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A narrative inquiry of associate degree nursing students' stories about their experiences with academic misconduct

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Abstract

Academic misconduct is a growing national and global concern. There is a paucity of literature on academic misconduct in nursing. Utilizing the qualitative method of narrative inquiry, this study gives voice to students' stories of academic misconduct and reveals intimate stories of their experience. The stories contribute to a deeper understanding of associate degree nursing students' experiences with academic misconduct. The findings of the study have implications for future research, nursing education, and practice.

1. Introduction

Academic misconduct is a global phenomenon and of concern in all disciplines, including nursing (Crittenden, Hanna & Peterson, 2009; McCabe, 2009). Behaviors of misconduct in the academic setting are of concern to the nursing profession as research has shown that such behaviors in school may carry over into the clinical setting and be detrimental to the nursing profession and the patients under a nurse's care (Klainberg, et al., 2015; McCrink, 2010).

Associate degree nursing students are introduced to the American Nurses Association (ANA) *Code of Ethics* and to the values of integrity and honesty as fundamental to safe and effective care during their pre-licensure education (ANA, 2015). Although trends in nursing education have changed, 32% of nursing students graduate with an associate degree (AD) (National League for Nursing, [NLN], 2016). While the concepts of integrity and honesty are part of a nurse's education, the literature suggests that nursing students, like other college students, may participate in academic misconduct (McCabe, 2009).

Academic misconduct is not a new phenomenon; studies have shown that students engage in academic misconduct for many different reasons, including fear of failure, family pressure, pressure for good grades, and competition (Crittenden et al., 2009; International Center of Academic Integrity, [ICAI] 1999, 2013; Oran et al., 2015). Nursing students are under extreme pressure to perform while in a nursing program. The stressors of the high-stake nature of school exams and the importance of passing the NCLEX®-RN exam on the first attempt may contribute to academic misconduct (NLN, 2012). Research has indicated that individuals who participate in academic misconduct may have done so throughout a good portion of their education (McCabe, 2016; McCabe, Butterfield & Treviño, 2012). The phenomenon is of growing concern to faculty in higher education and educators are challenged to prevent,

discourage, and respond to incidents of academic misconduct. Although much research has examined the topic, little progress has been made in reducing academic misconduct.

2. Background

Academic misconduct is a growing phenomenon in institutions of higher learning (Keçeci et al., 2011; McCabe, 2009; Woith et al., 2012). Some experts suggest that today's college students may not understand that participating in academic misconduct is wrong; their thinking may be related to the competitive nature of today's society, which emphasizes personal success as more important than social values (Arhin, 2009; Balik, Sharon, Kelishek, & Tabak, 2010; Tippitt et al., 2009; Woith et al., 2012). McCabe and Treviño, (1993) studied academic misconduct, specifically cheating, in 31 US institutions of higher learning. Their findings led to the creation of the International Center for Academic Integrity (ICAI), a consortium of more than 200 colleges and universities throughout the world that work together to promote ethical institutions and societies (https://academicintegrity.org). In 1999, ICAI published findings of a national study on academic integrity that involved 50,000 undergraduate students at more than 60 U.S. colleges; the study was repeated in 2013 (ICAI, 1999, 2013).

The 2013 data revealed that 70% of students admitted to cheating, and almost 40% admitted to Internet plagiarism (up from 10% in 1999). McCabe and colleagues continued to conduct numerous studies on academic misconduct in the disciplines of engineering, sciences, and business (McCabe, Butterfield, & Treviño, 2006). Academic misconduct in nursing education was not explored until 1985, when Hilbert examined classroom and clinical behaviors in baccalaureate nursing students. Hilbert followed the initial study with a large, multi-site study of academic behaviors of baccalaureate nursing students across three geographically distinct areas (East, Midwest, and West). The rates of some behaviors were found to be higher than in the

first study (e.g., obtaining questions prior to exam and copying from another's exam). Hilbert

found that academic misconduct happened in both classroom and clinical settings and the two

were associated. The most common reason students reported cheating was due to pressure to get

good grades (1987). A third study by Hilbert (1988) was concerned with moral development and

unethical cheating behaviors; the researcher suggested that baccalaureate nursing students may

not recognize how cheating affects others.

McCabe (2009) conducted one survey of 2,000 baccalaureate and graduate nursing

students; completed surveys were received from 902 baccalaureate students, 187 graduate

students, and 9 students who did not specify their class level. The findings indicated that at least

half the students surveyed participated in cheating at least once during their education. McCabe

concluded that students from all backgrounds and in all fields of study are capable of misconduct

when the pressure for academic success is paramount.

Two more recent studies addressed academic misconduct in associate degree nursing

students (Krueger, 2013; McCrink, 2010). McCrink (2010) surveyed second-year nursing

students ($n = 193$) in two AD programs regarding the frequency of occurrence of common acts of

misconduct. McCrink found acts of misconduct in both classroom and clinical settings and

concluded that AD students' participation in academic misconduct was similar to that of

baccalaureate nursing students.

Krueger (2013) conducted a multi-site cross-sectional quantitative study of AD nursing

students from two Midwestern colleges ($n = 336$) to examine academic misconduct behaviors in

the classroom and clinical settings. More than half (64.7%) of the 336 participants reported

cheating in both settings. Krueger's recommendations for future research included the conduct of

qualitative research to better understand students' reasons for engaging in academic misconduct.

One hermeneutic phenomenological study had been published previously to examine the meaning of academic dishonesty as understood by baccalaureate nursing students ($n = 11$). Wideman (2011) found that academic misconduct is a complicated phenomenon and that students have conflicting views of its meaning. Similar to other studies, Wideman's study revealed that students do not have a good understanding of academic misconduct and are unaware of their schools' policies and their rights as students.

The current study was conducted to gain a deeper understanding of AD nursing students' experiences with academic misconduct. The following research question was asked: What are the stories of Associate Degree nursing students with academic misconduct experiences during their nursing education?

3. Method

A narrative inquiry was conducted to answer the research question. Narrative inquiry is a qualitative research method that requires the collection of stories that may help give meaning to everyday life (Clandinin & Connelly, 2000; Munhall, 2012). "Narratives reveal, sometimes consciously and unconsciously, the meanings, conventions, dominant beliefs and values of the time and place in which a person lives and develops an identity" (Munhall, 2012, p. 421). Clandinin and Connelly's (2000) defined narrative inquiry as a way to understand the human experience through the study of experience as story "aimed at understanding and making meaning of experience" (Connelly & Clandinin, 2000, p. 80). Narrative inquiry can provide a deeper understanding of the context and intricacy of an experience (Clandinin & Connelly, 2000; Kirkpatrick & Byrne, 2009).

3.1 Procedure and Sample

The use of narrative inquiry is meaningful to the present research because developing nursing education science through AD students' stories can facilitate shared learning among educators, researchers, and students regarding academic misconduct and may provide insights that contribute to new solutions (Clandinin & Connelly, 1998; Lindsay, 2006). Data are collected for narrative inquiry either through field texts (living with participants) or through hearing stories through an interview process. After institutional review board (IRB) approval was received through the College of Staten Island/City University of New York, the researcher conducted purposeful sampling at public and private institutions in the Northeast between September 2017 and April 2018. (Students from the author's school were not recruited to avoid issues with coercion. Researchers conducting narrative inquiry must be mindful of their relationship with participants.) The study was open to current AD students who engaged in or witnessed academic misconduct during their nursing education.

Only potential participants who self-identified as having witnessed academic misconduct during their nursing education contacted the researcher, so participants were exclusively students who witnessed some act of academic misconduct. Five participants, all women, were recruited to be interviewed; participants were 21 to 47 years of age.

Individual interviews were conducted at a mutually agreeable and pre-arranged time and place. The interviews lasted between 60 and 90 minutes and were digitally recorded with the permission of the participants; a professional transcriptionist was used to transcribe the interviews verbatim. A broad opening question was used to open the interview: "Tell me your story of academic misconduct." Probing questions were used to seek additional data as needed.

3.2 Data Analysis

Data analysis within the narrative inquiry method uses approaches that are typical of qualitative research including ongoing analysis, coding, and theme identification. Method-specific approaches are also used to provide structure to the analysis. The researcher must consider three common places or domains (temporality, sociality, and place); four directions of looking (inward, outward, backward, and forward); and three justifications (personal, practical, and social) (Clandinin & Connelly, 2000). For this study, the researcher read and re-read the transcripts while listening to the digital recordings of the interviews for accuracy. The researcher kept a reflexive journal, in which she recorded thoughts and feelings that emerged during the research process. The documents for analysis were the transcripts, participant check documents, researcher's field notes, and reflexive journal entries.

4. Results

Narrative inquiry results emerge from all the stories of the co-participants (participants and researcher) with attention to the three commonplaces, four directions, and three justifications. The findings from this study of five AD nursing students' stories of experiences of witnessing academic misconduct are presented through four themes that emerged from the data. The thematic results with participant exemplars are reported here; pseudonyms are used to protect participants' identity/

4.1 Theme #1 Perception of Rules Unfulfilled

The first theme reflects participants' perceptions about how rules are not enforced. Their stories show that despite stated rules, rules are not always followed and expectations are unfulfilled. For example, Alicia's story mentioned that students had cell phones with them during testing, despite the rules, and that a student caught cheating was not placed on probation.

"If the rule said you might be on probation if caught cheating, I want to see it." Rachel said, "Two students were caught cheating and I don't know if they were penalized in a more private way but they weren't kicked out of the program. I feel a way to show everyone else even though it is terrible for the person, they should at least be on probation, but they won't be put out of the program." Eileen asked, "Did the professor turn a blind eye to the cheating?" And Vanessa stated, "There was a student who I know failed in second and third semester and she was allowed to repeat. So, it's like, where is the rule, right?"

4.2 Theme #2 Fear of Getting Caught While Feeling Pressure to Succeed at All Cost

Multiple exemplars support the theme that fear of failing is greater than the fear of getting caught. Vanessa expressed that students have a feeling of desperation, "that no matter what I need to pass." Rachel stated that in her opinion, students are afraid to get caught but they still might cheat. "At the end of the day you may be kicked out of the program for cheating." Eileen noted the stressors and pressures of nursing students, which may be an antecedent to their participating in academic misconduct; "Having children, going back to school, being away from the A&P classes for so long, other life issues, job and certain things like that might force someone to cheat." Essentially, although students know they can be removed from a program for cheating, the chances of getting caught are less worrisome than the chance of failing out of the program.

4.3 Theme #3 Solidarity: Treat Others as I Want to be Treated

The third theme reflects participants' perceptions of solidarity. Students want to treat others as they would like to be treated and do not want to jeopardize the place of others in the nursing program. None of five participating students reported any of their peers by name as they did not want to be the cause of a student not finishing the program and becoming a nurse.

Alicia's story is an example: "Before I was in the nursing classes, I would report someone cheating to my professor, but I don't know why once I was in nursing like, everybody wants to pass, and I want my classmates to pass too…. I can't really explain why in, like nursing-wise, it feels not the same to me, like, to report on my classmates. I always think you know, they can't graduate. I think because nursing is a smaller group and I kind of feel like everyone has their issues. They have their struggles but everyone has the same goal to pass the NCLEX and get a good job. I am not reporting anyone."

Vanessa did report that someone in class cheated but did not give the name because she did not want the person to get into any trouble. Rachel explained that it bothered her when she witnessed someone cheating. She would tell all of her classmates but did not report it to the administration. "I think this kind of thing could jeopardize the student's whole nursing career. I wasn't prepared to make that sacrifice for them." Eileen felt that it is not her business to say something: "I am definitely not that student that is going to tell the professor." Melissa felt that the professor should be the one to discover the cheating: "I am a student and don't feel it is my place to report on another student. Now we just help each other study."

4.4 Theme #4: **Success or Failure: Cheating Throughout the Program; You May Be Cheating Only Yourself.**

The fourth theme reflects participants' views on success or failure, and their understanding that those who cheat in the program may be cheating only themselves. The students believed that even if a student was cheating during the program and passed the courses, the NCLEX would prevent unqualified students from becoming a nurse. For example, Eileen felt that at some point "You're going to fail something if you've been cheating. You cannot cheat on

the NCLEX; therefore, that could weed you out immediately." Rachel also remarked, "I think they are going to mess up sometime in the future on their own." Melissa stated that by cheating "you are only cheating yourself." Alicia stated: "So even if they make it through the semester, I don't think they're going to make it through the NCLEX and everyone is going to take the NCLEX, so as long as they get the degree, they can take the NCLEX."

The students also felt their program prepared them well and students would pass the NCLEX based on the rigor of the program. Vanessa's comments included: "I never heard anyone say any student who graduated from this program wasn't ready to practice as a nurse, and I know that guy he is knowledgeable, he will prove himself after graduation.

5. Discussion

Nursing education and nursing practice are guided by a *code of ethics*, first established in 1953. The code establishes a set of duties and obligations that the nurse must follow and use when providing care to patients (ANA, 2001, 2015). Nurses' primary responsibility is to the patient and providing safe and effective care. It is a concern that nurses who participate in academic misconduct during their education, may not have the educational foundation necessary to provide this care (Jeffreys & Stier, 2004).

The public has ranked nursing as the most ethical and honest profession in the country for 17 years (Gallup, 2018), based on the assumption that the nurse caring for a patient is a competent, qualified professional who puts the patient's best interest and safety first. A license granted by a governmental entity provides assurance to the public that nurses have met predetermined standards. The NCLEX exam is based on nursing knowledge obtained during nursing education and how it is applied in real-life situations. Students who cheated their way

through a nursing program may not have the necessary knowledge to pass the exam, which helps

protect the profession.

Back in 1997, Gaberson identified the reality that nursing students may be participating

in academic misconduct during their education, jeopardizing their future nursing practice, patient

outcomes, and the profession of nursing itself. The participants in this study, like Gaberson,

expressed concern about the consequences of academic misconduct through their stories. As

academic misconduct is prevalent in higher education in general, the assumption can be made

that it also happens in nursing education when the pressure for academic success is paramount

(McCabe, 2009). Nurse faculty and educators need to protect the integrity of the education

students receive and the nursing profession itself by trying to decrease, and possibly eliminate,

academic misconduct from nursing education and nursing practice. The participants' stories

revealed important topics that need to be considered in nursing education.

5.1 Limitations of the Study

The participants in this study consisted only of students who described themselves as

witnessing academic misconduct. Therefore, the findings of this study do not fully explain why

academic misconduct happens in nursing education. In addition, only female students

volunteered to participate in the study.

6. Implications

The researcher conducting narrative inquiry does not draw implications from the

findings. However, the findings are of interest to faculty and administrators in AD programs.

Considering the first finding, that students perceive rules are unfulfilled, educators should take a

closer look at how the procedures are implemented, for example, the rule about having a cell

phone in the room where testing takes places. Inconsistencies in implementation may be confusing and undermine the meaningfulness and success of procedures already in place, supporting feelings of vulnerability in students who do not participate in academic misconduct, while simultaneously and inadvertently encouraging students who see advantages in cheating. One option for exploring enhanced procedures may be to engage students in planning stronger and more effective strategies.

It is important to understand what students are experiencing and thinking during their prelicensure programs. As noted in theme #2, AD nursing students often have major stressors in their lives, including family responsibilities and financial concerns. The fear of failure for these students can be greater than their fear of being caught cheating, especially when rules about cheating are not enforced. It is incumbent on educators to not only educate and nurture future nurses in their clinical knowledge and skills, but to socialize future nurses with the values of the profession. Academic misconduct is counter to the values and beliefs put forward in the *ANA Code of Ethics* (ANA, 2015) and to the provisions in the *Nursing Student's Code of Ethics* (National Student Nurses Association (NSNA, 2009). Both documents speak to characteristics of honesty, integrity, and responsibility. Educators will need to use more meaningful and compelling arguments to instill these values in students as they progress through their pre-licensure AD education. Understanding what students are thinking and experiencing can provide some insights into strategies that may be effective in translating the values, codes, and standards of the profession to behaviors expected in everyday academic situations.

Implications for research include the benefits of using narrative inquiry for studying academic or professional misconduct, the importance of extending our understanding of academic misconduct in other populations, inquiries involving practicing nurses, and exploring

nurse faculty experiences with academic misconduct in their students. Narrative inquiry is a way to explore experiences through stories; using narrative inquiry to study academic misconduct in other AD students from geographic regions may be helpful in getting a broader view of the phenomenon. Attempts to engage participants who have actually participated in academic misconduct would also help us to better understand their perspectives. In the future, examining academic misconduct from a mixed-methods approach may be useful.

7. Conclusion

This study adds a unique perspective within the nursing literature as most previous studies on academic misconduct were quantitative with baccalaureate or higher nursing students as the subject; therefore, this qualitative study, through the stories of students, enhances our understanding of the way AD nursing students view academic misconduct from the stories and perspective of students who witnessed it. In conclusion, AD students who witness academic misconduct recognize cheating as academic misconduct and want nursing program rules to be followed consistently. Participants shared their understanding of why some students cheat, that their fear of failing is greater than the fear of getting caught. Despite recognizing the misconduct, AD students are reluctant to expose their peers who cheat because they do not want to harm them and would want others to give them the same consideration. In the end, AD students who witnessed academic misconduct wondered if those who cheat in nursing school are really cheating themselves.

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