DR NIGEL HARRISON  
EXECUTIVE DEAN  
COLLEGE OF HEALTH AND WELLBEING  

STAKEHOLDER PERCEPTIONS OF ACADEMIC DISHONESTY AND APPROACHES USED TO PROMOTE ACADEMIC INTEGRITY IN NURSING STUDENTS
PRESENTATION OUTLINE

- Background information
- Literature review
- Research aim & questions
- Research design
- Data collection methods
- Data analysis
- Findings
- Questions
BACKGROUND INFORMATION

- Chair investigations for plagiarism, collusion and cheating
- School representative plagiarism audit committee
- Absence of research studies within literature on nursing – largely anecdotal
• Increasing incidence in the school

• UCLan regulations focused on investigations & penalties not prevention

• Barrett (2011) scoped 80 HEIs - UCLan 642 cases over 4 years 5th highest

• OIA receiving increased No. complaints & appeals following penalties being awarded for unfair means
RESEARCH ADVOCATED IN THE LITERATURE

- Managers need to develop shared answers to a range of questions
  (Carroll 2007 p13)

- Descriptive studies are needed to determine the prevalence, methods and attitudes of academic misconduct among nursing students
  (Harper 2006 p8)

- Determining student and faculty perceptions of what constitutes unethical behaviour is necessary to determine strategies for correction
  (Harper 2006 p8)
Research advocated is how faculty, deans / chairs perceive academic misconduct

(Bailey 2001)

the need for university administrators, faculty and students to engage in open discussions about how plagiarism should be addressed

(Paterson et al 2003 p157)

academics need opportunities to discuss conventions in their discipline

(Stephani & Carroll 2001 p5)
RESEARCH AIM

An exploration of stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity in nursing students?
How would you define academic dishonesty occurring in nursing students'?

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

What approaches are used to promote academic integrity in nursing students?
Case study (Yin 2009; Stake 1995; Willig 2001)

Phenomena – academic dishonesty and academic integrity in nursing

Single, cross sectional case study

Instrumental – an exemplar, typical & representative in nursing

Descriptive and explanatory – developing new insight, understanding, knowledge & theory

Multi-method enabling triangulation
DATA COLLECTION METHODS

- 12 Semi-structured individual interviews
- 4 Nominal Groups
- Documentary evidence data collected for audit and monitoring
- Thematic Analysis & descriptive statistics for simple numerical data
FINDINGS
NOMINAL GROUP TECHNIQUE

- 4 homogeneous groups:
  - Nursing lecturers - 6
  - Nursing students - 5
  - Nursing Mentors - 5
  - Admin & support staff - 4

- Lasted 2.5 hours
- Audio taped to check data
- Facilitated in school building
- Two main questions
- Scribe captured data
- Used a structured approach
How would you define academic dishonesty occurring in nursing students'?
OVERALL DEFINITION

MERGED DEFINITION

DEFINITION
Derived from Nominal group with Academic staff (n=6)

DEFINITION
Derived from Nominal group with Nursing mentors (n=5)

DEFINITIONS
Derived from Individual interviews (n=12)

DEFINITION
Derived from Nominal group with Nursing students (n=5)

DEFINITION
Derived from Nominal group with Admin & support staff (n=4)
DEFINITION OF ACADEMIC & PRACTICE MISCONDUCT

A nursing student completing a course within an HEI plagiarising, cheating, colluding, falsifying and / or fabricating a theoretical and / or practice based assessment, limiting their personal development of knowledge, skills and values, resulting in risk to themselves, patients, carers and / or colleagues, in breach of academic regulations and professional body standards and guidelines.
DEFINITION OF ACADEMIC & PRACTICE MISCONDUCT OCCURRING IN NURSING STUDENTS

- Types
- Influences
- Act and or omissions
- Compromise of personal values
- Consequences
- Breach of academic & professional misconduct
- Penalties
What are the key features of academic dishonesty occurring in nursing students’?
Total Numbers investigated:
- 154 Investigations
- 133 evidence/penalties applied (86%)
- Initiated by 57 different staff (47%)

Gender:
- Male 11% & Female 89%

Types of academic dishonesty
- 50% Collusion
- 41% Plagiarism
- 9% Cheating
DESCRIPTIVE DATA FROM DOCUMENTARY EVIDENCE

Types of Assessment:

- Written assignment 66%
- Clinical Assessment Document 21%
- Examinations 11%
- Dissertation / Project 2%

Academic Level:

- Level 4 26%
- Level 5 57%
- Level 6 14%
- Level 7 3%
ACADEMIC DISHONESTY OCCURRING IN PRACTICE

- **Collusion** - working together on or copying clinical practice documents
- **Plagiarism** – accessing & using others work as if their own
- **Forgery** - forges mentors signature and / or supporting statement or co-herses another person to write it
- **Falsification** - lies what passed / experience obtained including documents to obtain a job
- **Fraud** - misrepresents the truth when practice / procedure not completed e.g. in writing up case study
What I would change if repeating the study?

- Prepare to be overwhelmed by amount of data
- Plan time for writing up
- Include others in interviews / nominal groups – education commissioner, trust nurse executive, practice teacher, patients, students received penalties
- Data log to include age and ethnicity of students & data of fitness to practice (forgery & fabrication)
QUESTIONS