# Original Article

# Academic Honesty and Dishonesty in Different Disciplines and Degrees at the University of Medical Sciences : A Descriptive Cross-Sectional Study

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**Introduction :** Dishonesty is considered as a basic challenge in ethics of care, which imposes great burden on the Educational System and the Society. Dishonesty is accompanied with negative impacts on all aspect of academic atmosphere. The aim of this cross-sectional, descriptive-analytical study was to determine dishonesty among 5 majors of study, Undergraduate and Graduate Degrees in School of Nursing and Midwifery.

**Materials and Methods :** 340 Undergraduate and Graduate students completed a questionnaire about all kinds of academic dishonesty and their causes. Data were analyzed using descriptive and analytic statistics.

**Result :** Suggested lowest levels of dishonesty among students of Midwifery (7.5%) and Anesthesiology (5.3%). Significant relationship was observed between sex and honesty ($P<0.001$). Also living place and the major had significant relationship with honesty ($P<0.001$). No significant relationships were found between dishonesty and education level and other demographic characteristics.

**Conclusions :** Many types of cheating are preventable through rules, correct training and educational management, which will eventually promote honesty in the educational system. This reveals the necessity of medical students' familiarity with ethical codes and faculties' emphasis on importance and role of ethics in Medical Sciences.

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*Key words* : **Academic dishonesty, Honesty, Undergraduate students, Graduate students.**

Professions related to Medical Sciences include various ethical dimensions in such a way that ethics of care and professional ethics comprise the basis of these professions[1]. Dishonesty is considered as a basic challenge in ethics of care, which imposes great burden on the Educational System and the Society[2]. Currently the rate of academic fraud has increased worldwide[3]. Dishonesty is defined as any intentional attempt to distort, counterfeit or manipulate data, information, histories, or any other material related to students' participation in courses, academic exercises or clinical performance[4,5]. Cheating in academic environment is accompanied with incompatibility in clinical environment, which indicates the importance of cultural promotion of honesty and integrity in Universities[6]. Evidence has shown that some students tend to conduct deceitful educational behaviors. Such students consider these behaviors to be normal and acceptable, which result in consolidation of such behaviors[7-11].

Dishonesty has a historical background and is a

**Editor's Comment :**
- Dishonesty is considered as a basic challenge in ethics of care, which imposes great burden on the educational system and the society.
- The study findings revealed dishonesty among students.
- There is a necessity of medical students' familiarity with ethical codes, faculty member emphasis on importance and role of ethics in Medical Sciences, attempt to institutionalize professional ethics in students, and using novel educational methods.

global phenomenon that occurs in both developed and developing countries. Stimmel and colleagues reported the prevalence of cheating in 114 Medical schools in the US and Canada. The results demonstrated the performance of cheating in 70% of the Medical schools in the US and 35% of those in Canada[12]. Academic dishonesty is shown in different forms and in students of different educational levels and is considered to be misplaced behavior in the academic environment[13], which is done by co-operation of a number of students[8]. In addition, dishonesty is not limited to theoretical courses and may occur in clinical courses, as well[10].

Dishonesty is a serious issue, which affects the quality of educational systems. It is also unfair for those who do not cheat. Additionally, it causes an incorrect interpretation of students' knowledge and skills. This can lead to lack of professional quality, eventually harming the society. Lack of professional quality in medical sciences, in turn, affects human life[14-16].

In order to reduce dishonesty, students' awareness, knowledge and skills should be improved[6]. In this context, teachers usually warn students rather than punishing them. In their opinion, warning and consultation cause students to re-evaluate their ethical values and to avoid unethical behaviors[17]. Generally, dishonesty is affected by various cultural, situational, attitudinal and psychological factors[18,19]. Students with weak English proficiency and those who have limited access to educational sources may tend to copy reference materials. Besides, students who are not educated and supported to plan for documentation of their scientific activities may get involved in plagiarism in informal formats. Therefore, these mostly neglected issues should be taken into account in studies on dishonesty in less developed countries, so that this unethical behavior can be prevented[20].

In total, dishonesty is accompanied with negative impacts on students, professors, educational environments and the society. However, few studies have been conducted on the prevalence of this phenomenon and its related factors in students, particularly medical ones. Yet, this is of special importance to attract attentions to the issue and create motivation to find a solution for decreasing its prevalence. Therefore, the aim of the present study was to determine dishonesty among students of Bachelor and Master Programs in School of Nursing and Midwifery.

### MATERIALS AND METHODS

This cross-sectional, descriptive-analytical study was approved by the Ethics Committee of Shiraz University of Medical Sciences, Shiraz, Iran (No. IR.sums.REC.1394.S275). All the participants were informed about the study objectives and signed informed consent.

The study participants included Undergraduate students of Nursing, Midwifery, Operating room, medical emergencies and Anesthesiology as well as Graduate students of Nursing and Midwifery who studied in a college in Southwest of Iran. According to the previous studies and considering $\alpha=0.5$, the sample size was calculated as 340subjects. The participants were selected through stratified random sampling. In doing so, each major of study was considered as a stratum. Then, according to the total number of students in each major, a proper number of students was selected. The inclusion criteria were: being a student at the time of sampling, and willing to take part in the study. Exclusion criteria were unwillingness to respond to the questionnaire. Students were not obligated to participate in the study and informed consent form was obtained from them.

The study data were collected using a questionnaire containing two parts that were completed by self-report. The first section included questions about sex, living place, major of study, education level, transcript's average, average gained during high school, satisfaction with the University and satisfaction with one's major of study. The second part of the questionnaire included 16 questions about dishonesty, which were responded using a 5-option Likert scale ranging from always to never. It also contained one open question about three major reasons for dishonesty among students. The total score of this part could range from 0 to 80. This questionnaire was validated by Mokhtari Lake and colleagues in Iran in 2012. Accordingly, the content validity of its items ranged from 0.72 to 0.79 and its reliability was approved by Cronbach's alpha=0.72[21]. The questionnaires were completed through self-report. It should be noted that the students signed written informed consents for taking part in the research.

After all, the data were entered into the SPSS statistical software, version 22 and were analyzed using descriptive and analytic (t-test, Chi-square test and Pearson's correlation coefficient) statistics.

### RESULTS

The results indicated that the average of most students in the University and high school were between 14 and 15.99. In addition, 162 students (44.5%) were averagely satisfied with their study majors. Besides, most of the students (n=108, 31.76%) were highly satisfied with their University. Other demographic features have been presented in Table 1.

Based on the results presented in Table 2, most students (57.4% of males and 51.4% of females) were moderately honest in their courses. Accordingly, students of Nursing (55.7%), operating room (66.7%), and Medical emergencies (81.2%) were moderately honest. On the other hand, the lowest levels of dishonesty were detected among the students of Midwifery (7.5%) and Anesthesiology (5.3%). Furthermore, most students who lived in dormitories reported moderate honesty (52.7%).

As Table 3 depicts, the rate of dishonesty was higher among females in comparison with males. Besides, a significant relationship was observed between sex and honesty (P<0.001). The results also indicated that the rate of dishonesty was higher among nursing students compared with those of other majors. A significant relationship was also found between the major of study and honesty (P<0.001). Moreover, the rate of honesty was higher among the students who lived in dormitories. A significant relationship was also observed between living place and dishonesty

Table 1 — *Frequency of demographic characteristics in students*

| Variables | No | % | Total No (%) |
|---|---|---|---|
| Sex | | | 341 (100) |
|   Male | 94 | 26 | |
|   Female | 247 | 68.2 | |
| Major | | | 341 (100) |
|   Nursing | 183 | 50.6 | |
|   Midwifery | 67 | 18.5 | |
|   OR | 51 | 14.1 | |
|   Anaesthesia | 19 | 5.2 | |
|   ER | 21 | 5.8 | |
| Grade | | | 341 (100) |
|   Bachelor | 315 | 87 | |
|   Master | 26 | 7.2 | |
| Place | | | 341 (100) |
|   Dormitory | 237 | 65.5 | |
|   Home | 104 | 27.9 | |

Table 2 — *Academic dishonesty frequency between students*

| Academic dishonesty Variable | High No (%) | Moderate No (%) | Low No (%) | Rare No (%) | Total No |
|---|---|---|---|---|---|
| Sex : | | | | | |
|   Male | 11 (11.7) | 54 (57.4) | 28 (29.8) | 1 (1.1) | 94 |
|   Female | 8 (3.3) | 127 (51.4) | 103 (41.7) | 9 (3.6) | 247 |
| Major | | | | | |
|   Nursing | 13 (7.1) | 102 (55.7) | 65 (35.5) | 3 (1.6) | 183 |
|   Midwifery | 0 (0) | 26 (38.8) | 36 (53.7) | 5 (7.5) | 67 |
|   OR | 3 (5.9) | 34 (66.7) | 13 (25.5) | 1 (2) | 51 |
|   Anaesthesia | 1 (5.3) | 2 (10.5) | 15 (78.9) | 1 (5.3) | 19 |
|   ER | 2 (9.5) | 17 (81.2) | 2 (9.5) | 0 (0) | 21 |
| Place : | | | | | |
|   Dormitory | 14 (5.9) | 124 (52.3) | 92 (38.8) | 7 (3) | 237 |
|   Home | 3 (3) | 57 (56.4) | 38 (37.6) | 3 (3) | 101 |
| Grade : | | | | | |
|   Bachelor | 16 (5.1) | 166 (52.7) | 124 (39.4) | 9 (2.9) | 315 |
|   Master | 3 (11.5) | 15 (57.7) | 7 (26.9) | 1 (3.8) | 26 |

Table 3 — *Relationship between academic dishonesty and demographic-educational characteristics*

| Academic dishonesty Variable | High No (%) | Moderate No (%) | Low No (%) | Rare No (%) | P value |
|---|---|---|---|---|---|
| Sex : | | | | | <0.001 |
|   Male | 11 (11.7) | 54 (57.4) | 28 (29.8) | 1 (1.1) | |
|   Female | 8 (3.3) | 127 (51.4) | 103 (41.7) | 9 (3.6) | |
| Major : | | | | | <0.001 |
|   Nursing | 13 (7.1) | 102 (55.7) | 65 (35.5) | 3 (1.6) | |
|   Midwifery | 0 (0) | 26 (38.8) | 36 (53.7) | 5 (7.5) | |
|   OR | 3 (5.9) | 34 (66.7) | 13 (25.5) | 1 (2) | |
|   Anaesthesia | 1 (5.3) | 2 (10.5) | 15 (78.9) | 1 (5.3) | |
|   ER | 2 (9.5) | 17 (81.2) | 2 (9.5) | 0 (0) | |
| Place : | | | | | <0.05 |
|   Dormitory | 14 (5.9) | 124 (52.3) | 92 (38.8) | 7 (3) | |
|   Home | 3 (3) | 57 (56.4) | 38 (37.6) | 3 (3) | |

(P<0.001). However, no significant relationships were found between dishonesty and education level and other demographic characteristics (P>0.05).

The major reasons that led the students to commit academic dishonesty were fear of failing 85% (289), anxiety about doing proper performance 81.6% (277), and poor time management 81.7% (278).

## Discussion

Dishonesty is not a novel phenomenon and is common in all around the world. The findings of the present study indicated that dishonesty existed among students and was more common among females compared with males. Tardy and colleagues conducted a descriptive study and asked students to complete questionnaires through self-report. According to their results, 97% of the subjects reported some sort of dishonesty, 78% had cooperated in at least one type of cheating, 50% had a mild attitude towards such unethical behaviors, and 2% had helped other students to cheat [22]. Bedford and Gregg proposed that personal and psychosocial factors played a role in the occurrence of dishonesty among students. They also demonstrated that age, sex, rules of the study major, and learning environment were effective in occurrence of dishonesty [22]. Dogas performed a study in 2014 to investigate who helped students to cheat. According to the results, females cheated more in comparison with males [7]. Hafeez and colleagues also carried out a research in Pakistan in 2013 and reported higher dishonesty among females compared with males [12]. In contrast, some studies have revealed higher rates of dishonesty among males in comparison with females [3,22]. This difference might be attributed to cultural variations as well as differences in study majors. The results of the current study revealed a higher rate of dishonesty among nursing students in comparison with other majors. Similarly, Kacici and co-workers conducted a study in 2014 to assess the rate of cheating in School of Nursing. The results indicated a higher rate of cheating among nursing students [4]. Hanning and others showed that great expectations from students and high workload in Medical Sciences resulted in dishonest behaviors among students [2]. However, no similar studies were found to compare the results. Therefore, the reasons for such behaviors have to be assessed in future studies. The findings of the present study revealed no significant relationships between dishonesty and other variables. In the same line, Hafeez performed a study in Pakistan and showed no significant relationships between dishonesty and other variables, such as education level [12]. However, David (2014) reported a relationship between dishonesty and self-confidence, skillfulness, valuing honesty and educational success. Accordingly, students who had an optimistic view towards Human nature were deceived less. Nonetheless, no significant correlations were observed in this respect. Overall, considering the high rate of cheating and dishonesty,

the educational system needs to be promoted[23]. A prior study was conducted in Korea to explore the impact of seven sessions of ethics training on students' ethical sensitivity. Some studies results indicated the need for planning and higher accuracy in designing the curricula[24,25]. The findings of the current study also showed that dishonesty among students could not be neglected. Due to the negative effects of this problem on academic education and professionalism, solutions have to be found by educational planners and teachers.

## CONCLUSION

The study findings revealed dishonesty among students. Hence, this issue has to be taken into consideration by Researchers, Managers and Facultymember. Many types of cheating are preventable through rules, correct training and educational management, which will eventually promote honesty in the Educational System. This reveals the necessity of medical students' familiarity with ethical codes, faculty member emphasis on importance and role of ethics in Medical Sciences, attempt to institutionalize professional ethics in students, and using novel educational methods.

## LIMITATIONS

This study was conducted on students of different majors in School of Nursing and Midwifery. Comparative investigation of different colleges can provide a more reliable comparison of dishonesty among students of various majors. Moreover, all variables, particularly dishonesty, were evaluated through self-report in this study. Thus, responses might have been affected by different factors. For instance, students might have provided responses welcomed by the Society. In other words, they might have exaggerated or underestimated the cases of dishonesty. Therefore, further interventional studies are recommended to find an appropriate solution to decrease this ethical and professional challenge.

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