access to exam information prior to a test was dishonest. The data presented here revealed there was little difference in the perceptions of male and female participants. When items on the APDS were viewed by gender, 21 of the 24 behaviors described on the ADPS were perceived as dishonest by a majority of male and female respondents.

Little research has been done on the role of participants (student or faculty) as an influence on the perceptions of dishonest behavior. Questions five and fifteen were identical questions, with question 15 being specifically set in an online course. In the scenario, a student is having difficulty with an assignment and borrows a friend's work to gain ideas. The majority of respondents did not see either scenario five or fifteen as dishonest. According to Wideman (2011), students often perceive this type of behavior as helping classmates in a common purpose.

Limitations

The study design has limitations. The Academic Dishonesty Perceptions Survey has not been validated. The ADPS is based on an instrument developed and used by Aggarwal et al. (2002) and adapted for this study by the researcher. The study was an exploratory, descriptive research study with an untested dichotomous instrument. Participants were asked to say "yes" or "no" to twenty-four questions representing fictitious behaviors in traditional courses, online courses, and in the workplace. The original survey tool created by Aggarwal, et al., (2002) consisted of twelve scenarios followed by three questions; participants were able to indicate either "yes", "no", or "I don't know" as the answer. Limiting the choices on the ADPS to two answer choices limits statistical testing.

Definitions of cheating and dishonest were not provided. Explanations could have been useful to some participants. Data were self-reported and may not be reliable. Although the data were collected using an anonymous web-based survey product, Qualtrics™, the participants may not have answered questions truthfully creating bias. The study was voluntary, and many potential subjects failed to complete the surveys. Participants were not asked if they had taken any type of online programs and student participants were not asked if they had worked in any capacity in a health care field.

Although a purposive sampling of these participants was conducted, convenience sampling is not considered a true representation of the population of interest. The survey link was provided to potential participants using an e-mail address. The use of the email was convenient, however, email research surveys are routinely overlooked or ignored leading to a low rate of return. According to Sheehan (2001), response rates for email surveys are consistently low when

compared to other methods. Participants were faculty or students enrolled in the targeted programs and findings may not be generalizable to other institutions or to other health care related programs. Participants may have declined to answer the survey based on a class or work relationship with the researcher, who was a graduate student in one of the targeted programs.

Future Research and Implications

Conducting this study on a larger scale could disclose differences in perceptions between faculty and students. Comparing the perceptions of dishonest behavior to self-reported acts of academic dishonesty could also reveal correlations between perceptions of acts of dishonesty. Adapting the ADPS to allow for multiple responses to each question would lead to more rigorous statistical interpretation.

Understanding the perceptions of dishonest behaviors provides an opportunity for open conversation between faculty and students. Faculty often assign both class work and lab work that is intended to be completed as an individual assignment with the purpose of fostering not only individual learning, but of the process needed to complete the assignment. It is important for faculty to include explicit instructions to students for these assignments. Instructions could be structured to offer a rationale for why it is necessary for the assignment to be completed as individual work. While the prevalence of academic dishonesty in any program of study is of concern to the faculty, students who cheat during a professional health care program may fail to develop the knowledge, skills and attitudes needed to care for future patients safely and appropriately.

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