

Exploring Nursing Students' Knowledge and Attitudes Regarding Academic Integrity and
Willingness to Report Peer Violations

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Abstract

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Academic integrity, while important for all students, is especially so for those enrolled in nursing programs. Nurses are entrusted by the public to care for those in need from birth through death. A nursing student who graduates through dishonest means jeopardizes the safety of patients in their care. Nursing faculty need to understand the scope of academic integrity violations and develop meaningful, targeted interventions to show students the harm their actions could cause.

The purpose of this dissertation is to explore undergraduate nursing students' knowledge and perceptions of academic integrity and to specifically look at their willingness to report peer violations. This dissertation study was a collaborative effort among three doctoral students. Using a research team-modified version of McCabe's Academic Integrity Survey as well as a research team-created Knowledge Assessment, 442 nursing students were surveyed. Results confirm a hesitation to report peers for violations of academic integrity. Students' ability to neutralize their behaviors as harmless, their desire to remain loyal to their peers, and age act as positive predictive variables for willingness to report peer violations. Additionally, participants' perceptions of the severity of various offenses and their perceptions of their faculty's support for academic integrity policies are positively correlated with willingness to report peer violations. Program improvement strategies, such as implementing an honor code, were supported by participants and may help foster a culture of academic integrity that promotes peer reporting.

Lastly, a targeted intervention designed for nursing students to promote academic integrity and peer reporting is explored.

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To my daughter, Reese: everything I do is for you. Dream big, my girl. I can't wait to see you take on the world.

S.M.S

Chapter 1: Introduction to the Dissertation

Nurses care for people during their most vulnerable moments from birth through the end of life. The nursing profession has been viewed as one of trustworthiness for decades. In 2019, 85% of polled Americans “rated nurses’ honesty and ethical standards as ‘very high’ or ‘high’” (Reinhart, 2020). Despite the perception that nurses possess integrity as an innate trait, nursing students violate academic integrity in the classroom and clinical settings (McCabe, 2009). Students often state they are drawn to nursing because they want to help care for people. How does this noble calling to do good intersect with cheating, plagiarizing, or falsifying data to obtain a nursing degree?

There are many factors, both external and internal, that influence the student who violates academic integrity. Some students may not even realize that their actions are prohibited behavior. For example, a student who submits a paper they wrote for a previous course may be confused when they are reprimanded for violating academic honesty policies since they are submitting their own work. Students may provide other rationales for cheating beyond a lack of knowledge regarding what is or is not a violation of academic integrity. Students may feel justified in their decisions to cheat if they feel like all their peers are doing so or if they feel like faculty are not adequately preparing them for exams. While an honest attainment of any degree is important, nursing students have the added responsibility of providing care to patients upon graduation and licensure. Nursing faculty need to understand more about the motivations behind their students’ unethical behaviors and have a strategy to mitigate or prevent them. This dissertation aims to meet those needs by exploring academic integrity in nursing students as well as students’ willingness to report their peers for violations.

Specific Aims

The purpose of this dissertation is to investigate factors that influence today's nursing students' knowledge and perceptions regarding academic integrity as well as the students' motivation to report peer violations. Using a modified version of a popular scale that measures aspects of academic integrity in college students, a collaborative research team surveyed 442 nursing students from across the United States. Results from that survey, the McCabe's Academic Integrity Survey-Modified for Nursing Students (MAIS-MNS), as well as results from a collaborative research team-created Knowledge Assessment are presented. Specific attention is paid to investigating students' willingness to report peer violations of academic integrity. Additionally, a pilot study is explored that describes the creation of an online program comprised of three modules on academic integrity designed specifically for nursing students. The research questions addressed in the following three chapters are:

Chapter 2:

1. Among pre-licensure, baccalaureate nursing students, are students' perceptions of severity of violations, perceptions of faculty support, and support for program improvement strategies positively related to willingness to report peer violations as measured by the MAIS-MNS?
2. Controlling for the other variables, which variables are the best predictors of the willingness to report peer violations of academic integrity?

Chapter 3:

3. In relation to social contagion theory, does fear of social consequences impact pre-licensure, baccalaureate nursing students' self-reported likelihood of reporting peer violations as measured by the Social Contagion Concerns and Willingness to Report

Peer Violations subscales of the McCabe's Academic Integrity Survey-Modified for Nursing Students (MAIS-MNS)?

4. Does student engagement in neutralizing behaviors impact pre-licensure, baccalaureate nursing students' self-reported likelihood of reporting peer violations as measured by the Neutralization and Willingness to Report Peer Violations subscales of the MAIS-MNS?
5. What is the relationship between pre-licensure, baccalaureate nursing students' knowledge of academic integrity and self-reported likeliness to report peer violations as measured by the Willingness to Report Peer Violations subscale on the MAIS-MNS and Knowledge Assessment?
6. Do the following demographic variables impact pre-licensure, baccalaureate nursing students' self-reported likelihood of reporting peer violations as measured by the MAIS-MNS?
 - Self-reported grade point average (GPA)
 - Gender
 - Age
 - Living arrangements

Chapter 4:

7. Does student knowledge of academic integrity violations and policies increase as measured by the pre and post-test Knowledge Assessment when comparing participants randomized to either a control or intervention group (AIM - Nursing)?

Background

Academic Integrity in Nursing Students

There is a growing body of research on academically dishonest behaviors in nursing students. A foundational study by Donald McCabe (2009) discovered that 58% of nursing students surveyed self-reported having committed one or more of 16 academic integrity violations, such as copying from a source without citing it or asking about exam questions from someone who has already taken the exam. Further demonstrated in the literature, nursing students are engaging in acts of academic dishonesty at an ever-increasing rate due to competitiveness for high grades and job opportunities (Park et al., 2013). Students also desire high grade point averages to be considered for admission into advanced practice degree programs. In addition to the moral conflict that cheating creates, there is concern that violations of academic integrity committed by a nursing student may influence the integrity of their nursing practice and the safety of patients under their care (McCabe, 2009).

Violations of academic integrity by nursing students are not committed solely in the classroom or during an examination. Dishonest behaviors can also occur in the clinical setting, where violations often go undetected unless there is a negative patient outcome (Baxter & Boblin, 2007). For example, when charting in electronic health records, students can simply copy over a patient assessment from the previous shift without performing it themselves and miss observing an important change in their patient's condition. Moreover, they could alter the time a medication was charted as given or provide false information on a patient's status to their preceptor or faculty. In these scenarios, patient safety is compromised and the risk of an adverse outcome or sentinel event is possible.

Willingness to Report Peer Violations

Students hesitate to report their peers for violating academic integrity (Theart & Smit, 2012). Two theories, the theory of neutralization and social contagion theory, offer explanation as to why that may be. Neutralization is characterized by the student's ability to neutralize their behavior with a variety of justifications, including denying the victim and the need to appear loyal to their social group (Sykes & Matza, 1957). By denying the victim, students feel like cheating by their own volition or that of their peers' is harmless. They feel as though getting a higher grade on a test has no connection to their ability to provide patient care in the future. Peer loyalty allows students to justify cheating because students feel as though their friends are relying on them to help the group do well on an exam or project. The need to appear loyal also is a key tenet of social contagion theory. This theory explains that if students feel everyone is cheating, then it is normal for them to cheat as well (Megehee & Spake, 2008).

Students face negative consequences that could occur should they choose to stray from the norm and report a peer for violating academic integrity (McCabe, Trevino, & Butterfield, 2001). If they report a peer, they may be labeled as a whistleblower and be excluded from the group. Retaliation is also a threat. Nursing faculty need to be aware that these risks to a student's social status cannot be ignored and may be a driving force behind why students do not report peer violations of academic integrity. However, through education, faculty can appeal to a student's intrinsic motivator of wanting to do good to show why reporting peers is needed to keep patients safe.

Changes Made Since Proposal

The original study in the proposal was determined by Teachers College's Institutional Review Board to be exempt from review on June 10, 2020 as protocol 20-319. Due in part to the

COVID-19 pandemic, significant modifications to that proposal were made. First, due to low participation rate and obstacles met during recruitment, the pre/post-test randomized control trial that investigated the impact of the Academic Integrity Modules for Nursing (AIM-Nursing) was modified to be a pilot study and data were analyzed and reported as such. Second, since the intervention was removed as a major component of the dissertation, the design of the study changed to a cross-sectional survey. The survey consisted of the MAIS-MNS and the collaborative research team's Knowledge Assessment that was originally created to evaluate knowledge gained through completion of AIM-Nursing.

Rather than only conduct the new study with the cross-sectional survey at the three sites approved in the original protocol, participant recruitment was widened to include all members of the National Student Nurses Association (NSNA) enrolled in baccalaureate nursing programs. This allowed for a greater sample size to be obtained and helps increase the generalizability of results as the participants are students at nursing schools nationwide. The research questions in the original proposal were modified to reflect the removal of the intervention and rather focus on the knowledge and perceptions nursing students possess at the time of survey. The pilot study followed the procedure as outlined in the original proposal. The new, cross-sectional design was approved by Teachers College IRB on December 11, 2020 under protocol 21-109.

Due to the changes made, the research questions presented in the proposal were also modified. The original research questions were:

1. Does student knowledge of academic integrity violations and policies increase as measured by a pre- and post-program Knowledge Assessment when comparing participants randomized to either the control or intervention group (AIM - Nursing)?

2. Does completion of AIM-Nursing impact pre-licensure, baccalaureate nursing students' self-reported likelihood to report peer violations as measured by the MAIS-MNS?
3. What is the relationship between the pre-licensure, baccalaureate nursing students' knowledge of academic integrity and self-reported likeliness to report peer violations as measured by the MAIS-MNS?
4. Due to student engagement in neutralizing behaviors, does the self-reported likelihood of reporting peer violations differ depending on whether the violation takes place in the classroom, clinical, online, or laboratory settings?
5. Do the following demographic variables impact a student's self-reported likelihood of reporting peer violations as measured by the MAIS-MNS?
 - Self-reported grade point average (GPA)
 - Gender
 - Age
 - Living arrangements

Organization of the Dissertation

This dissertation is organized into five chapters. Chapter 1 serves as an overview to present the overall dissertation topic and provide relevant background information. The dissertation's specific aims and research questions as well as changes made since the original proposal are also discussed.

The following three chapters are written as manuscripts to facilitate submission to scholarly journals upon defense. Chapter 2 is a collaborative effort among the research team that presents data related to research questions 1 and 2 regarding obstacles that may prevent nursing

students from reporting peer violations of academic integrity and provides program-wide strategies to promote peer reporting. Chapter 3 further investigates the willingness to report peer violations through a theoretical and demographical lens and differs from the focus of Chapter 2 by concentrating on individual student characteristics and beliefs that may prevent peer reporting. Research questions 3-6 are addressed. Chapter 4 explores the development of the original proposal's intervention, AIM-Nursing, and addresses research question 7.

Lastly, Chapter 5 summarizes the dissertation findings. It also provides guidance for future research as well as implications for nursing education. The appendices follow, starting with IRB approvals and including informed consent, instruments used, demographics of the sample, and reported subscale results from the MAIS-MNS.

Plans for Dissemination

The three chapters that present the data collected during the dissertation study will be prepared as articles and submitted for publication to nursing education journals such as the *Journal of Nursing Education* and *Nursing Education Perspectives*. As the survey and pilot study intervention could be tailored to meet the needs of various academic disciplines, submissions will be sent to the *Journal of Higher Education* and the *International Journal of Teaching and Learning in Higher Education* as well.

Beyond publication, abstracts based on Chapters 2-4 will be submitted to academic nursing and research conferences beginning in Academic Year 2021-2022. Such conferences include the American Association of Colleges of Nursing's Transform 2021 conference in December of 2021, the National League for Nursing's Education Summit in June of 2022, and Sigma's Nursing Education Research Conference in 2022.

Lastly, the collaborative research team plans to provide information regarding AIM-Nursing to nursing programs across the United States to gauge interest in the publication of the modules as a method of orienting incoming nursing students to academic integrity in an immersive way.

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Chapter 2: Promoting a Program Culture That Increases Peer Reporting of Academic Integrity Violations

Academic integrity among students is a value endorsed by universities around the world. However, violations of academic integrity are widespread across continents and disciplines (Birks et al., 2018; Krueger, 2014; McCabe & Trevino, 1997). Academic integrity implies that student behaviors and actions are honest and trustworthy in the educational setting. Violations of academic integrity can include cheating, plagiarism, unauthorized collaboration on assignments, falsifying data, and a wide variety of other dishonest behaviors. While students have been cheating on examinations or plagiarizing papers for decades, there is a concern among those in academia that students have become more sophisticated in the methods they use to violate academic integrity (Ahrin, 2009). When a university confers a degree to a student, there is the assumption that the degree was earned and that the graduate is prepared to enter their chosen field. Violations of academic integrity bring that assumption into question.

Nursing is considered one of the most trusted professions and it is of concern that violations of academic integrity as a nursing student could influence the integrity of one's future nursing practice (McCabe, 2009). Integrity is important for graduates of all fields, but nursing students have the added responsibility of caring for the health and welfare of the public upon graduation. Krueger (2014) explained that the independence granted to practicing nurses necessitates that nurses possess integrity and promote honesty for the safety of their patients. Part of promoting a culture of integrity is acknowledging the responsibility to report peer violations. For example, a student nurse reporting a peer for cheating during an exam or a practicing nurse

reporting a peer for diverting narcotics both help foster integrity of the academic program or the hospital unit.

Three principal investigators, Shannon Stevenson, Kathryn Flannigan, and Amanda Willey, formed a collaborative research team to investigate nursing student knowledge and attitudes regarding violations of academic integrity using a research team-modified scale originally created by Donald McCabe (McCabe & Trevino, 1993) that has been previously modified by various researchers over the last three decades. For the current study, items were added to the survey that are designed specifically for nursing students in the classroom, clinical, or laboratory settings. These included items on topics such as unauthorized collaboration, falsifying clinical data, and sharing confidential information on simulation scenarios with other students. Items regarding the willingness to report peer violations of academic integrity in the classroom, clinical, and laboratory setting were also modified to fit the study's population. Also included were items from McCabe's original survey that evaluate student perceptions of the likelihood of success of various program-wide strategies that can promote a culture of academic integrity. The focus of this article is to examine factors hypothesized to encourage willingness to report peer academic integrity violations: student perception of the severity of various violations, student perception of faculty support regarding policies that enforce academic integrity, and student perception of program-wide improvement strategies.

Background

When discussing what fosters a culture of academic integrity and peer reporting, it is important to explore the offenses that violate academic integrity and that often go unreported. As discussed by Kolanko and colleagues (2006), nursing students cheat for a variety of reasons. They may cheat because they feel as if they are competing with their peers for higher grades or

distinct honors, because they need high grade point averages to be competitive for graduate studies, or because they feel pressure to achieve “perfection” as nurses (p. 35). Peer reporting is an important component of academic integrity because often times students are the ones who witness a violation and are aware of dishonest behaviors among their classmates. If students know that their classmates, and future colleagues, will hold them accountable for acting with integrity, perhaps they will be less tempted to cheat. Peer reporting by students that results in enforcement of academic integrity policies mirrors peer reporting by nurses that results in disciplinary action or systems-based change to prevent patient harm. In order to foster a program-wide culture of academic integrity, exploration of the willingness to report peers is needed as well as further research investigating hurdles that prevent students from reporting violations.

Willingness to Report Peer Violations

Students hesitate or refrain from reporting their peers for violating academic integrity. McCabe et al. (2001) explored rationales for the lack of peer reporting and found that students fear ostracization from their social network and have difficulty identifying violations of academic integrity policies at their universities. They err on the side of loyalty to the peer group rather than reporting an event they are uncertain about. Even during obvious violations, such as cheating on an exam, Teodorescu and Andrei (2009) found that while 85% of their participants said they have seen a peer cheat during an examination, only 4% would report it. Theart and Smit (2012) found their participants, despite feeling like cheating was wrong, also demonstrated an overwhelming hesitancy to report violations they might witness.

Students should be aware that the importance of peer accountability does not disappear upon graduation. It is evident in healthcare systems as well. For professional nurses, employment

within an organization that encourages reporting could lead to an increased rate of peer and self-reporting of ethical violations or medical errors. Error reporting promotes a culture of integrity. As explored by Hewitt et al. (2017), working in such facilities allows nurses to learn from their mistakes, depending on the severity of the offense, and frames reporting as a vital part of quality improvement and patient safety. By addressing students' hesitancy to report peer violations before those students enter professional practice, nursing faculty can ensure graduates understand the importance of integrity.

Perception of Severity of Offenses

One obstacle that may prevent students from reporting their peers is that they may be unsure if what they witness is a violation of academic integrity. Violations of academic integrity have been noted to occur in all areas of higher education, not only within nursing programs. In a study of 6,000 undergraduate students at 31 institutions of higher education, it was identified that one in three undergraduate students have cheated during their college career (McCabe & Trevino, 1997). Additionally, 2,100 students were surveyed in 1999 through the Center for Academic Integrity and it was found that 68% had committed one or more violations of academic integrity (Owings, 2002, as cited in Boehm et al., 2009). McCabe (2009) found that 58% of surveyed nursing students admitted to committing a violation of academic integrity while in nursing school. When comparing nursing students to other college students, Arhin and Jones (2009) found that nursing students were able to identify dishonest actions more often than students in other academic areas. However, this was mainly when identifying dishonest behaviors related to exams. When it came to identifying other types of violations of academic integrity within the classroom and laboratory setting nursing students also had difficulty.

Arhin (2009) identified that many students believe academic integrity violations occur along a continuum, with some offenses being worse than others. This belief may lead to students engaging in violations of academic integrity based on the false notion that small offenses are not cheating and are of little consequence. Additionally, if students believe offenses are of little consequence, they may see no reason to report peers known to be engaging in these behaviors. According to a recent Gallup poll, nursing is the most trusted profession in America (Brenan, 2018). That trust makes it concerning that students may be cheating their way into the profession. Dishonesty as a nursing student could lead to practicing nurses who do not possess the knowledge and competencies required to practice safely as they enter professional practice.

Additionally, Park et. al (2013) discovered that students who disclosed cheating in high school were more likely to disclose that they cheated in nursing school. This gives rise to concerns that individuals who engage in dishonest behaviors do so habitually. This could indicate that their dishonest behaviors may continue upon entry into the nursing profession. Misconceptions related to academic integrity that are not clarified while the student is enrolled in the nursing program could lead to the potential negative outcomes in patient care. Therefore, it is important to educate nursing students that all violations of academic integrity are significant and carry the potential to do harm. If students understand the significance of cheating, they may also understand the need to report when they witness it.

Perception of Faculty Support

Another deterrent to peer reporting may be that students feel as though their faculty do not talk about academic integrity policies or enforce them consistently. Students can locate their university's academic integrity policies in campus policies, student handbooks, course syllabi, and institutional honor codes. While these policies are available to students and students are

expected to review them, the need remains for faculty members to communicate these policies directly to students (Hart & Morgan, 2010; McCabe & Trevino, 1993; McCabe, et al., 1999; Morgan & Hart, 2013). Faculty should remain vigilant in discussing such policies and ensuring that they are enforced appropriately and consistently (McClung & Schneider, 2018; Woith et al., 2012). To facilitate this, faculty can review academic integrity policies at various points throughout the program, including orientation, at the beginning of each course, and as a specific need arises (Azulay Chertok et al., 2014; Löfström et al., 2015; McCabe et al. 2001). This open communication and enforcement supports high ethical standards during the nursing program and instills the core value of integrity in students as they become professional nurses.

McCabe et. al (2001) found that students desired clear expectations for their assignments and valued open communication regarding academic integrity policies. However, regardless of the information that faculty provide, the onus is on students to uphold academic integrity in their nursing program by abiding by said policies. Clear communication of what is considered an academic integrity violation by faculty may reduce student engagement in dishonest behaviors. (Hart & Morgan, 2010; McClung & Schneider, 2018; Oran et al., 2016; Thakkar & Weisfeld-Spoter, 2012; Theart & Smit, 2012). Open and frequent communication about academic integrity is critical in promoting positive student perceptions of their faculty's support of academic integrity policies. This positive perception may lead to increased peer reporting if students believe their concerns will be addressed fairly and according to policy.

Program-Wide Strategies to Promote a Culture of Academic Integrity

While a better understanding of the severity of offenses and strong faculty support for policies may encourage peer reporting, there are program-wide interventions that can promote reporting as well. Creating a culture of academic integrity can promote peer reporting by

fostering an atmosphere that embraces the responsibility of the student to uphold the integrity of the program and work to maintain the public's trust in the nursing profession. Chunta and colleagues (2019) discussed several recommendations to promote academic integrity including recurrent education, a code of conduct, clear communication regarding expectations, and preventing the temptation to cheat.

Open and frequent communication fosters a culture of academic integrity. This exchange between faculty and students promotes a sense of shared responsibility to uphold the standards set forth in university policies. If students see that faculty are supportive of academic integrity policies, and enforce them fairly, students are more likely to follow the policies as well (McClung & Schneider, 2018; Woith et al., 2012). In addition to open communication regarding policy, communication about how a student can prevent violations related to their written work can be useful. One way to deter violations of academic integrity related to plagiarism is the use of plagiarism detection software. This software detects if a student has used material from another source in the current written assignment (Wilkinson, 2009). Communication regarding what constitutes plagiarism can provide foundational knowledge and how to avoid the offense (Nierenberg, 2017; Smedley et al., 2015). By encouraging students to use anti-plagiarism software, faculty can demonstrate their desire to provide students with opportunities to prevent violating academic integrity. With open communication and use of resources such as anti-plagiarism software, a culture of integrity can be fostered among faculty and students.

Another program-wide suggestion to promote a culture that supports peer reporting is implementation of an honor code. Honor codes have been implemented at various institutions for decades. McCabe and Trevino (1993) explored the reasons why honor codes may be successful at creating a culture of integrity that promotes peer reporting. One reason is that honor codes

delineate expectations regarding what is considered a violation of academic integrity. Another explanation is that honor codes empower students with the responsibility to uphold integrity, rather than only relying on faculty and university leadership to do so. Lastly, McCabe and Trevino explain that students enrolled at universities with honor codes often are given “privileges such as unproctored exams” (p. 525). Students may abide by the honor code to ensure these privileges are retained.

Another strategy to promote a culture of integrity is to prevent the temptation to cheat. Preventing temptations of cheating includes multiple actions on the part of the faculty and nursing program. These may include using various copies of an exam, lockdown browsers for online testing, randomized seating during exams, and removing electronic devices from students while testing. While these preventative measures can be implemented in the classroom and online settings, it is more difficult to include preventative strategies in the clinical or laboratory setting. A potential strategy to prevent the temptation to violate academic integrity in all settings, including the clinical and laboratory settings, is to consider harsher sanctions for those who commit violations of academic integrity. Penalties for engaging in violations of academic integrity can range from a verbal warning to dismissal from the university. Sanctions may include written warnings presented as teachable moments, failure of the assignment, being removed from a clinical agency, failure of a course, documentation of violations on transcripts, documentation in the student file, and removal from the nursing program. Kolb et al. (2015) identified fear of consequences as a reason students may not engage in violations of academic integrity. However, if students feel the benefits of cheating outweigh the risks, they are willing to engage in dishonest behaviors (Hutton, 2006). Therefore, if students are aware that violators will consistently be held responsible for their actions it may encourage them to become more familiar

with what constitutes academic integrity, deter them from committing violations, and encourage them to report peer violations they witness.

In summary, there are tangible ways to promote academic integrity and address obstacles that prevent peer reporting of academic integrity violations: increasing student knowledge of the severity of offenses, demonstration of clear faculty support of policies, and program-wide strategies that encourage a culture of reporting. To assess student perception surrounding these variables, the research questions for this collaborative article are:

1. Among pre-licensure, baccalaureate nursing students, are student perceptions of severity of violations, perceptions of faculty support, and support for program improvement strategies positively related to willingness to report peer violations as measured by the MAIS-MNS?
2. Controlling for the other variables, which variables are the best predictors of the willingness to report peer violations of academic integrity?

Methods

Design

This study utilized a cross-sectional, correlational design. This article is a result of a collaborative effort by three doctoral students investigating academic integrity in undergraduate nursing students.

Participants

Participants were recruited through the National Student Nurse Association (NSNA). Permission was obtained from Diane Mancino, Executive Director of the NSNA, to recruit participants via the organization's email database. There are approximately 49,000 members of the NSNA. These students are enrolled in Associate Degree (AD), Bachelor of Science (BSN), diploma, and master's programs nationwide. Approximately 36,000 of these members are

enrolled in a BSN program (National Student Nurse Association, 2021). Inclusion criteria for this study were that participants must be: (1) undergraduate BSN students and (2) over 18 years of age. Exclusion criteria included (1) being under the age 18 years and (2) enrollment as an associate degree, diploma, or RN-BSN student.

To calculate the needed sample size, the parameters to detect a significant correlation were established as $r = 0.20$, α (two-tailed) = 0.05, and power of 0.80. The needed sample size to detect a significant correlation was 194. This sample size was feasible to achieve with the number of NSNA students contacted during recruitment. As cited by the National League for Nursing (2015), 15% of nursing students identify as male, therefore the study sample was expected to reflect typical gender distribution in nursing programs, which is largely skewed towards females.

Instrument

The instrument for this study is a modified version of McCabe's Academic Integrity Survey. McCabe's Academic Integrity Survey (see Appendix C) has been utilized at the high school, undergraduate, and graduate levels to assess student engagement in cheating and their comprehension of academic integrity policies. The International Center for Academic Integrity (2017) reports that McCabe's survey has been administered to over 70,000 high school students, 71,000 undergraduate students, and 17,000 graduate students. Prior studies have utilized selected portions of McCabe's Academic Integrity Survey in their research with students (McCabe, 2009; McCabe & Trevino, 1993; McCabe et al., 2001). Additionally, subscales of McCabe's Academic Integrity Survey have previously been used in studies on academic integrity in nursing students (Hart & Morgan, 2010; Krueger, 2014; Morgan & Hart, 2013). While components of McCabe's original survey were relevant to the current study, there were no nursing-specific questions and

the survey contained questions that were not relevant to the study sample. Therefore, permission was received to modify the instrument as needed to meet the collaborative research team's needs (see Appendix D).

The modified survey, the McCabe's Academic Integrity Survey-Modified for Nursing Students (MAIS-MNS) (see Appendix E), consists of 139 items measuring: (1) campus attitudes, (2) source effectiveness, (3) subjective knowledge, (4) neutralization, (5) perceived faculty support of academic integrity policies, (6) occurrences of academic integrity violations, (7) awareness of occurrences, (8) student perceptions of severity, (9) willingness to report peer violations, (10) responses to cheating, and (11) suggestions for program improvement. All items were assessed and modified, if needed, for use with undergraduate nursing students. To address the research questions posed in this article, four subscales were analyzed: Perceptions of Severity, Perceptions of Faculty Response, Program Improvement Suggestions, and Willingness to Report Peer Violations.

Procedure

Pre-licensure baccalaureate nursing students were surveyed on various aspects of academic integrity. With Institutional Review Board (IRB) approval from Teachers College, Columbia University, an authorized representative of the National Student Nurses' Association (NSNA) sent a recruitment email with the survey link to approximately 36,000 NSNA members enrolled in pre-licensure baccalaureate programs. Upon clicking the link, all prospective participants were directed to Qualtrics to review the informed consent.

Students who chose to participate in the study by consenting were directed to the Qualtrics survey that included the MAIS-MNS. Survey completion was estimated to take 35-40 minutes, depending on reading speed. Upon completion of the survey, participants were

prompted to enter their email address if they elected to receive a \$10 Amazon gift card to thank them for their participation. Due to budgeting constraints, recruitment was closed after the first 450 participants completed the survey.

Data Analysis

Data were exported from Qualtrics to Excel and reviewed for outliers and missing data. Two participants were removed as they did not consent to the study. Four participants who completed the survey in five minutes or less were also removed from the data set as the collaborative research team felt that was the minimum time it could take to complete a survey of such length. The final sample size was $n = 442$. Following coding, data were imported into SPSS for analysis. The program improvement items were analyzed individually to assess participant support for each suggested improvement as well as analyzed as a subscale. To establish reliability of the subscales discussed in this article, Cronbach's alpha was calculated for each and are as follows: Perceptions of Severity (.929), Perceived Faculty Response (.886), Program Improvement Suggestions (.715), and Willingness to Report Peer Violations (.968). Cronbach's alpha for the entire MAIS-MNS, excluding demographic questions, was .922.

Results

Perceptions of Severity Subscale

The individual summed scores for the 30-item Perceptions of Severity subscale ranged from 31-120, with a mean score of 89.70, a median score of 91, and a standard deviation of 14.4 (Table 2.1). Of the 30 items on the subscale, 15 were from McCabe's original survey and 15 were developed by the collaborative research team to specifically assess nursing student perceptions. The higher the score on the subscale, the more severe the identified behaviors were rated along the continuum of "not cheating" to "severe cheating." Forty-one percent of students believed working with peers when individual work was requested was considered "trivial

cheating” while 40.5% believed it would be considered “moderate cheating.” Discussing an exam with a peer in a different course section who had not yet taken the exam was perceived as “severe cheating” or “moderate cheating” by 63.3% of students. However, 60.6% of students felt that using an unauthorized test bank of previous exam questions maintained by student groups or quizlet to prepare for an exam was “not cheating.” With respect to clinically based behaviors, 73.1% of students identified that documenting vital signs that they did not obtain was “severe cheating” or “moderate cheating.” Only 49.2% of students identified discussing a simulation lab with students who have not yet completed it as “moderate cheating” or “severe cheating.” Item descriptive statistics are presented in Appendix G.

Perceptions of Faculty Responses Subscale

The individual summed scores for the twelve-item Perceived Faculty Responses to Academic Integrity Policies subscale ranged from 12-60, with a median score of 43, and a standard deviation of 9.888 (Table 2.1). Four of the items were from McCabe’s original survey, two were modified, and six items were added. A higher score on the subscale indicates that students perceive that faculty support and discuss academic integrity policies with them. Over 80% of the students reported that faculty “often” or “very often” provided information about proper citations or referencing of written or internet sources. Regarding falsifying data in course labs, 45.9% of students reported that faculty “often” or “very often” discussed this topic with them, while 51.1% of students reported faculty “often” or “very often” discussed falsifying clinical data. Students also relayed that faculty “often” or “very often” emphasized the importance of not discussing patient information outside of the post-clinical conference (70.3%) and not discussing patient information in common areas (71.3%). A large majority (89.1%) of

students reported that faculty “often” or “very often” discussed policies related to academic integrity at the beginning of a course. Item descriptive statistics are presented in Appendix G.

Program Improvement Suggestions Subscale

Four items describing different program improvement suggestions were analyzed for support for each suggestion. These items are found on McCabe’s original survey but were modified from a “select all that apply” format into a Likert-type scale. The suggestions were (1) implementing an honor code, (2) better education regarding academic integrity at the beginning of the program, (3) harsher sanctions for violations of academic integrity, and (4) the use of anti-plagiarism software like TurnItIn or SafeAssign. Better education can be interpreted as providing students with more robust information on what academic integrity means and how it relates to their program of study. Participants selected whether they thought each suggestion would “unlikely” “somewhat” or “likely” improve academic integrity in their nursing programs.

The individual summed scores ranged from 4-12, with a median score of 10 and a standard deviation of 2.09 (Table 2.1). A higher total score indicates stronger support for the program improvement suggestions. Participant support for these suggestions was high. Over 81% reported that an honor code would at least somewhat improve academic integrity in their program. Support for more education regarding academic integrity at the beginning of the program was over 85%. Participants also supported harsher sanctions for violations (83%) and the use of anti-plagiarism software (93%). Item descriptive statistics are presented in Appendix G.

Willingness to Report Violations Subscale

The individual summed scores for the 16-item Willingness to Report subscale ranged from 16-64, with a median score of 37 and a standard deviation of 11.96 (Table 2.1). Two items from McCabe's original survey were included while 14 were added to ask about reporting in the context of a nursing program. A higher total score on the subscale indicates being more likely to report peer violations of academic integrity. Almost half (49.5%) of participants stated that they were "very unlikely" or "unlikely" to report a peer they observed cheating on an exam. For online exams, 52.5% were "very unlikely" or "unlikely" to report a peer they observed cheating. Over 55% were "very unlikely" or "unlikely" to report a peer they observed cheating in the simulation or laboratory setting. In the clinical setting, 30.8% were "very unlikely" or "unlikely" to report a peer violation if the participants thought the violation could not cause patient harm. Alarming, 12.2% of participants were still "very unlikely" or "unlikely" to report a violation even if they thought it could cause patient harm. Over 60% felt like the typical student in their program was "very unlikely" or "unlikely" to report a violation they witnessed and 75% believed the typical student in their program would not report a close friend for cheating. Item descriptive statistics are presented in Appendix G.

Correlations

To address the first research question posed in this article, correlations between the subscales were assessed (Table 2.2). As the data were not normally distributed, Spearman's rho was chosen as it is a non-parametric test. The Perceptions of Faculty Response and Willingness to Report subscales had a positive correlation of .298, signifying that the more students felt that faculty supported their universities' academic integrity policies and discussed them in their courses, the more willing students were to report peer violations they witnessed.

The Willingness to Report and Perceptions of Severity subscales had a moderate positive correlation of .485. The more a student understood what was considered a violation, the more likely they were to be willing to report peer violations. The Program Improvement Suggestions subscale and Willingness to Report subscale were also positively correlated at .231. The stronger a student believed implementation of program-wide strategies could prevent violations of academic integrity, the higher their score on the Willingness to Report subscale. To assess whether certain improvement suggestions were more significantly correlated with willingness to report peer violations, each item's correlation with the Willingness to Report subscale was calculated (Table 2.3). While all suggestions were positively correlated with Willingness to Report, only two were significantly so: implementing an honor code (.293) and better education at the onset of the nursing program (.239).

Regression Analysis

To address the second research question, a regression analysis was performed to assess the predictive ability of variables on participants' willingness to report peer violations. The independent variables were: (1) scores on the Perceptions of Faculty Response subscale, (2) scores on the Perceptions of Severity subscale, and (3) the two program improvement suggestions, implementing an honor code and better education at program onset, that had significant correlations with scores on the Willingness to Report Peer Violations subscale (Table 2.4). The model was statistically significant, explaining 29.2% of the variance in Willingness to Report subscale scores ($R^2 = .292$, $F(4, 441) = 45.036$, $p < .001$). Both subscales scores uniquely contributed to the variance. Perceptions of Severity scores uniquely accounted for 13.6% of the variance and Perceptions of Faculty Response scores uniquely accounted for 2.1% of the variance. Implementing an honor code made a unique contribution to the predictive model,

accounting for 1.5% of the variance. Better education at program onset did not uniquely contribute to the model in a significant way.

Discussion

Overall, the results demonstrate that students' perceptions of severity and their perceptions of faculty support positively correlate with the willingness to report peers for violating academic integrity. Understanding what constitutes a violation of academic integrity and feeling as though faculty effectively communicate about and support academic integrity-related policies leads to an increased willingness to report violations. Additionally, students believe program-wide interventions could help create a culture of academic integrity by preventing cheating. At a minimum, implementing an honor code and providing students with more education regarding academic integrity upon matriculation may help increase perceptions of faculty support as well as willingness to report peer violations.

Implications

Results from this study show that there are discrepancies in student awareness of what constitutes a severe violation of academic integrity and willingness to address these behaviors when they witness a peer violation. The results also provide tangible strategies for nursing faculty to implement to address those discrepancies. Many times, faculty within nursing programs believe that students learn about academic integrity earlier in their prior academic careers and know how to report violations. Unfortunately, the data presented in this study shows that may not be the case and that students want more information as they start their nursing education. Although students stated they would report peers in the clinical setting if they had a concern relating to patient care, this reporting can only happen when students are aware that a particular behavior is a violation of academic integrity. More education can provide students

with an awareness of what is considered a violation and the need to report one when they witness it. Furthermore, could a violation during clinical experience be prevented if students were aware of the severity of offenses and knew that consequences would be dealt consistently?

It is important for faculty to be aware of and support the university's policies related to academic integrity. As evidenced in this study, students are more likely to identify violations as severe and report them if they believe their faculty supports the enforcement of academic integrity policies. Faculty appear to be discussing plagiarism, proper citations, syllabi review, and not discussing patient details in public, but they may not be as effective in addressing concepts related to copying and pasting care plan information, using parts of a peer's care plan, or sharing information about an assignment with others. These behaviors are violations of academic integrity and faculty should address them as such. An honor code would provide faculty with a reliable blueprint for addressing academic integrity with their students. An honor code could also facilitate student buy-in to accept their responsibility in upholding the integrity of their nursing program by reporting peer violations.

Direction for Future Research

The findings of this study support the need for further research on the topic of academic integrity in schools of nursing and how to best promote a culture that empowers students to report peer violations. Possessing academic integrity not only encourages taking ownership of one's knowledge in order to be successful as a nurse, but it also promotes the moral and ethical development needed to care for individuals during their times of need. The demands of nursing school are well-known and targeted interventions that increase knowledge early in the nursing program, such as utilizing online learning modules during orientation, could be a way to promote academic integrity in students as they begin a rigorous field of study.

Limitations

One of the major limitations of this study was the time period in which it was conducted. The online learning demands created by the COVID-19 pandemic may have led to internet fatigue. Many students are overwhelmed with school and outside responsibilities and may not have clearly read the survey questions or decided not to participate. Since there was also a \$10 Amazon gift card for respondents that completed the survey, there is also the potential that students simply went through the survey marking answers to receive the incentive. To mitigate that threat, four participants' data were excluded from analysis for completing the survey in less than 5 minutes.

Another limitation is that the MAIS-MNS is a new instrument that underwent significant modifications from its predecessor. There is a lack of evidence for concurrent validity as there is no comparison of results from the modified survey to McCabe's original survey. There is also a lack of evidence for the instrument's construct validity. Based on the limited amount of variance explained by the regression analysis, there are additional variables that impact willingness to report peer violations that remain to be studied.

Another limitation was that researchers had to close the survey with participants still in process due to budget constraints. When the collaborative research team discovered that over 1,000 surveys were in progress, the decision was made to close the survey. Additional data would have enhanced the results, however, was not possible based on availability of funding. Other limitations include the chance for participant concerns regarding their anonymity or response bias with participants wanting to give the answer they felt was correct even if it wasn't their honest response. Although students were told there was no identifying data with the survey,

there may have been concern with remaining anonymous and the potential that they may get in trouble for disclosing information regarding academic integrity violations.

Conclusion

The need to further educate nursing students on academic integrity is apparent. As expected, this study supports that students have varied opinions on how supported they feel by faculty and what constitutes violations of academic integrity. Additionally, students vary greatly in their likelihood of reporting dishonest behaviors. It is necessary to find ways to promote the willingness to report peer violations not only while one is in nursing school, but as they enter the profession as well. By providing better education and creating a culture of integrity on campus, students may feel their reports will be taken seriously to uphold the integrity of the program and safeguard the public from dishonest nurses. The hope is that values related to integrity would remain with the student well past graduation and into their practice. Without interventions aimed at defining and promoting academic integrity, including the responsibility to report peer violations, there will continue to be violations of this nature that could impact patient care in all settings.

Chapter 2 References

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Table 2.1*Descriptive Statistics for Subscales*

Subscale	Mean	SD	Median	Possible Range	Range	Kurtosis
Perceptions of Severity	89.69	14.4	91	30-120	31-120	.64
Perceptions of Faculty Response	42.96	9.89	43	12-60	12-60	-.47
Willingness to Report	39.47	11.96	37	16-64	16-64	-.41
Program Improvement Suggestions	9.51	2.09	10	4-12	4-12	-.62

Table 2.2*Subscale Correlations*

Measure	1	2	3	4
1. Faculty Response Subscale	—	.298	.301	.248
2. Willingness to Report Subscale	.298	—	.485	.231
3. Severity Subscale	.301	.485	—	.267
4. Program Improvement Suggestions Subscale	.248	.231	.267	—

Note. All Spearman's rho coefficients are significant at $p < .01$. $n = 442$.

Table 2.3*Individual Program Improvement Suggestions Correlations with Willingness to Report*

Measure	1	2	3	4	5
1. Willingness to Report Subscale	—	.293*	.239*	.079	.074
2. Honor Code	.293*	—	.582*	.292*	.338*
3. Better Education at Program Onset	.239*	.582*	—	.351*	.381*
4. Harsher Sanctions	.079	.292*	.351*	—	.487*
5. Anti-Plagiarism Software	.074	.338*	.381*	.487*	—

Note. All Spearman's rho coefficients significant at $p < .01$ are indicated by *; $n = 442$.

Table 2.4

Regression Analysis Summary for Variables Predicting Willingness to Report Peer Violations

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Perceptions of Faculty Response Subscale	.189	.052	.157	3.626	<.001
Perceptions of Severity Subscale	.327	.036	.394	9.164	<.001
Implementing an Honor Code	2.452	.810	.152	3.028	.003
Better Education at Program Onset	.479	.817	.029	.586	.558

Note. $R^2 = .292$ ($n = 441$, $p < .01$).

Chapter 3: Nursing Students' Hesitation to Report Peer Violations of Academic Integrity

College students rely on their peers for support, friendship, and comradery. Nursing students, banded together by difficult coursework and learning to care for people at their most vulnerable, are no exception. However, with that bond comes the potential for moral conflict when they witness a peer cheating, plagiarizing, or risking patient safety by committing violations of academic integrity. Many university students report feeling obligated to maintain loyalty to their peers even when witnessing a violation of academic integrity (McCabe et al., 2001). For example, Teodorescu and Andre (2009) surveyed undergraduate students from a variety of disciplines on their experiences with academic dishonesty. They reported that while 89% of their sample had witnessed a peer cheating during an exam, only 4% of subjects said they would report a peer who they witnessed copying from their exam. This discrepancy is worrisome not only to educators, but to the public as well. Additionally, in a study of medical students and interns, Elzubeir and Rizk (2003) found that over 63% of their sample was unsure if they would report a peer violation of academic integrity. These examples illustrate an alarming lack of peer reporting that could impact patient safety as nursing students progress from their academic programs into the professional world.

Background

Students hesitate to report peer violations for a variety of reasons, including fear of ostracism or retaliation as well as not feeling like it is their responsibility to do so (McCabe et al., 2001; Elzubeir & Rizk, 2003). While the faculty has an institutional role in detecting violations of academic integrity that cannot be diminished, peer responsibility cannot be ignored. For example, students use group messaging to communicate with each other and faculty are not privy

to those conversations that could be utilized to violate academic integrity. Not only is it important for students to learn about reporting peers in the academic setting to promote academic integrity, but it is also important that they understand their professional responsibility as future nurses to protect the public from dishonest or unethical nurses. While there is literature that highlights the similarities between other disciplines and nursing regarding the rate of violations of academic integrity, there is limited research on nursing students' willingness to report violations by their peers. Theart and Smit (2012) briefly explored the topic and found that 66% of nursing students would not report a student they witnessed cheating on an exam.

Students should acknowledge their responsibility in protecting future patients from dishonest co-workers, thereby ensuring that faculty are not the sole gatekeepers to the nursing profession. Student nurses should feel obligated to report these violations to fulfill their responsibility of protecting the public from unprepared nurses. The purpose of this study is to explore the factors that hinder undergraduate nursing students' willingness to report their peers for violations of academic integrity.

As uneasy as a nurse would feel to know their colleague was dishonest about administering a medication, so should the student feel uneasy to know their peer cheated on an examination. Just as principles of leadership or evidence-based practice are included in nursing education, so can the learning of a sense of responsibility to their future patients by reporting peer violations of academic integrity. While there may not be a tangible reward for reporting dishonest peers, satisfaction can be found by knowing that future patients may be spared harm caused by dishonest nurses.

There are many reasons why students do not report their peers for violations of academic integrity. McCabe et al. (2001) explored these reasons and found that students may not

understand if what they witnessed is a violation of academic integrity policies and they are worried about peer retaliation or isolation. They fear losing friends and garnering a negative reputation. Additionally, they do not want their peers to be too harshly punished because of an incident they chose to report to faculty. Punishment can range from verbal or written warnings to dismissal from a university. Uncertainty about the result that could stem from reporting their peers deters students from notifying university faculty or administration when they witness a violation.

Despite being fearful of reporting their peers, nursing students appear to understand the consequences that can occur from violating academic integrity. In a 2012 study by Woith et al., a baccalaureate nursing student participant lamented that when a student cheats to pass a course, “It’s not going to be fair to their patients when they don’t know their stuff” (p. 256). Another participant echoed that sentiment, saying “It’s important to have your own knowledge. Do your own work because it’s life or death” (p. 256). Nursing students acknowledge that they are unhappy with the frequency of violations committed by fellow students. Woith and colleagues found that 27% of their sample were “not satisfied with their peers’ academic integrity” (p. 256). Almost a third of their sample took issue with the integrity of their peers. The question remains that if students are aware of the potential harm their peers could cause to the public, and it bothers them, why do they rarely report violations of academic integrity?

Theoretical Framework

Theory of Neutralization

The theory of neutralization guides researchers in understanding students’ hesitancy to report peer violations of academic integrity. As explained by Sykes and Matza (1957),

delinquent behaviors can be described by five characteristics: denying responsibility, denying injury, denial of the victim, condemnation of the condemners, and appealing to higher loyalties.

In the context of academic dishonesty, students may state they did not know they were violating an academic dishonesty policy, that their cheating did not cause harm to anyone, that someone deserved to have their work plagiarized, that faculty did not prepare them therefore they had no option but to cheat, or that their peers were relying on them to help steal exam answers. These beliefs enable students to neutralize their behaviors, or the behavior of their peers, as common or warranted. Students perceive these types of external factors as the reason they must cheat, rather than attributing their behaviors to internal traits (Rettinger & Kramer, 2009). This theory guided the present study and served as the foundation for an intervention that is designed to mitigate neutralization of violations by nursing students.

Social Contagion Theory

In conjunction with neutralizing their own academically dishonest behavior, students also hesitate to report peer violations due to a group mentality that can be attributed to social contagion theory. This theory, when applied to cheating, suggests that if students perceive academic dishonesty to be the norm within their group, then they are more likely to cheat as well (Megehee & Spake, 2008). Peers who report violations threaten the stability of the perceived norm that everyone is cheating and that therefore everyone views it as acceptable. Social contagion theory also explains that student attitudes towards these types of behaviors are not “formed in isolation, but are the result of the social influence of others” (p. 6). Students may arrive to a nursing program thinking cheating is unethical, but if their peer group views it differently, then they may adopt more relaxed attitudes towards academic dishonesty. They may

hesitate to report their peers in order to avoid perceived consequences that could ostracize them from their social network.

Other Considerations in Willingness to Report Peer Violations

Knowledge

The literature demonstrates a need to increase student knowledge regarding academic integrity, specifically in the ability to recognize a violation when one is observed. Students cannot report a peer for a violation if they do not know if what they are witnessing is actually a violation or not. Emmerton et al. (2014) investigated pharmacy students' interpretation of various integrity violations. They presented the participants with 10 scenarios of academic integrity violations and the students had to select who was at fault in each scenario. First-year students, who had recently completed an academic integrity tutorial, were more likely to assign blame to students in their judgements when compared to older students who were less likely to blame peers for wrongdoing. Smith et al. (2017) gave college student participants descriptions of 28 activities and asked them to classify each one as cheating or not. Students struggled to identify several dishonest activities, especially those that asked about collaborating on assignments. Lack of knowledge on what constitutes a violation may lead to hesitancy to report peers.

Demographic Characteristics

While there is not much in the literature regarding demographic influence on the willingness to report peer violations, there are many variables that have been studied in relation to cheating behaviors. The literature is mixed on the influence that demographics such as gender, age, and academic performance have on a student's likelihood to violate academic integrity. McCabe and Trevino (1997) found that male students as well as younger students were more

likely to cheat than females or older students. Miller et al. (2008) also identified that younger students were more likely to cheat and to believe that their peers were cheating as well.

Additionally, there is evidence that demonstrates that those with lower grade point averages are more likely to cheat than those with stronger academic performance (McCabe & Trevino, 1997).

Conversely, Teodorescu and Andrei (2009) found no statistically significant difference between males and females or differences by year in program when studying the rates of cheating of over 1,000 undergraduate students. Miller et al. (2008) found no difference in rates of cheating when comparing students with higher GPAs to those with lower GPAs.

There is limited literature regarding the impact on a student's living arrangements on their likelihood to violate academic integrity or report peers who do so. Students likely spend a significant amount of time with those they live with and that may influence their attitudes towards academic integrity violations. For example, does living with a group of nursing students influence a student's willingness to report peer violations since those peers may be their roommates as well? To explore this, the participants' living arrangements is a demographic and independent variable analyzed in this study.

This article aims to explore neutralization and social contagion theories as well as demographic differences that influence the willingness to report peer violations of academic integrity. The research questions addressed in this article are:

1. In relation to social contagion theory, does fear of social consequences impact pre-licensure, baccalaureate nursing students' self-reported likelihood of reporting peer violations as measured by the Social Contagion Concerns and Willingness to Report Peer Violations subscales of the McCabe's Academic Integrity Survey-Modified for Nursing Students (MAIS-MNS)?

2. Does student engagement in neutralizing behaviors impact pre-licensure, baccalaureate nursing students' self-reported likelihood of reporting peer violations as measured by the Neutralization and Willingness to Report Peer Violations subscales of the MAIS-MNS?
3. What is the relationship between pre-licensure, baccalaureate nursing students' knowledge of academic integrity and self-reported likeliness to report peer violations as measured by the Willingness to Report Peer Violations subscale on the MAIS-MNS and Knowledge Assessment?
4. Do the following demographic variables impact pre-licensure, baccalaureate nursing students' self-reported likelihood of reporting peer violations as measured by the MAIS-MNS?

- Self-reported grade point average (GPA)

- Gender

- Age

- Living arrangements

Methods

Design

This was a cross-sectional, descriptive study that is a collaborative effort between three principal investigators studying various aspects of academic integrity in undergraduate nursing students. This study aimed to explore the reasons, both theoretical and demographic, why nursing students hesitate to report their peers for violating academic integrity.

Participants

To calculate the needed sample size, the parameters to detect a significant correlation were established as $r = 0.20$, α (two-tailed) = 0.05, and power of 0.80. The needed sample size

was to detect statistical significance was 194. Recruitment was completed via the National Student Nurses' Association (NSNA), which has over 60,000 members across the nation.

Eligible participants were members of NSNA enrolled in baccalaureate nursing programs in the United States and U.S. territories. Inclusion criteria were that participants must be: (1) over 18 years of age and (2) enrolled in an undergraduate pre-licensure nursing program. Exclusion criteria were (1) under the age 18 years, (2) LPN-BSN students and (3) RN-BSN students. A \$10 Amazon gift card was offered to participants as an incentive and limited the recruitment to the first 450 respondents due to the collaborative research team's budget. The survey link and informed consent were sent via the NSNA email listserv. A total of 448 students completed the survey. Prior to data analysis, 6 participants were removed: 2 because they declined to participate via the informed consent and 4 because they completed the survey in under five minutes, which the collaborative research team deemed too fast for a survey consisting of over 100 questions. The final sample size was $n = 442$.

The participants were primarily female (88.2%), Caucasian (61.8%), and held no previous college degree (67.6%) or healthcare licensure (61.8%). The median age of participants was 23 years. Further demographic description of the sample is presented in Appendix F.

Instruments

McCabe's Academic Integrity Survey

McCabe's Academic Integrity Survey, a 132-item survey that addresses knowledge and severity of integrity issues in the academic setting was selected for use in the collaborative study (see Appendix C). First published by McCabe and Trevino (1993) as a much shorter scale, the Academic Integrity Survey has undergone many adaptations over the decades. The principal investigators of the collaborative study searched the literature without being able to identify

psychometric properties of the original instrument. Communication with D. Rettinger (see Appendix D), Director of the International Center for Academic Integrity (ICAI), revealed that the psychometric properties have never been published on McCabe's Academic Integrity Survey (personal communication, October 23, 2019). Despite the lack of psychometric data, McCabe's Academic Integrity Survey has been utilized at the high school, undergraduate, and graduate levels assessing student engagement in cheating and comprehension of academic integrity policies. The ICAI (2017) reports that McCabe's survey has reached over 70,000 high school students, 71,000 undergraduate students, and 17,000 graduate students. With permission to do so, the collaborative research team modified existing subscales and created new ones to address research questions specific to the undergraduate nursing student population.

Modified Academic Integrity Survey for Nursing Students

The resulting modified survey, the Modified Academic Integrity Survey for Nursing Students (MAIS-MNS), (see Appendix E) consists of 139 items across several subscales measuring: (1) campus attitudes, (2) source of information effectiveness, (3) subjective knowledge on academic integrity, (4) neutralization, (5) perceived faculty support of academic integrity policies, (6) occurrences of academic integrity violations, (7) awareness of occurrences, (8) student perceptions of severity, (9) willingness to report peer violations, (10) social contagion, (11) responses to cheating, and (12) suggestions for program improvement. The three subscales explored in this article are Neutralization, Willingness to Report, and Social Contagion Concerns.

Neutralization Subscale. The Neutralization subscale is a 7-item Likert scale, with response choices ranging “strongly disagree” (1) to “strongly agree” (5). Cronbach's alpha is 0.91, indicating that the subscale is highly reliable. The subscale, created by the collaborative

research team, is based on the five neutralizing behaviors as described by Sykes and Matza (1957). Items assess participants' agreement with statements that present neutralizing behaviors as rationales for violating academic integrity in the classroom and clinical settings.

Willingness to Report Subscale. The Willingness to Report subscale is a 16-item Likert-type scale, with response choices ranging from “very unlikely” (1) to “very likely” (4). Cronbach's alpha is 0.97, indicating that the subscale is highly reliable. This subscale is an expansion of a 2-item subscale of McCabe's original survey and includes asking participants about their willingness to report peer violations of academic integrity in various classroom, testing, clinical, laboratory, online, and simulation settings. Additionally, participants are asked about their willingness to report peers relative to how well they know them.

Social Contagion Concerns Subscale. The Social Contagion Concerns subscale is a 5-item Likert scale with response choices ranging from “strongly disagree” (1) to “strongly agree” (5). Cronbach's alpha is 0.85, indicating that the subscale is reliable. This subscale is based on the description of social contagion theory by Megehee and Spake (2008). The 5 items were developed by the collaborative research team. Participants were asked if tenets of the theory, such as fear of ostracization or retaliation, would prevent them from reporting peer violations.

Knowledge Assessment

The collaborative research team designed a 21-item Knowledge Assessment (see Appendix H) to measure student knowledge related to academic integrity. There are 6 true/false items and 15 multiple-choice items. To establish content validity, the Knowledge Assessment was sent to 12 academic integrity experts for their review. These experts included associate deans for student affairs, program directors, and nursing faculty involved in academic dishonesty policy review. Seven reviewers sent their feedback and, utilizing Yusoff's (2019) method of

content validity index (CVI) calculation, changes were made to questions deemed to not fully measure their intended variable. The Knowledge Assessment's CVI is 0.905. The assessment's reliability was calculated and a Cronbach's alpha of 0.63 was obtained. Removing any of the items from analysis did not significantly improve the reliability.

Procedure

Following the granting of exempt status from Teachers College's Institutional Review Board (see Appendix A), an email was sent on behalf of the collaborative research team to all NSNA members who were enrolled in an undergraduate baccalaureate nursing (BSN) program. The email presented students with an overview of the survey and provided a link to access it. The survey was hosted in Qualtrics and opened with the informed consent. If they met the provided inclusion criteria, students could either choose to participate or decline at that time. A copy of the informed consent was linked for download as well (see Appendix B). Due to a robust response, the survey was closed after approximately 450 responses were collected. Upon completion of the survey, participants were prompted to enter an email address if they wanted to be eligible for a \$10 Amazon gift card. Data collected will continue to be confidential and the email addresses provided were separate from survey data and only used for gift card distribution.

Data Analysis

The dependent variable was the summed scores on the Willingness to Report Peer Violations subscale on the MAIS-MNS. The independent variables were summed scores on Social Contagion Concerns subscales and Neutralization subscales on the MAIS-MNS, summed scores on the Knowledge Assessment, and select demographic variables. Once the survey was closed, the data file was exported from Qualtrics and downloaded into Microsoft Excel. The

collaborative research team coded the responses and summed participant's scores for each subscale. Demographic data were coded as well. The coding was reviewed for accuracy and completeness. The coded data was then uploaded to SPSS, Version 27. By analyzing kurtosis, it was determined that the data were not normally distributed, and non-parametric tests were used for data analysis.

Demographic data were analyzed differently depending on whether they were continuous or categorical variables. Continuous variables (age and self-reported GPA) were analyzed using Spearman's rho for correlation with willingness to report. Categorical variables (gender and living arrangements) were analyzed using independent Kruskal-Wallis tests to assess for differences in Willingness to Report subscale scores. Descriptive statistics were also computed for all demographic variables. Summed subscale scores and the Knowledge Assessment scores were analyzed using descriptive statistics as well as Spearman's rho to assess for correlations. The predictive value of continuous variables was also assessed with a regression analysis.

Results

Neutralization

The individual summed scores for the Neutralization subscale ranged from 7-35, with a median score of 10 and a standard deviation of 6.1 (Table 3.1). A lower score indicates less justification for academic integrity violations using neutralizing behaviors. The majority of respondents strongly disagreed with the neutralizing behaviors, however, there were notable discrepancies. When justifying cheating if a student was trying to make their parents proud, 14.6% of students "agreed" or "strongly agreed" that cheating was acceptable. If they were trying to help their peers be successful, 14% of participants "agreed" or "strongly agreed" that cheating was okay. Item descriptive statistics are presented in Appendix G.

Willingness to Report Violations

The individual summed scores for the Willingness to Report subscale ranged from 16-64, with a median score of 37 and a standard deviation of 11.96 (Table 3.1). A lower score indicates being less likely to report peer violations of academic integrity. Over 49% of participants stated that they were “very unlikely” or “unlikely” to report a peer they observed cheating on an exam. Over 12% of participants were also “very unlikely” or “unlikely” to report an integrity violation in the clinical setting even if it could cause patient harm. Over 60% would not report someone for cheating if they knew the person and 75% believe the typical student in their program would not report a close friend for cheating. Item descriptive statistics are presented in Appendix G.

Social Contagion Concerns

The individual summed scores for the Social Contagion Concerns subscale ranged from 5-25, with a median score of 15 and a standard deviation of 4.97 (Table 3.1). A lower score indicates less influence from social contagion theory. Notably, 65% participants felt as though faculty would listen to their concerns should they choose to report, but they were concerned about peer retaliation (48.2%) and getting a negative reputation from reporting (50.2%). Item descriptive statistics are presented in Appendix G.

Knowledge Assessment

The individual summed scores for the Knowledge Assessment ranged from 5 to 21, with a median score of 16 and a standard deviation of 2.81 (Table 3.1). A lower score indicates that a participant had less knowledge regarding academic integrity. The percentage of correct responses for each item ranged from 31-97.7% (Table 3.3). Students scored lower on items that had multiple correct responses as well as negatively worded questions. The point biserial indices ranged from 0.08 to 0.83.

Correlations Among Subscales and Knowledge Assessment

To address the first three research questions posed in this article, Spearman's rho correlations between the scales were assessed (Table 3.2). Scores on both the Neutralization and Social Contagion Concerns subscales were negatively correlated with scores on the Willingness to Report subscale, $-.383$ and $-.398$ respectively. Both correlations were moderate in strength and significant ($p < 0.001$). As participants' willingness to report their peers for violating academic integrity decreased, their usage of neutralizing behaviors and adherence to social contagion theory increased.

Additionally, scores on the Social Contagion Concerns and Neutralization subscales were significantly positively correlated at $.372$. The more concerns a student has regarding the social implications of peer reporting, the more likely they are to use neutralization techniques.

The correlation analysis on the Knowledge Assessment and the Willingness to Report subscale revealed a non-significant correlation of 0.071 (Table 3.4). It appears that a higher knowledge level regarding academic integrity does not have a significant relationship with a willingness to report peer violations.

Demographic Differences

Lastly, comparisons were made between various demographic variables and willingness to report peer violations using Spearman's rho correlations for continuous variables and Kruskal-Wallis tests for categorical variables. With respect to participant age, there was a positive correlation, $.203$. As age increased, so did participants' willingness to report their peers. This was significant ($p < .001$). GPA was not significantly correlated with willingness to report (Table 3.5).

The first categorical demographic analyzed was the participants' living arrangements. There was no statistically significant difference in Willingness to Report scores across participants' living arrangements (Group 1, $n = 77$: Live alone in dorm, house, or apartment; Group 2, $n = 138$: Live with parents; Group 3, $n = 116$: Live with spouse or significant other; Group 4, $n = 75$: Live in a dorm, house, or apartment with non-nursing students; Group 5, $n = 34$: Live in a dorm, house, or apartment with nursing students; Group 6, $n = 2$: Lives in the sorority or fraternity house on campus), $\chi^2(5, n = 442) = 9.83, p = .08$.

The next categorical demographic variable analyzed was gender. Again, there was no statistically significant difference in Willingness to Report scores across participants' genders (Group 1, $n = 39$: Male; Group 2, $n = 390$: Female; Group 3, $n = 3$: Non-binary; Group 4, $n = 10$: Decline to respond), $\chi^2(3, n = 442) = 1.54, p = .67$.

Regression Analysis

A regression analysis was also performed to assess the impact of the continuous independent variables (Social Contagion subscale, Neutralization subscale, Knowledge Assessment score, age, and GPA) on the Willingness to Report subscale score (Table 3.6). The full model containing all predictors was statistically significant, explaining 25.8% of the variance in Willingness to Report subscale scores ($R^2 = .258, F(5, 438) = 30.06, p < .001$). Neutralization scores, Social Contagion scores, and age uniquely contributed to the variance. Neutralization scores uniquely account for 4.5% of the variance, Social Contagion scores uniquely account for 9.2% of the variance, and age uniquely accounts for 0.7% of the variance.

Discussion

As evidenced by the Willingness to Report subscale, students are hesitant to report their peers for violating academic integrity. Whether it be during an exam or during simulation,

participants are unlikely to report a violation. Almost 31% stated they were “unlikely” or “very unlikely” to report a clinical violation that they do not believe would lead to patient harm. It is worth noting that as these are nursing students; their ability to accurately assess whether a violation could compromise patient safety may not be fully honed. The participants’ scores on the analyzed subscales, as well as the correlation between subscales, demonstrate a need for further exploration of academic integrity with undergraduate nursing students. The theories explored in this study attempt to explain intrinsic justification for not reporting peers for violating academic integrity, which 93.9% of participants say they have never done. Perhaps extrinsically focused education on why reporting peers is important could shift student perspective and encourage a culture of accountability on campuses. The lack of a significant correlation between knowledge regarding academic integrity, as measured the Knowledge Assessment, and a willingness to report peer violations is curious. This further supports that the theories of neutralization and social contagion are more influential on a student’s willingness to report their peers than their knowledge regarding academic integrity, as evidenced by the regression analysis which demonstrates that Knowledge Assessment scores did not make unique contributions to the variance in Willingness to Report scores.

This study expands upon findings in the literature regarding a willingness to report peer violations. Krueger (2014) discussed the social influence of peers in the context of cheating and found that participants were more likely to cheat if they thought it was a social norm among their peers. The current study reports a similar finding in the willingness to report peer violations. The impact of social contagion theory cannot be ignored, as evidenced by its unique contribution to the variance in the willingness to report a peer violation.

There is little information in the literature on demographics and willingness to report, but the findings in this study are worth comparing to overall demographic trends found in cheating. McCabe and Trevino (1997) found that older students self-reported cheating less frequently than younger students. This is congruent with this study's finding that as age increased, so does willingness to report peer violations. Perhaps maturity increases an overall intolerance to academic dishonesty. The literature is mixed in terms of whether gender or self-reported GPA impact cheating and this study shows a lack of statistically significant differences (McCabe and Trevino, 1997; Miller et al., 2008; Teodorescu & Andrei, 2009). Still, additional research is needed to examine relationships between the willingness to report peer violations and inherent characteristics that make a student more or less likely to do so.

Limitations

As this is a self-reported survey, it is a possibility that participants were not honest when responding. As a means to promote honesty, participants were assured their answers would not be associated with their email address should they choose to provide one for the study incentive. It is also a possibility that participants took the survey only for the incentive. To mitigate the impact of this, the research team removed data provided by four participants who took the survey in under 5 minutes, but removing the participants may not have been entirely effective in that subjects only participating because of the incentive may have had other less detectable response biases.

Another limitation is that while most of the correlations are statistically significant, social contagion concerns, neutralization behaviors, knowledge, and age account for 25.8% of the variance on the Willingness to Report subscale. That leaves a large percentage unknown regarding the rationale behind nursing students' willingness to report their peers.

Lastly, the Knowledge Assessment did not demonstrate strong reliability in this sample, despite having a strong CVI. It is possible the questions were too easy for the participants and that hindered the instrument's reliability. The item descriptive statistics (Table 3.3) show the p -values for each item. Of the 21 items in the Knowledge Assessment, 13 have p -values greater than or equal to 0.75. True/false items consistently have high p -values and could be adapted to another item format to increase difficulty and provide better insight into the reliability of the instrument.

Contribution to the Literature

While academic integrity has been explored by researchers for decades, studies solely focused on undergraduate nursing students are lacking. The data collected here present a comprehensive look into the perceptions of nursing students and their beliefs related to reporting their peers for violations of academic integrity. This study expands upon a highly respected and utilized instrument, McCabe's Academic Integrity Survey, and tailored it to the nursing student population. By identifying two theories that offer an explanation for the concerning trend behind a lack of peer reporting, this study offers insight for nursing faculty to be able to understand the rationales their students use to not report peer violations.

Prior to this study, there was little information in the literature on demographics and willingness to report peer violations. By finding both significant (age) and non-significant (GPA, gender, living arrangements) variables, education regarding peer reporting can be tailored to meet the needs of a diverse group of students.

Direction for Future Research

Additional research should be conducted on why nursing students hesitate to report their peers for academic integrity violations. Qualitative interviews, perhaps conducted by student

researchers to foster open dialogue, could offer more insight and identify themes worth investigating further. Additionally, targeted interventions that address neutralization and social contagion concerns could demonstrate to students the consequences that may occur if their peers graduate by dishonest means. On a broader note, additional measures should be taken to prevent academic integrity violations. While student involvement is crucial to create a culture of academic integrity, faculty engagement is imperative as well. Future research could focus on how to involve faculty in the creation of policies or interventions that aim to decrease the rate of violations.

Conclusion

The public places trust into the nurses that care for them and their loved ones at their most vulnerable moments. As nursing faculty, the importance of preparing nurses who understand their ethical responsibility as providers is crucial. Part of that responsibility includes holding peers accountable for their actions, despite internal moral conflict about going against social norms. With an understanding of some of the reasons why nursing students fail to report their peers, faculty can begin to meet the challenge of demonstrating why a culture of integrity matters in nursing and to those in our care.

Chapter 3 References

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Table 3.1*Descriptive Statistics for Subscales*

Subscale	Mean	SD	Median	Possible Range	Range	Kurtosis
Neutralization	12.41	6.1	10	7-35	7-35	.75
Social Contagion Concerns	14.86	4.97	15	5-25	5-25	-.64
Willingness to Report	39.47	11.96	37	16-64	16-64	-.41
Knowledge Assessment	15.54	2.81	16	0-21	5-21	1.25

Table 3.2*Item Descriptive Statistics for Knowledge Assessment*

Question	Answer	Item <i>p</i> -Value
You have taken an online quiz and have a question about the correct answer. When emailing your instructor, you attach a screen shot of the question. This is an academic integrity violation.	True	0.64
You submit a teaching presentation that you used last year for your current class with minor modifications. Given that this is your work, it is not a violation of academic integrity	False	0.68
Which statement is accurate when considering violations of academic integrity?	Being unaware of what constitutes violations of academic integrity means you will be excused of responsibility if you commit a violation.	0.75
Which action is not a violation of academic integrity?	After assessing your patients' vital signs, asking a peer in your clinical group to assess them to see if they are consistent.	0.89
You are having difficulty getting an accurate count for your patient's respirations when completing your physical assessment during clinical. For each of the last 3 shifts the patient's respirations have ranged between 16-18. What is your best action?	Ask for assistance from your instructor.	0.95
Which statement best defines academic integrity?	Promoting a culture of honesty and responsibility in your work.	0.85
When seeing a peer document on a patient, you are aware they did not complete the assessment as documented. Which statement is true?	Your peer engaged in a violation of academic integrity. You have a concern that the patient could experience a poor outcome, as data provided was not correct.	0.72
Concerns about getting accepted into highly competitive nursing programs is an acceptable reason nursing students engage in violations of academic integrity.	False	0.75
Many students commit academic integrity violations based on the presumption that faculty will not be able to prove they were cheating.	True	0.72
Which method is a way faculty can promote the academic integrity policies of the university?	Clearly communicate expectations related to academic integrity at the beginning of the semester.	0.75

Question	Answer	Item <i>p</i> -Value
You have taken an online quiz and have a question about the correct answer. When emailing your instructor, you attach a screen shot of the question. This is an academic integrity violation.	True	0.64
A student is assigned to a clinical rotation where faculty will only check in on them. The student has a major test the following day. Which example would be considered a violation of academic integrity in the clinical setting? <i>Select all that apply</i>	Doing the paperwork on the patients in the clinical setting that were seen by another nurse because their information was ‘more interesting’; Once the clinical faculty member leaves, the student lets the primary nurse know that they were told they could leave early if no other patients arrive; Leaving the floor early and fabricating patient information to complete the required paperwork; Asking peers about their patients during that rotation to make the paperwork go faster.	0.31
Faculty can serve as role models through their behaviors in both the classroom and clinical settings. Which methods are ways that faculty can display this behavior? <i>Select all that apply</i>	All of the above	0.4
An exam is being administered by a faculty member. Which behavior by the faculty member could increase the likelihood of a student cheating?	Check their computer for new emails	0.84
A faculty member and student are discussing academic integrity and where to find information related to academic integrity on the campus. The faculty member directs the student to which resources?	Course syllabi; Campus policies; The student handbook; A campus honor code	0.39
Reporting violations of academic integrity is only appropriate if the violation occurs during an examination.	False	0.95
Several states require nurses to report potential harm done to patients by themselves or other nurses.	True	0.98
In the clinical setting, you overhear a fellow nursing student say he is going to “make up” vital signs on his assigned patient as he doesn’t want to wake the patient. You are not sure whether or not to report the incident. Which of the following statements is true?	You should let your clinical faculty know what you overheard	0.77

Question	Answer	Item <i>p</i> -Value
You have taken an online quiz and have a question about the correct answer. When emailing your instructor, you attach a screen shot of the question. This is an academic integrity violation.	True	0.64
Nursing students are more likely to cheat if which of the following statements is true?	They believe their peers are also cheating	0.92
You are aware that a group of peers completed an assignment collaboratively, when the instructions were to work individually. You were not involved in the group and aren't sure if you should report what you saw. Which statement is the most accurate?	Since the instructions were to work individually, you do need to report it	0.91
Which is not a reason why students hesitate to report peer violations of academic integrity?	They know the consequences for the violators will be clear and fair	0.31
Whose responsibility is it to review academic integrity policies to ensure understanding?	Students	0.75

Table 3.3*Subscale Correlations*

Measure	1	2	3
1. Neutralization Subscale	—	-.383	.372
2. Willingness to Report Subscale	-.383	—	-.398
3. Social Contagion Subscale	.372	-.398	—

Note. All Spearman's rho coefficients are significant at $p < .01$. $n = 442$.

Table 3.4*Knowledge Assessment and Willingness to Report Violations Subscale Correlation*

Measure	1	2
1. Willingness to Report Subscale	—	.071
2. Knowledge Assessment Sum	.071	—

Note. Spearman's rho coefficient was non-significant at $p = .135$. $n = 442$.

Table 3.5*Select Demographic Correlations with Willingness to Report Subscale*

Measure	1	2	3
1. Willingness to Report Subscale	—	.203*	-.009
2. Age	.203*	—	-.106**
3. Grade Point Average	-.009	-.106**	—

Note. Spearman's rho coefficients are significant at $p < .01$ where indicated by * and at $p = .027$ where indicated by **; $n = 442$ for Willingness to Report Subscale, $n = 441$ for Age, and $n = 440$ for GPA.

Table 3.6

Regression Analysis Summary for Continuous Variables Predicting Willingness to Report Peer Violations

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Neutralization Subscale	-.461	.090	-.235	-5.144	<.001
Social Contagion Subscale	-.801	.109	-.333	-7.349	<.001
Knowledge Assessment Sum	.182	.181	.043	1.002	.317
Age	.146	.073	.086	2.010	.045
Self-reported GPA	-.477	1.680	-.012	-.284	.776

Note. $R^2 = .258$ ($n = 438$, $p < .001$).

Chapter 4: Designing an Online Program to Promote Academic Integrity: A Pilot Study

The expectation that students possess academic integrity is a pillar of educational institutions worldwide. Violations of academic integrity threaten the legitimacy of one's knowledge and professional preparation. As the healthcare profession voted by the American public as the most ethical for almost two decades, nurses are held to high standards by those who entrust them with their care (American Nurses Association, 2020). By fostering students' academic integrity, nursing programs can demonstrate their commitment to safeguarding patients by only graduating nurses who earn their degrees through honest means.

To understand the significance of creating a culture of academic integrity in nursing programs, one must understand the scope of violations that threaten it. A renowned expert on academic integrity, Donald McCabe, explored students' perceptions of the severity of various integrity violations. While 92% of surveyed students believed copying a peer's exam without their knowledge was unethical, only 58% believed that giving a false excuse for delaying their exam was a violation of academic integrity (McCabe, 2005, p. 4). While not specific to nursing students, McCabe's findings also showed that 1 in 5 American undergraduate students surveyed committed at least one serious cheating offense during an exam in their college career. There are a number of explanations for these findings. One of them may be that there is a lack of knowledge among students regarding violations of academic integrity. Addressing this gap in knowledge may be an essential step in creating cultures of academic integrity on college campuses.

Nursing programs that wish to promote academic integrity have the added responsibility that should their students graduate by dishonest means, patient safety could be at risk. Baxter and Boblin (2007) found that student dishonesty in the clinical setting often goes undetected unless there is an adverse patient outcome because students did not view their behaviors as significant or having the potential to negatively impact their patient. Lewenson, Truglio-Londrigan, & Singleton (2005) explained that nurse educators must model and promote ethical behavior to show students the significance their actions may have on those in their care. They explained that this kind of moral preparation is a critical element of nursing curricula.

While it is evident that nurse educators must help foster academic integrity in their programs, there is a need for guidance on how to do so. The purpose of this paper is to explore the development of an online program, AIM-Nursing, to promote academic integrity in nursing students in a creative manner that demonstrates to learners that their actions as students can impact their future nursing practice and their patients.

Background

Students often see violations of academic integrity as victimless crimes. Sykes and Matza (1957) cited this belief as one of the tenets of delinquent behavior in their neutralization theory. Neutralization theory presents five ways that someone may attempt to justify their delinquency: denial of the victim, denial of injury, denial of responsibility, appealing to a higher loyalty, and condemnation of the condemners. Any intervention meant to promote academic integrity in nursing students should acknowledge students' attempts to justify dishonest behavior. Targeted interventions can accomplish this goal by confronting learners with scenarios that present them with the inability to neutralize their actions. Merely telling students that cheating is "wrong"

does little to mitigate neutralizing behaviors. Instead, interventions are needed that show rather than tell, and a nursing-specific, self-paced online course can do just that.

Creating a culture of academic integrity requires faculty input. Tippitt et al. (2009) explained that for students to understand why academic integrity is essential for nursing students, it must be modeled and explored by their faculty in the classroom and clinical settings. Furthermore, faculty “are responsible for providing opportunities to expand their students’ moral development” (p. 240). In AIM-Nursing, that opportunity is explored by mitigating neutralizing behaviors with an intervention tailored specifically to nursing students.

Interventions to Promote Academic Integrity

Interventions to promote academic integrity have been employed successfully at various universities. From informal slides in course orientation presentations to formal campus-wide honor code signing ceremonies, universities approach promoting academic integrity using a variety of methods. Some of these interventions include structured programs on various aspects of academic integrity. For example, Obeid and Hill (2017) used a training program to teach undergraduate students in a research methods course about plagiarism and found that students who completed the intervention had significantly lower rates of plagiarism when compared to students who were in a control group. The intervention consisted of a PowerPoint presentation on plagiarism, a contract on plagiarism for students to sign, and an exercise to help them identify instances of plagiarism.

Online interventions allow for flexibility and creativity that face-to-face offerings cannot always accommodate. They can be deployed to large numbers of students asynchronously and uniformly. Online offerings can be easily modified to fit learner needs and serve as an accessible resource for students throughout their studies. Online tutorials allow for students to engage with

content on their own time and create “constructivist learning environments, [where] learning is participant-centred and participant-directed” (Bolliger & Supanakorn, 2011, p. 470). In an online RN-BSN nursing program, Morgan and Hart (2013) studied student perception of faculty and student support for academic honesty policies. Using an asynchronous discussion board between faculty and students, they covered various topics related to academic integrity such as plagiarism and student collaboration. They found that, compared to a control group instructed to read policies independently, the students who participated in the discussion boards had higher perceptions of faculty and student support for their university’s academic honesty policies. By having discussions about policies with each other and faculty, students felt that policies were both supported and effective. This study demonstrates the positive impact that an online intervention to address academic integrity can have.

Cronan et al. (2017) provided an example of the success of a general online tutorial aimed at increasing student knowledge and changing attitudes towards academic integrity. They used the RAISE (Raising Academic Integrity Standards in Education) program, an online series of five modules, as a required assignment for over 5,000 first-year college students. Changes from pre to post-test scores demonstrated that student knowledge increased after completing the program. Student attitudes regarding what they considered to be a serious violation of academic integrity also improved. This study demonstrates that an online program comprising of various modules can effectively increase understanding of academic integrity. This present article describes the development of such an online program specifically designed for undergraduate nursing students and provides data from a pilot study using the program at three nursing schools.

Academic Integrity Modules for Nursing

The Academic Integrity Modules for Nursing (AIM-Nursing) were designed by the collaborative research team to promote academic integrity in future professional nurses and present students with scenarios that decrease their likelihood to engage in neutralizing behaviors. By promoting reflection on how academic dishonesty could impact patients, these modules show students there is a potential for injury and demonstrate the responsibilities nurses have to possess integrity. The modules that comprise AIM-Nursing are unique enough to the nursing discipline to be impactful beyond typical academic integrity interventions but generalizable enough to be used by nursing programs nationwide.

The purpose of AIM-Nursing is to present undergraduate nursing students with information regarding academic integrity and why it matters to them as future nurses. It aims to move beyond simple condemnation of violations and use real-world examples to show students why their integrity matters when caring for patients as they transition into professional practice upon graduation. AIM-Nursing was developed in the Spring and Summer of 2020 by three nursing faculty members, referred to as the collaborative research team, who teach in baccalaureate programs across the United States. Content videos and six filmed vignettes were created and interspersed throughout the program to make the modules engaging for students. The modules' design process and the content and technology employed to create them will be discussed. This article will equip faculty with an understanding of AIM-Nursing and how a program like it can promote academic integrity. An evaluation tool created to assess the effectiveness of AIM-Nursing will also be described.

Modules in AIM-Nursing

As the collaborative research team explored the literature regarding academic integrity in nursing students, three themes emerged as topics of interest. First, students often have difficulty discerning what exactly is a violation of academic integrity and have differing views on the severity of various offenses (McClung & Schneider, 2018). Second, the reasons students cheat, and their perceptions of faculty support and enforcement of academic integrity-related policies appear to be worth investigating (McCabe & Trevino, 1997). Lastly, it is well-established that students, including those in health professions, often fail to report their peers for violations of academic integrity. Despite the acknowledgement that peer reporting is lacking, there is little information that demonstrates how that could translate into professional nursing practice (Elzubeir & Rizk, 2003).

These three themes inspired the content presented in the three modules that comprise AIM-Nursing, each theme is addressed in its own module. Overall, the modules seek to explore the issues each theme presents while also increasing overall knowledge of academic integrity and why integrity is such a significant value to be present in nursing students.

Design of AIM-Nursing

To create a program that was rooted in sound educational practices, the collaborative research team first created a curriculum guide, described in Table 4.1, to define the program's objectives and how best to meet them. Each module's objectives are based on Bloom's taxonomy and increase in complexity as the student progresses through the content. The objectives also informed the topics covered in the module content and the questions that comprise the evaluation tool, a 21-item Knowledge Assessment described in-depth in a later section.

Once the curriculum guide was complete, the building of the modules began. Following the ADDIE (Analysis, Design, Development, Implementation, and Evaluation) model of instructional design, the modules were developed with particular emphasis on understanding the audience, creating a user-friendly interface, and developing an assessment tool for evaluation (Davis, 2013). Additionally, the Online Learning Consortium's (n.d.) Course Design Review rubric was consulted in the development of the modules. A review of the literature as well as the collaborative research team's experiences in nursing education helped spur analysis and identify learner needs and objectives.

AIM-Nursing is housed in a public Canvas course hosted by Teachers College, Columbia University that can be accessed by anyone with the web address. Canvas is a learning management system (LMS) that, as of 2020, is the most widely used LMS in the United States and Canada (Marachi & Quill, 2020). Its user-friendly interface made designing the modules streamlined and straightforward. As the collaborative research team comprises three members, each researcher designed one module based on their research interests. All team members collaborated on the overall design and the Knowledge Assessment created as an evaluation tool.

When accessing the Canvas course, users first see the AIM-Nursing homepage, where there is a brief introductory video that explains the program and its purpose. A written outline of the modules follows. In their evaluation of students' opinions of online tutorials, Bolliger and Supanakorn (2011) found that consistency and straightforwardness in design were crucial in making programs easy to use across learner age and computer literacy. With that in mind, the research team deliberately structured each module in an identical format. Particular attention was paid to aligning teaching strategies with each module's objectives.

Each module opens with an introduction page to highlight the topics to be covered, followed by a page presenting the module objectives for students to reference and content presented in brief, often-bulleted lists to be succinct and keep learners' attention. A short video follows that summarizes the information in a visually appealing way. These videos were created using Animoto. Animoto is a website that allows for easy creation of videos using pictures, text, and voice-overs. Following the content presentation, each module has two vignettes, further described in the following section, that show the module's topic in a simulated nursing environment. Lastly, each module presents students with reflective questions to provoke thought and help them see how academic integrity as students could impact their practice as future nurses.

After students complete the three modules, they then have access to a page with additional resources and references should they wish to learn more about academic integrity. AIM-Nursing ends with a video thanking each student for participating and wishing them well in their nursing endeavors. The program is designed to take about 20-30 minutes to complete all modules, depending on participants' reading speed. Students may leave and return to the program whenever is convenient for them.

Use of Vignettes in AIM-Nursing

Six vignettes were filmed and incorporated into AIM-Nursing to break up the content delivered in each module and present students with realistic scenarios regarding academic integrity in nursing. Kolb's Experiential Learning Theory emphasizes instructional methods that present students the opportunity to engage with content on their own and reflect on how it relates to their own experiences (Kolb and Kolb, 2009). Teaching strategies such as vignettes provide participants with a more immersive learning experience than text alone.

The vignettes filmed in the simulation center at Salisbury University show nursing students engaging in or encountering academic integrity violations in the classroom and clinical settings. The scenarios were scripted based on the collaborative research team's experience as both nursing faculty and students and are designed to be realistic depictions of events that cause students to pause and reflect. For example, in the module covering reporting peer violations, one of the vignettes follows two students in the clinical setting. Student A listens as Student B tells their nurse preceptor that they just checked their patient's blood pressure so the nurse could administer the patient's antihypertensive medication when in actuality, the two students had been sitting together at the nurses' station for the last thirty minutes. When Student A confronts Student B about this lie, Student B justifies it by saying that the night shift nurse checked the patient's blood pressure before medication administration and that she is sure it is the same. The vignette ends as Student B then charts the blood pressure even though she did not check it.

Following the vignette, participants are asked to reflect on what they saw and think about how it could impact patient safety should they not report this violation. This reflective questioning seeks to confront neutralizing behavior by showing students the potential harm that could happen to the patient and that this violation of academic integrity is not a victimless offense. Each of the six vignettes in AIM-Nursing follows this same design, allowing for consistency and a streamlined approach to promote reflection and knowledge attainment. The vignettes meet the module objectives by demonstrating violations of academic integrity in realistic scenarios that show nursing students how their actions can impact others.

Evaluation of AIM-Nursing

As both researchers and educators, the collaborative research team felt it was essential that AIM-Nursing effectively meet its objectives. To determine the program's effectiveness, the

team designed a 21-item Knowledge Assessment that students can take before and after completing the program modules (see Appendix H). Each module's objectives are evaluated by seven questions, five multiple-choice questions and two true/false questions written by the researcher overseeing that module.

The Knowledge Assessment's Content Validity Index (CVI) was calculated to establish content validity. The collaborative research team sent the Knowledge Assessment to 12 academic integrity experts for review. These experts are program directors, associate deans for student affairs, and educators involved with crafting policy related to academic integrity. Seven of the content expert reviewers returned the score sheet with their feedback.

Content experts read and scored each question based on the identified variable it was designed to measure using a Likert-type scale ranging from 1 (does not measure) to 4 (clearly measures). Questions that scored a '3' or '4' were assigned and coded with a one signifying that the question correctly measured the intended variable. Questions that received a score of '1' or '2' were coded with a zero signifying that the experts disagreed that the question accurately measured the intended variable. Each question was then individually assessed to establish an item-level content validity index (I-CVI). The total number of experts that agreed for each particular question was divided by the total number of experts ($n = 7$) to obtain the final score for that question. As identified in Yusoff (2019), an acceptable CVI with six to eight reviewers is at least 0.83. Based on said guidelines, three questions did not meet the 0.83 threshold. Each of these scored a 0.714. The research team reviewed all feedback from the content experts and revised the three questions with a CVI of 0.714. Feedback from the content experts on individual questions was also taken into account and minor changes for grammar and clarity were made.

Additionally, the scale-level content validity index (S-CVI/Ave) was calculated based on the overall average of agreement among the content experts, with a score closer to 1 indicating a stronger agreement that the scale measures what it was designed to (Yusoff, 2019). The S-CVI/Ave score for the Knowledge Assessment was 0.905. Based on the data, the CVI indicates that the collaborative research team's Knowledge Assessment measures what it is intended to and can assess the effectiveness of AIM-Nursing in meeting its objectives.

Pilot Study Methods

To test the effectiveness of AIM-Nursing utilizing the Knowledge Assessment described above, the collaborative research team recruited a small sample to gather pilot data. IRB approval was granted from all three institutions as well as from Teachers College (see Appendix A). The research question for the pilot study was the following: does student knowledge of academic integrity violations and policies increase as measured by the pre and post-test Knowledge Assessment when comparing participants randomized to either a control or intervention group (AIM – Nursing)?

Design

In this pilot study, a two-group pre-test/post-test experimental design was employed. The control group received instructions to review academic integrity policies and the intervention group received access to AIM-Nursing online modules. This multi-site pilot study included schools of nursing at three universities: Arkansas State University (Astate), Salisbury University (SU), and University of Texas Medical Branch (UTMB).

Participants

Undergraduate baccalaureate nursing students from Astate in Jonesboro, Arkansas, SU in Salisbury, Maryland, and UTMB in Galveston, Texas were recruited to participate in the pilot

study. Astate is located in a city with a population of approximately 82,000 people in the Mississippi Delta region with a large agricultural community (Jonesboro Unlimited, 2019). It is a public university that has 13,891 undergraduate students with 679 students enrolled in undergraduate nursing programs (Arkansas State University, 2019). These programs include associate level, traditional and accelerated Bachelor of Nursing (BSN), licensed practical nurse to BSN, and registered nurse (RN) to BSN programs (S. Davidson, personal communication, October 23, 2019). SU is situated in a city with a population of approximately 32,800 (City Data, 2019). It is a public university that has a population of 7,081 undergraduates. The School of Nursing has both traditional and accelerated BSN programs, with 180 undergraduate nursing students (J. Willey, personal communication, October 23, 2019). UTMB is located in an urban area with a population of approximately 50,000 (World Population Review, 2019). It is a public university that has 3,300 total students with 554 enrolled as undergraduate nursing students in the traditional and RN-BSN programs (University of Texas Medical Branch, 2018).

Inclusion criteria for the pilot study were that participants must be (1) junior or senior level students in their programs (2) over 18 years of age and (3) enrolled in an undergraduate pre-licensure program. Exclusion criteria were (1) sophomore status at Astate, as there is not a comparable program level at SU or UTMB, (2) under 18 years of age, (3) LPN-BSN students and RN-BSN students since there are not comparable programs at all three universities.

In the control group, 27 participants completed the pre-test Knowledge Assessment: 2 from UTMB, 4 from SU, and 19 from Astate. Two students declined to disclose where they were enrolled. Twelve participants completed the control group post-test: 11 from Astate and 1 from SU. In the intervention group, 16 participants completed the pre-test Knowledge Assessment: 3 from UTMB, 4 from SU, and 7 from Astate. Two students declined to disclose where they were

enrolled. Four participants completed the intervention group post-test: 1 from UTMB and 3 from Astate.

Procedure

All potential subjects watched a pre-recorded and scripted video introduction of the study, recorded by one of the researchers to ensure identical introductory information. The video was shown in various nursing courses at each school. The video shown explained both the informed consent and the study to the students. Students were then sent an email with a link to the informed consent in a Qualtrics survey. If they consented to participate, they entered their email address. Investigators provided the dissertation sponsor, Dr. Tresa Kaur, with access to the Qualtrics survey to gather the email addresses and she used random number assignment to place students into either the control or intervention group.

Once randomization and group assignments were complete, each group received a link via email to the pre-test Knowledge Assessment. The email also included a link to another instrument, the McCabe's Academic Integrity Survey-Modified for Nursing Students. This instrument addressed additional research questions not explored in this article. Participants had 72 hours to complete the pre-test, which was estimated to take around 15 minutes to complete, depending on reading speed. The control group's pre-test ended with a statement to review their respective school's academic integrity policy from the provided links. The statement also informed the control group to expect an email with access to the post-test Knowledge Assessment in two weeks. The control group was instructed to review their academic integrity policies at their discretion. Following their completion of the pre-test Knowledge Assessment, the intervention group was sent a link to AIM-Nursing. Two weeks later, the intervention group received an email with a link to their post-test Knowledge Assessment. Reminder emails were

sent to participants to encourage them to take their post-tests. Participants who completed their post-tests and provided an email address were eligible for a \$25 Amazon gift card. As the surveys and intervention require additional time spent online by the participants outside of schoolwork, an incentive of some type is recommended. The COVID-19 pandemic has led to increased time spent in front a computer and an incentive would increase the likelihood that a student chooses to participate.

Data Analysis

All Knowledge Assessment data collected via Qualtrics was downloaded into Excel. One incomplete response was removed from the pre-test intervention group. Additionally, participants who completed the Knowledge Assessment in under five minutes were also excluded from data analysis as the collaborative research team deemed five minutes to be the minimum appropriate length of time to complete at 21-item assessment. This excluded eight participants from the control group pre-test, five participants from the intervention group pre-test, and five participants from the post-test control group. Responses were coded based on whether or not the participant selected the correct response. Each participant's correct answers were summed. The averages of those sums were calculated for each group: intervention pre and post-tests and control pre and post-tests. The data were then entered into SPSS, where *t*tests were conducted.

Results

For the pre-test Knowledge Assessment, $n = 30$ (19 in the control group, 11 in the intervention group). An independent samples *t*test was conducted to compare the pre-test scores. There was no significant difference found between the control group ($M = 16.84$, $SD = 1.98$) and the intervention group ($M = 17.28$, $SD = 2.4$; $t(28) = -.530$, $p = .6$).

For the post-test Knowledge Assessment, $n = 7$ (4 in the control group, 3 in the intervention group) completed the assessment. Independent samples t tests were conducted to compare the post-test scores between the control and intervention groups as well as between each group's pre and post-test scores. There was no significant difference found between the post-test Knowledge Assessments for the control group ($M = 17.5$, $SD = .58$) and the intervention group ($M = 19$, $SD = 2$; $t(5) = -1.46$, $p = .2$). Additionally, there were no significant differences between the pre and post-test scores for the control group ($t(17.925) = -1.22$, $p = .24$) or for the intervention group ($t(12) = -1.73$, $p = .28$).

Despite the statistically non-significant results, both groups did improve their mean scores from pre to post-test. The highest possible score for the Knowledge Assessment was 21. With the pre-test means already close to the maximum score, it is possible a ceiling effect impacted the post-test mean comparisons. When analyzing the item descriptive statistics (Table 4.2), the intervention group had no post-test items with p -values less than .66, compared to 3 post-test items that had p -values less than .5 in the control group. When comparing both groups, the p -values of some items decreased from pre to post-test. This could be due to a regression to the mean or because the sample size in the post-test groups was significantly smaller than the pre-test groups.

Discussion

AIM-Nursing represents a cumulative effort by three doctoral students to create a program they hope can change the culture in nursing education regarding academic integrity. Rather than treating academic integrity violations as nebulous whispers, AIM-Nursing empowers students to see them as objective events that could impact not only future patients but also the integrity of the nursing profession. In place of tasking individual programs with making their

own content, AIM-Nursing could be utilized at colleges and universities across the globe in orientations or introductory courses. While the content covered is generalizable to any nursing program, additional school-specific material could be incorporated if needed.

Limitations of Pilot Study

As this was a pilot study, there are limitations that are reflected in the statistical analysis. The sample size was small and the majority of the sample was lost due to attrition. It is recommended that this study be repeated with a much larger sample to achieve power and gather more data regarding the impact of AIM-Nursing on Knowledge Assessment scores. Since the pre-test means were high and created the threat of a ceiling effect, the Knowledge Assessment items could be modified to be more challenging. Participants scored highest on true/false items and those could be adapted to a multiple-choice format.

Also, during this pilot study, the length of time spent in AIM-Nursing was not assessed. This could be addressed by assigning each student a unique identifier or access code to track how long they spend in the program as well as through website data analytics. Additionally, it was not possible to determine if a student in the control group viewed their respective university policies; however, this is the same in the normal course of events when students are given handbooks or policies to review.

Limitations of AIM-Nursing

While the creation of a program that is solely online has its benefits, there are limitations as well. Internet fatigue, especially in light of the shift to virtual learning during the COVID-19 pandemic, is a possible hindrance. AIM-Nursing adds one more online task for students who have been balancing online coursework and clinical rotations for over a year. While this is a limitation that hopefully fades upon emergence into a post-COVID era, it is worth considering.

As with any ungraded assignment, there is a risk that students simply won't access the program or pass quickly through the modules without reading or watching the material. This risk could be mitigated by utilizing the Knowledge Assessment like a quiz for participation points. Depending on a course's grading criteria, the quiz could be weighted in a variety of ways.

In the future, the research team foresees and encourages student participation in creating activities promoting academic integrity. For example, after viewing the vignettes presented in AIM-Nursing, nursing students could script and film their own scenarios to share with the class in an Introduction to the Nursing Profession or ethics course. Additionally, students could take the information learned through AIM-Nursing and further advocate for a campus culture that promotes academic integrity, such as through the drafting of an honor code or forming a student-led honor council (McCabe and Trevino, 1993). AIM-Nursing is not intended to be the sole educational encounter students have regarding academic integrity. Rather, it can be viewed as the introduction to a program-wide emphasis on ensuring graduates possess integrity in all academic and professional endeavors.

Conclusion

AIM-Nursing is a tool created by nurse educators to allow nursing programs to promote a culture of academic integrity in their schools. It uses scenarios and examples that students may encounter throughout their program and equips students with the information to recognize, report, and even avoid violations. While the pilot study was limited in its findings, there is an opportunity to utilize AIM-Nursing with a larger sample to gather more data and improve the program in the future. By providing a cohesive program targeted to meet learner needs as evidenced by the literature, AIM-Nursing can help ensure that nursing continues to earn the honor of being the most trusted profession by graduating nurses with integrity.

Chapter 4 References

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Table 4.1*AIM-Nursing Curriculum Guide*

Module	Objectives	Content	Teaching Strategies	Evaluation
1- Defining Academic Integrity and Violations	A. Define academic integrity B. Analyze academic integrity violations C. Synthesize implications of violating academic integrity	-What is academic integrity? -Examples of violations of academic integrity -Are all violations created equal? -Implications of engaging in academic integrity violations	-Animoto clip for information on definition and examples of violations -Short vignettes focusing on violations/severity -Reflective questioning such as “What would you do if you overheard peers discussing an exam that you had not taken yet?”	2 True/False 5 Multiple Choice
2-Why Students Cheat and How to Prevent It	A. Analyze contributing factors in engaging in academic integrity violations B. Compare methods to prevent and reduce cheating	-Reasons students cheat in the classroom and clinical settings -Academic policies on academic integrity -Faculty support and enforcement of policies	- Animoto clip for information on reasons students provide for cheating - Short vignette focusing on testing environments -Reflective questioning such as “In your nursing classes, if you have heard about students engaging in academically dishonest behaviors, did you ever hear or speculate why they would cheat in the classroom or clinical setting?”	2 True/False 5 Multiple Choice

Module	Objectives	Content	Teaching Strategies	Evaluation
3-Reporting Peer Violations of Academic Integrity	A. Describe the process of reporting peer violations of academic integrity B. Identify barriers and facilitators of reporting peer violations C. Apply the principles of reporting violations in both the academic and professional settings	-Examples of students observing violations of academic integrity -Examples of nurses observing violations of professional integrity -How and why students should report peer violations	-Video introduction -Animoto clip for information on why peer reporting is important to patient safety -Short vignette with student-nurse observing peers violating academic integrity in classroom and clinical settings -Reflective questioning such as “Who could you go to if you witnessed a peer violating academic integrity during a clinical rotation?”	2 True/False 5 Multiple Choice

Table 4.2*Pilot Knowledge Assessment-Item Descriptive Statistics*

Question	Correct Answer	Item <i>p</i> -Value
You have taken an online quiz and have a question about the correct answer. When emailing your instructor, you attach a screen shot of the question. This is an academic integrity violation.	True	Pre-test: -Control: 0.79 -Intervention: 0.72 Post-test: -Control: 0.50 -Intervention: 1
You submit a teaching presentation that you used last year for your current class with minor modifications. Given that this is your work, it is not a violation of academic integrity	False	Pre-test: -Control: 0.68 -Intervention: 0.72 Post-test: -Control: 0.75 -Intervention: 0.66
Which statement is accurate when considering violations of academic integrity?	Being unaware of what constitutes violations of academic integrity means you will be excused of responsibility if you commit a violation.	Pre-test: -Control: 0.89 -Intervention: 0.82 Post-test: -Control: 1 -Intervention: 1
Which action is not a violation of academic integrity?	After assessing your patients' vital signs, asking a peer in your clinical group to assess them to see if they are consistent.	Pre-test: -Control: 1 -Intervention: 1 Post-test: -Control: 1 -Intervention: 1
You are having difficulty getting an accurate count for your patient's respirations when completing your physical assessment during clinical. For each of the last 3 shifts the patient's respirations have ranged between 16-18. What is your best action?	Ask for assistance from your instructor.	Pre-test: -Control: 0.95 -Intervention: 1 Post-test: -Control: 1 -Intervention: 1
Which statement best defines academic integrity?	Promoting a culture of honesty and responsibility in your work.	Pre-test: -Control: 0.79 -Intervention: 0.72 Post-test: -Control: 1 -Intervention: 1

Question	Correct Answer	Item <i>p</i> -Value
When seeing a peer document on a patient, you are aware they did not complete the assessment as documented. Which statement is true?	Your peer engaged in a violation of academic integrity. You have a concern that the patient could experience a poor outcome, as data provided was not correct.	Pre-test: -Control: 1 -Intervention: 1 Post-test: -Control: 1 -Intervention: 1
Concerns about getting accepted into highly competitive nursing programs is an acceptable reason nursing students engage in violations of academic integrity.	False	Pre-test: -Control: 0.89 -Intervention: 0.91 Post-test: -Control: 1 -Intervention: 1
Many students commit academic integrity violations based on the presumption that faculty will not be able to prove they were cheating.	True	Pre-test: -Control: 0.79 -Intervention: 0.91 Post-test: -Control: 0.75 -Intervention: 0.66
Which method is a way faculty can promote the academic integrity policies of the university?	Clearly communicate expectations related to academic integrity at the beginning of the semester.	Pre-test: -Control: 0.74 -Intervention: 0.72 Post-test: -Control: 0.50 -Intervention: 0.66
A student is assigned to a clinical rotation where faculty will only check in on them. The student has a major test the following day. Which example would be considered a violation of academic integrity in the clinical setting? <i>Select all that apply</i>	Completing the paperwork on the patients in the clinical setting that were seen by another nurse because their information was ‘more interesting’; Once the clinical faculty member leaves, the student lets the primary nurse know that they were told they could leave early if no other patients arrive; Leaving the floor early and fabricating patient information to complete the required paperwork; Asking peers about their patients during that rotation to make the paperwork go faster.	Pre-test: -Control: 0.53 -Intervention: 0.36 Post-test: -Control: 0.75 -Intervention: 0.66

Question	Correct Answer	Item <i>p</i> -Value
Faculty can serve as role models through their behaviors in both the classroom and clinical settings. Which methods are ways that faculty can display this behavior? <i>Select all that apply</i>	All of the above	Pre-test: -Control: 0.4 -Intervention: 0.45 Post-test: -Control: 0.25 -Intervention: 0.66
An exam is being administered by a faculty member. Which behavior by the faculty member could increase the likelihood of a student cheating?	Check their computer for new emails	Pre-test: -Control: 0.95 -Intervention: 1 Post-test: -Control: 1 -Intervention: 1
A faculty member and student are discussing academic integrity and where to find information related to academic integrity on the campus. The faculty member directs the student to which resources?	Course syllabi; Campus policies; The student handbook; A campus honor code	Pre-test: -Control: 0.6 -Intervention: 0.55 Post-test: -Control: 0.75 -Intervention: 0.66
Reporting violations of academic integrity is only appropriate if the violation occurs during an examination.	False	Pre-test: -Control: 1 -Intervention: 1 Post-test: -Control: 1 -Intervention: 1
Several states require nurses to report potential harm done to patients by themselves or other nurses.	True	Pre-test: -Control: 1 -Intervention: 0.91 Post-test: -Control: 1 -Intervention: 1
In the clinical setting, you overhear a fellow nursing student say he is going to “make up” vital signs on his assigned patient as he doesn’t want to wake the patient. You are not sure whether or not to report the incident. Which of the following statements is true?	You should let your clinical faculty know what you overheard	Pre-test: -Control: 0.95 -Intervention: 0.91 Post-test: -Control: 0.75 -Intervention: 1
Nursing students are more likely to cheat if which of the following statements is true?	They believe their peers are also cheating	Pre-test: -Control: 1 -Intervention: 1 Post-test: -Control: 1 -Intervention: 1

Question	Correct Answer	Item <i>p</i> -Value
You are aware that a group of peers completed an assignment collaboratively, when the instructions were to work individually. You were not involved in the group and aren't sure if you should report what you saw. Which statement is the most accurate?	Since the instructions were to work individually, you do need to report it	Pre-test: -Control: 1 -Intervention: 0.82 Post-test: -Control: 1 -Intervention: 1
Which is not a reason why students hesitate to report peer violations of academic integrity?	They know the consequences for the violators will be clear and fair	Pre-test: -Control: 0.53 -Intervention: 0.82 Post-test: -Control: 0.75 -Intervention: 1
Whose responsibility is it to review academic integrity policies to ensure understanding?	Students	Pre-test: -Control: 0.79 -Intervention: 0.91 Post-test: -Control: 0.75 -Intervention: 1

Chapter 5: Summary of the Dissertation

This dissertation further sought to understand undergraduate nursing students' knowledge and perceptions of academic integrity and the factors that influence their willingness to report peer violations. Guided by the theories of neutralization and social contagion, this exploration into peer reporting sought to provide nursing faculty with an understanding of their students' hesitation to report peers as well as strategies to promote accountability. Additionally, the development of an intervention to promote academic integrity designed specifically for nursing students was described.

Chapter 2 conveyed results from a collaborative look into the relationships between student perception of faculty support and enforcement of academic integrity policies, perception of the severity of a variety of offenses, suggestions for program improvement and the willingness to report peer violations. There were positive correlations found among all three subscales with the Willingness to Report subscale. This indicates that the impact of faculty support and knowledge of what constitutes a violation of academic integrity empowers students to be willing to report violations they witness. Additionally, students support tangible strategies for program improvement to promote a culture of academic integrity.

Chapter 3 took a further look into peer reporting by framing it in the context of the theories of neutralization and social contagion. The more a participant embodied the principles set forth by those theories, the less likely they were to report a peer violation. Additionally, the non-significant correlation between participants' knowledge as measured by the collaborative research team's Knowledge Assessment and their willingness to report peer violations was a thought-provoking finding. Lastly, an overall lack of selected demographic variables had an

influence on peer reporting as demonstrated by this sample. There were no significant differences found between genders, self-reported GPAs, or living arrangements in relation to a participant's willingness to report their peers. However, age was positively correlated with and a significant predictor of willingness to report.

Finally, Chapter 4 described the design of an intervention to promote academic integrity in nursing students, AIM-Nursing. The content of the program's three modules was drawn from extensive literature review and a combined total of over 20 years of experience as nursing faculty by the collaborative research team. Using the ADDIE model and the Online Learning Consortium's Quality Course Rubric as guides for sound instructional design, objectives and teaching strategies were aligned. The modules feature vignettes that aim to show nursing students real-world examples of violations of academic integrity and provoke reflection that mitigates their desire to neutralize their behaviors as common or unharmed. Additionally, the process of developing the collaborative research team's Knowledge Assessment was discussed and pilot study data were presented. While no significant increases in knowledge were found, the modules and Knowledge Assessment create a foundation on which to build a solid intervention specifically for nursing students.

Contributions to the Literature

This dissertation provides more insight into the rationales behind why nursing students violate academic integrity. It presents data on students' willingness to report violation scenarios beyond cheating on an exam or plagiarizing a paper. Nursing students spend time in clinical, in the laboratory, and in simulation, so this study addresses those areas in addition to more typical cheating scenarios. Also, the data presented in this dissertation provide an in-depth analysis of the rationales behind the significant lack of peer reporting. This study also describes the process

of modifying a frequently used instrument, McCabe's Academic Integrity Survey, that had limited psychometric data. It also describes the process of creating the Knowledge Assessment and establishing content validity.

This study also provides a framework for creating an online program that is sound in instructional design. AIM-Nursing is a cumulative effort that can serve as a guide for researchers who wish to create an online offering that is matched to learning objectives that are measurable and meaningful to the population they wish to reach.

Lastly, this dissertation demonstrates a collaborative effort by three doctoral students to address a complicated and multifaceted topic such as academic integrity. Rarely is research done in isolation and the collaborative dissertation process allowed for the lived experience of conducting research as a team. Collaboration requires analysis of each group member's strengths and areas for improvement, as well as coordination of schedules and holding each member accountable for accomplishing tasks in a timely manner. Much was learned throughout the process and it has inspired the team to formally write about the endeavor.

Implications for Nursing Education

Nursing students are cheating. They are also aware of their peers' academic dishonesty and worry their future colleagues are graduating without truly earning their degrees (Woith et al., 2012). While students find ways to justify their actions to get higher grades, there is a need to broaden their view from focusing on the short-term goal of passing a class to the long-term implications of not being prepared to care for a population with high acuity needs. This dissertation provides faculty with insight into why their students are cheating in the classroom, clinical, laboratory, and simulation settings. It also gives faculty a theoretical basis to understand academic integrity violations and ways to prevent or mitigate them. Additionally, this study

demonstrates the need to show students that by reporting their peers' violations, they aren't simply "whistleblowing"; they are protecting patients.

By presenting faculty with information regarding AIM-Nursing, nurse educators can learn about an intervention designed to meet the unique needs of the student nurse. Kolb's Experiential Learning Theory suggests that students should be involved in the creation of their knowledge and value information they can apply to current problems (Kolb & Kolb, 2009). By exploring the content and vignettes on their own, students can relate them to their own experiences as a student and see the potential harm of neutralizing behaviors. Using the information learned in this study, faculty can tailor interventions that promote academic integrity to meet challenges in the classroom, clinical, and simulation settings. For example, requiring reciting a portion of the honor code as a group before exams may deter cheating. Also, presenting students information regarding the consequences of falsifying medication administration times may help discourage neutralizing behaviors during a clinical rotation. Requiring a signed acknowledgement of the honor code prior to beginning a simulation scenario could promote a culture of honesty that discourages students from unfairly preparing other students for the simulation experience.

Direction for Future Research

Future research should focus on ways to address academic integrity violations and provide students with a variety of educational encounters that discourage academic dishonesty. It is important to identify barriers to peer reporting and attempt to remove obstacles that prevent students from acknowledging their obligation to protect patients from unsafe nurses. Students should be included in the development of any intervention meant to empower them to report peer violations of academic integrity. The social norms that often prevent students from reporting

their peers are highly influential. If nursing faculty work with students to create a culture of integrity, perhaps those social norms can change to encourage, rather than inhibit, peer reporting. Studies where faculty collaborate with students to design educational offerings regarding academic integrity and the potential impact on patients could richly add to the literature. Studies with experimental designs that attempt to encourage peer reporting through education and program-wide strategies will also contribute greatly.

Violations of academic integrity will never disappear. However, there is hope that by reminding students of their responsibility to safely care for others, students will seek out resources to aid them in obtaining their nursing licenses honestly and in a manner they can be proud of. They will also acknowledge their responsibility to the patients that will be in their care and report peer violations of academic integrity to safeguard the public from dishonest nurses. The integrity of the nursing profession depends on nurses holding each other accountable, beginning in their academic programs and continuing throughout their careers.

Chapter 5 References

- Kolb, A. Y., & Kolb, D. A. (2009). Experiential learning theory: A dynamic, holistic approach to management learning, education and development. *The SAGE Handbook of Management, Learning, Education and Development*, 42-68.
- Woith, W., Jenkins, S. D., & Kerber, C. (2012). Perceptions of academic integrity among nursing students. *Nursing Forum*, 47, 253-259. doi:10.1111/j.1744-6198.2012.00274.x

Appendix A

IRB Approvals

Attachments:

- Exemption Notification - IRB ID: 20-319.pdf



Teachers College IRB

Exempt Study Approval

To: Shannon Stevenson
From: Myra Luna Lucero, Research Compliance Manager
Subject: IRB Approval: 20-319 Protocol
Date: 06/10/2020

Thank you for submitting your study entitled, "*An Intervention to Promote Academic Integrity in Nursing Students*;" the IRB has determined that your study is **Exempt** from committee review (Category 1) on 06/10/2020.

Please note, due to COVID-19 quarantine, all in-person study activities are suspended. The IRB will announce when in-person research can resume and what steps to take at that time. We will post updates about COVID-19 on TC IRB's website/Updates.

Please keep in mind that the IRB Committee must be contacted if there are any changes to your research protocol. The number assigned to your protocol is **20-319**. Feel free to contact the IRB Office by using the "Messages" option in the electronic Mentor IRB system if you have any questions about this protocol.

Please note that your Consent form bears an official IRB authorization stamp and is attached to this email. Copies of this form with the IRB stamp must be used for your research work. Further, all research recruitment materials must include the study's IRB-approved protocol number.

As the PI of record for this protocol, you are required to:

- Use current, up-to-date IRB approved documents
- Ensure all study staff and their CITI certifications are on record with the IRB
- Notify the IRB of any changes or modifications to your study procedures
- Alert the IRB of any adverse events

You are also required to respond if the IRB communicates with you directly about any aspect of your protocol. Failure to adhere to your responsibilities as a study PI can result in action by the IRB up to and including suspension of your approval and cessation of your research.

You can retrieve a PDF copy of this approval letter from Mentor IRB.

Best wishes for your research work.

Sincerely,
Dr. Myra Luna Lucero
Research Compliance Manager
IRB@tc.edu

17-Sep-2020

MEMORANDUM

TO: Shannon Stevenson
SON Baccalaureate Program 152500


FROM: Dwight Wolf, MD
Chairman, IRB

RE: Exempt from IRB Review

IRB #: IRB # 20-0151

Submission Number: 20-0151.004

TITLE: An Intervention to Promote Academic Integrity in Nursing Students

The UTMB Institutional Review Board (IRB) reviewed the above-referenced research project and determined this request met the criteria for exemption from review by the IRB in accordance with the 45 CFR 46.104. This determination was made on **17-Sep-2020**.

Further review of this project by the IRB is not required unless the protocol changes in the use of human subjects. In that case, the project must be resubmitted to the IRB for review. Please inform the IRB when this research project is completed.

If you have any questions, please do not hesitate to contact the IRB office via email at IRB@utmb.edu.

Exemption Category

Category 1

Salisbury University
Institutional Review Board
Committee on Human Research
Phone: (410) 548-3549
Fax: (410) 677-0052
Email: humanresearch@salisbury.edu

IRB Research Protocol Approval Notification

Date: 9/25/2020

To: A. Willey
RE: Protocol #15
Type of Submission: Expedited
Type of IRB Review: Expedited
Protocol is scheduled to begin 10/2020 end 11/2020

Approval for this project is valid from 9/25/2020 to 11/30/2020.

This letter serves to notify Amanda Willey that the Salisbury University (SU) Institutional Review Board (IRB) approved the above referenced protocol entitled, Utilizing an Online eLearning Intervention to Promote Academic Integrity in Nursing Students on September 25, 2020.

Pursuant to Federal regulations 21 CFR 56.109, the IRB has determined that this protocol qualifies for Expedited review.

Federal regulation 45 CFR 46.103 (b)(4)(iii) requires Primary Investigators (PI), except when a subject is in immediate danger, to assure any change to an approved protocol is not initiated prior to IRB review and approval. Additionally, the PI must also inform the IRB of unanticipated problems involving risks to participants.

Your research is scheduled to begin 10/2020 and end 11/2020. It is the PI's responsibility to submit continuing review reports in a timely manner (at least 3 weeks prior to scheduled end date on the protocol approval).

The SU IRB is organized and operated according to guidelines of the United States Office for Human Research Protections and the United States Code of Federal Regulations and under Federal Wide Assurance No. FWA00020237.

If you have any questions about this review or questions, concerns, and/or suggestions regarding this process, please do not hesitate to contact the Office of Graduate Studies and Research at 410-548-3549 or humanresearch@salisbury.edu.



RESEARCH AND TECHNOLOGY TRANSFER

P.O. Box 2760, State University, AR 72467 | o: 870-972-2694 | f: 870-972-2336

August 7, 2020

Principal Investigator: Kathryn Flannigan

Board: Institutional Review Board (IRB)

Study: FY20-21-10 An Intervention to Promote Academic Integrity in Nursing Students

Submission Type: Initial

Board Decision: Exempt

Approval Date: August 7, 2020

Administrative Check-In Date: August 7, 2023

Thank you for your submission of New Project materials for this research study. The Arkansas State University IRB has determined this research qualifies for exemption under 45 CFR 46.104(d) under:

Category 1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

- Changes to the protocol must be submitted to the IRB for approval as they may alter exempt-eligible status.
- Continuing IRB review is not required if there are no changes to the protocol.
- When the research is complete, please log in to Cayuse to submit a closure report.
- Investigators are also asked to promptly report any unanticipated problems or complaints to the Committee.

Please retain a copy of this correspondence for your records. If you have any questions, please contact the Director of Research Compliance at (870) 972-2694 or IRB@astate.edu. Please include your study title and study label.

Sincerely,

Amy R. Pearce, Ph.D.

Chair, Institutional Review Board

Attachments:

- AI_Informed Consent_NSNA_Final.pdf
- Exemption Notification - IRB ID: 21-109.pdf

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

Teachers College IRB

Exempt Study Approval

To: Shannon Stevenson, Kathryn Flannigan, and Amanda Willey
From: Myra Luna Lucero, Research Compliance Director
Subject: IRB Approval: 21-109 Protocol
Date: 12/11/2020

Thank you for submitting your study entitled, "*Exploring Nursing Students' Knowledge and Attitudes Regarding Academic Integrity*;" the IRB has determined that your study is **Exempt** from committee review (Category 2) on 12/11/2020.

Due to COVID-19 quarantine, all in-person study activities with human subjects are suspended. Following guidance from New York State and Teachers College, the Institutional Review Board will announce when in-person research can resume and what steps to take at that time.

Please keep in mind that the IRB Committee must be contacted if there are any changes to your research protocol. The number assigned to your protocol is **21-109**. Feel free to contact the IRB Office by using the "Messages" option in the electronic Mentor IRB system if you have any questions about this protocol.

Please note that your Consent form bears an official IRB authorization stamp and is attached to this email. Copies of this form with the IRB stamp must be used for your research work. Further, all research recruitment materials must include the study's IRB-approved protocol number.

As the PI of record for this protocol, you are required to:

- Use current, up-to-date IRB approved documents
- Ensure all study staff and their CITI certifications are on record with the IRB
- Notify the IRB of any changes or modifications to your study procedures
- Alert the IRB of any adverse events

You are also required to respond if the IRB communicates with you directly about any aspect of your protocol. Failure to adhere to your responsibilities as a study PI can result in action by the IRB up to and including suspension of your approval and cessation of your research.

You can retrieve a PDF copy of this approval letter from Mentor IRB.

Best wishes for your research work.

Sincerely,
Dr. Myra Luna Lucero
Research Compliance Director
IRB@tc.edu

Appendix B

Informed Consent

Teachers College, Columbia University
525 West 120th Street
New York NY 10027
212 678 3000

INFORMED CONSENT

Protocol Title: Exploring Nursing Students' Knowledge and Attitudes towards Academic Integrity

Principal Investigators: Kathryn Flannigan, MSN, RN; Shannon Stevenson, MSN, RNC-OB, CNE; Amanda Willey, MSN, RN, CCHP

INTRODUCTION

You are being invited to participate in this online research study called "Exploring Nursing Students' Knowledge and Attitudes towards Academic Integrity". You may qualify to take part in this research study if you are (1) over 18 years of age and (2) enrolled in an undergraduate pre-licensure baccalaureate nursing (BSN) program.

You will be among nursing students from various universities who are asked about academic integrity in nursing school. It will take approximately 35-40 minutes of your time to complete the online survey.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to gather information from nursing students regarding your experiences with and perceptions of academic integrity.

WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?

If you decide to participate, you will accept the consent form online by clicking on "I agree to participate" below. You will then be redirected to an online survey in Qualtrics. Qualtrics is an online survey tool. Your responses will be kept confidential. Respondents who complete the survey and choose to provide their email address will be sent a \$10 Amazon gift card. No one besides the researchers will have access to your email address and it will not be connected to your survey responses. Email addresses will only be utilized to send the Amazon gift card after survey completion.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

This is a minimal risk study, which means the harms or discomforts that you may experience are not greater than you would ordinarily encounter in daily life while taking routine psychological examinations or tests. The principal investigators will take precautions to keep your information confidential and prevent anyone from discovering or guessing your identity. Your survey responses will be confidential and not associated with your email address if you choose to provide it to qualify for a gift card. Should you feel any stress or discomfort reflecting on your experiences with academic integrity, you may leave the study at any time by exiting the survey or closing your internet browser. Please note that you will not be eligible for a gift card if you choose to exit the survey prior to completing it.

Page 1 of 3

Teachers College, Columbia University Institutional Review Board Protocol Number: 21-109 Consent Form Approved Until: No Expiration Date

Teachers College, Columbia University
525 West 120th Street
New York NY 10027
212 678 3000

INFORMED CONSENT

WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

There is no direct benefit to you for participating in this study. Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty. Participation may make a contribution to a better understanding of academic integrity for nursing students and faculty.

WILL I BE PAID FOR BEING IN THIS STUDY?

At the end of the survey, you will have the option to enter your email address for a \$10 gift card to Amazon. Your email address and survey responses will be stored separately. You must complete the survey to receive the gift card. The gift card will be sent via email approximately 1-2 weeks after survey completion.

WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?

The study is over when you have completed the Qualtrics survey questionnaire. However, you can leave the study at any time even if you haven't finished. If you choose to leave the study before submitting the survey, you are not eligible for the gift card.

PROTECTION OF YOUR CONFIDENTIALITY

Any electronic or digital information will be stored on a computer that is password protected by the Principal Investigators.

For quality assurance, the study team and/or members of the Teachers College Institutional Review Board (IRB) may review the data collected from you as part of this study. Otherwise, all information obtained from your participation in this study will be held strictly confidential and will be disclosed only with your permission or as required by U.S. or State law

HOW WILL THE RESULTS BE USED?

The results of this study will be presented at each investigator's dissertation defense, academic conferences, and published in journals. Identifiers will be removed from the data. De-identifiable data may be used for future research studies or distributed to another investigator for future research without additional informed consent from the subject or the representative.

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about taking part in this research study, you may contact one of the Principal Investigators: Shannon Stevenson, MSN, RNC-OB, CNE at slm2230@tc.columbia.edu.

Page 2 of 3

Teachers College, Columbia University Institutional Review Board Protocol Number: 21-109 Consent Form Approved Until: No Expiration Date

Teachers College, Columbia University
525 West 120th Street
New York NY 10027
212 678 3000

INFORMED CONSENT

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

PARTICIPANT'S RIGHTS

- I have read the informed consent. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty.
- I understand that this study is not associated with any particular course and I will not receive course credit nor penalty should I choose to participate or not.
- The researchers may withdraw me from the research at their professional discretion (Conditions for withdrawal can include lack of participation in completing survey).
- If during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the investigator will provide this information to me.
- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- De-identifiable data may be used for future research studies or distributed to another investigator for future research without additional informed consent from the subject or the representative.
- I should receive a copy of the Informed Consent document.

Consent Checkbox:

Please click "I agree to participate in this study" if you consent to participate in this study.

Page 3 of 3

<p>Teachers College, Columbia University Institutional Review Board</p> <p>Protocol Number: 21-109 Consent Form Approved Until: No Expiration Date</p>
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Appendix C

McCabe's Academic Integrity Survey



Please tell us about the academic environment at *Generic University*.

How would you rate...

	Very Low	Low	Medium	High	Very High
the severity of penalties for cheating at <i>Generic University</i> ?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
the average student's understanding of campus policies concerning student cheating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the faculty's understanding of these policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
student support of these policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
faculty support of these policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the effectiveness of these policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been informed about the academic integrity or cheating policies at *Generic University*?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

Please respond to the following statements.

	Yes	No
Before you came to Generic University, were you aware that the school had an honor code?	<input type="radio"/>	<input type="radio"/>
Did the fact that Generic University has an honor code impact your decision to attend?	<input type="radio"/>	<input type="radio"/>

To what extent do you have a clear understanding of *Generic University's* policies regarding academic honesty?

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Average	<input type="radio"/> A lot	<input type="radio"/> Greatly
----------------------------------	--------------------------------	-------------------------------	-----------------------------	-------------------------------

In the past year, how often, on average, did your instructors discuss policies concerning:

	Never	Very seldom	Seldom/Sometimes	Often	Very Often
Plagiarism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines on group work or collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper citation/referencing of written sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper citation/referencing of Internet sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying/fabricating course lab data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Falsifying/fabricating research data

How frequently do you think the following occurred at your secondary school/high school?

	Never	Very seldom	Seldom/Sometimes	Often	Very Often
Plagiarism on written assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriately sharing work in group assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheating during tests or examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitting the same paper in more than one course without specific permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchasing papers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of electronic/digital devices as an unauthorized aid during an in-class test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying information on an exam or paper after it has been graded/submitted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How frequently do you think the following occur at *Generic University*?

	Never	Very seldom	Seldom/Sometimes	Often	Very Often
Plagiarism on written assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriately sharing work in group assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cheating during tests or examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitting the same paper in more than one course without specific permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchasing papers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of electronic/digital devices as an unauthorized aid during an in-class test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying information on an exam or paper after it has been graded/submitted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often, if ever, have you seen another student cheat during a test or examination at your secondary school/high school?

Never	Once	A few times	Several times	Many times
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How often, if ever, have you seen another student cheat during a test or examination at *Generic University*?

Never	Once	A few times	Several times	Many times
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Have you ever reported another student for cheating?

Yes	No
-----	----



This section asks you some questions about specific behaviors that some people might consider cheating. Please remember that this survey is completely anonymous and there is no way that anyone can connect you with any of your answers.

In the RED column please mark how often, if ever, in the past year you have engaged in any of the following behaviors. If a question does not apply to any of the courses you took in the last year, please check the 'Not Relevant' column. For example, if you had no tests/exams in the last year, you would check 'Not Relevant' for questions related to tests/exams.

In the BLUE column please mark how serious you think each type of behavior is.

	How often have you engaged in the behavior?				How serious is the behavior?			
	Never	Once	More than once	Not relevant	Not Cheating	Trivial Cheating	Moderate Cheating	Serious Cheating
Fabricating or falsifying a bibliography.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working on an assignment with others (in person) when the instructor asked for individual work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working on an assignment with others (using electronic means) when the instructor asked for individual work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting questions or answers from someone who has already taken a test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a course requiring computer work, copying another student's program rather than writing your own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping someone else cheat on a test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fabricating or falsifying lab data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fabricating or falsifying research data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once	More than once	Not relevant	Not Cheating	Trivial Cheating	Moderate Cheating	Serious Cheating
Copying from another student during a test with his or her knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copying from another student during a test or examination without his or her knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using digital technology (such as text messaging) to get unpermitted help from someone during a test or examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving unpermitted help on an assignment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copying (by hand or in person) another student's homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copying (using electronic means) another student's homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paraphrasing or copying a few sentences from a book, magazine, or journal (not electronic or Web-based) without footnoting them in a paper you submitted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turning in a paper written and previously submitted by another student and claiming it as your own work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	More than once	Not relevant	Not Cheating	Trivial Cheating	Moderate Cheating	Serious Cheating
Paraphrasing or copying a few sentences of material from an electronic source (e.g. the internet) without footnoting them in a paper you submitted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turning in a paper you purchased or obtained from a Web site (such as schoolsucks.com) and claimed it as your own work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using unpermitted handwritten crib notes (or cheat sheets) during a test or exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using electronic crib notes (stored in tablet, phone, or other device) to cheat on a test or exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using an electronic/digital device as an unauthorized aid during an exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copying material, almost word for word, from any written source and turning it in as your own work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Turning in a paper copied, at least in part, from another student's paper, whether or not the student is currently taking the same course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a false or forged excuse to obtain an extension on a due date or delay taking an exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	More than once	Not relevant	Not Cheating	Trivial Cheating	Moderate Cheating	Serious Cheating
Turning in work done by someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving requests from another person (in person or using electronic means) to copy your homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitting the same paper in more than one course without specific permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Cliff Notes or Spark Notes and not citing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a drug such as Adderall (without a prescription) to aid in studying/taking an exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheating on a test in any other way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Since you indicated that you have paraphrased or copied material from a written or electronic source without citing it, indicate below how you accessed this material (select all that apply):

Internet or other electronic means only
Have only used hard (paper) copies of sources
Have primarily used Internet or other electronic means
Have primarily used hard (paper) copies of sources
Have used both methods pretty equally

Have you ever taken an online test or exam at *Generic University*?

Yes	No
-----	----



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How likely is it that:

	Very unlikely	Unlikely	Likely	Very Likely
You would report an incident of cheating that you observed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The typical student at Generic University would report such violations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A student would report a close friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How strongly do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not Sure
Cheating is a serious problem at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The investigation of suspected incidents of cheating is fair and impartial at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students should be held responsible for monitoring the academic integrity of other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty members are vigilant in discovering and reporting suspected cases of academic dishonesty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Faculty members change exams and assignments on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of course work I'm expected to complete is reasonable for my year level and program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The degree of difficulty in my exams and assignments is appropriate for my year level and program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The types of assessment used in my courses are effective at evaluating my level of understanding of course concepts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The types of assessment used in my courses are effective at helping me learn course concepts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you had cheated in a course and the following individuals knew about it, what would their reaction be?

	Very Strongly Disapprove	Fairly Strongly Disapprove	Disapprove	Neither Approve nor Disapprove	Approve	Strongly Approve	Very Strongly Approve
A close friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A casual acquaintance or classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What do you see as successful strategies toward combating academic dishonesty on campus (check all that apply)?

Institution of an honor code.
Better education regarding academic dishonesty in a First Year program.
Better education regarding academic dishonesty in the departments/programs.
Harsher sanctions for academic dishonesty violations.
Use of Turnitin.com or other software designed to detect plagiarism.



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What is your academic class standing?

1st year undergraduate (Freshman)	3rd year MA
2nd year undergraduate (Sophomore)	1st year Ph.D.
3rd year undergraduate (Junior)	2nd year Ph.D.
4th year undergraduate (Senior)	3rd year Ph.D.
More than 4 years undergraduate	Ph.D. Candidate
1st year MA	Non-degree seeking
2nd year MA	Continuing Education

What is your declared or intended academic concentration? (choose as many as apply)

Insert here

What is your gender?

 Male Female Trans or other gender identity

How old are you?

 Under 18 18 - 24 25 - 39 40 or older

Are you a U. S. citizen or long term resident?

 Yes No

Was your main high school/secondary school located in the United States?

Yes, in the U. S.

No, in another country.

Are you a part time or full time student this semester?

Part time

Full time

What is your marital status?

Married

Widowed

Divorced

Separated

Never married

What is your current living situation?

Campus Dorm/Residence Hall/Apartment

Apartment - alone or with roommates

Home - alone or with roommates

Home - with parents

What is your approximate cumulative grade point average (GPA) at Generic University?

0 0.5 1 1.5 2 2.5 3 3.5 4



If you actively participate in any of the following, please tell us about how much time you spend on each activity in an average week.

	Do not participate	1-10 hours	11-20 hours	21-30 hours	31-40 hours	40 or more hours
Paid employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for a dependent or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social fraternity/sorority/club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Academic Club or group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-athletic organization that regularly travels (Model UN, Debate, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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What specific changes would you like to see *Generic University* take in support of academic integrity? What role should students play in this process?

Please use this space for any comments you care to make, or if there is anything else you would like to tell us about the topic of cheating.



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Appendix D

Permission to Modify McCabe's Academic Integrity Survey

On Wed, Mar 27, 2019 at 3:15 PM David Rettinger <drettinger@academicintegrity.org> wrote:
Amanda,

Thanks for your interest in our surveys. Here is a pair of links for the surveys that Don McCabe used in his research. You would be welcome to use them in your research. Data from them was published by McCabe over a number of years, summarized in his 2012 book, *Cheating in College*. Please cite the relevant part of it if you use any of the scales. His original papers contain validation and methodological information for the various scales to a greater or lesser degree.

We're in the process of creating some new materials to follow up on this work. They're not ready yet, but should be available in the next year or so for piloting.

Please let me know if I can be of further help.

https://umw.co1.qualtrics.com/jfe/preview/SV_bkAuJdIj5q1NUHz?Q_SurveyVersionID=current&Q_CHL=preview – Student

https://umw.co1.qualtrics.com/jfe/preview/SV_9NdZzhjsQSvzFA1?Q_SurveyVersionID=current&Q_CHL=preview – Faculty

Best,

DR

--

David Rettinger
President
International Center for Academic Integrity

Associate Professor of Psychological Science
University of Mary Washington

On Jun 4, 2019, 11:01 AM -0700, Willey, Amanda <ajw2198@tc.columbia.edu>, wrote:
Good afternoon,

I am following up regarding the use of this scale for use in our dissertation. There are pieces of the scale that are not relevant to our study, such as information about high school. We also do not want to ask personal questions about dishonest behaviors, just about the behaviors in general. Are we able to remove those aspects of the scale when using it? We do realize this will

impact the reliability and validity, however, we feel removing this information would benefit our study overall.

I look forward to hearing from you.

Thank you,
Amanda

From: David Rettinger <drettinger@academicintegrity.org>
Date: Tue, Jun 4, 2019 at 14:15
Subject: Re: Fwd: New Message From International Center for Academic Integrity – Contact us
To: Willey, Amanda <ajw2198@tc.columbia.edu>

That's fine. Please cite McCabe appropriately, of course. Data from the scales are published, so the scales themselves should also be available for research use.

DR

--

David A. Rettinger, Ph.D.
Associate Professor of Psychology
Director of Academic Integrity Programs
University of Mary Washington

From: "Willey, Amanda" <ajw2198@tc.columbia.edu>
Date: Wednesday, October 23, 2019 at 11:21 AM
To: David Rettinger <drettinger@academicintegrity.org>
Subject: additional questions on Academic Integrity Survey
Good morning Dr. Rettinger,

We have spoken previously regarding the use of McCabes' Academic Integrity Survey and my peers and I have a follow up question as we move forward with our research. I have read Mr. McCabes' book Cheating in College and still have questions related to the psychometric properties of his original survey. Would you be able to provide the CVI and Alpha Reliability? Or be able to point us in the direction of an article where these are published? We are having difficulty locating this information. Thank you again for all your assistance in this matter.
Amanda Willey

From: David Rettinger <drettinger@academicintegrity.org>
Date: Wed, Oct 23, 2019 at 11:35
Subject: Re: additional questions on Academic Integrity Survey
To: Willey, Amanda <ajw2198@tc.columbia.edu>

Amanda,

Believe it or not, I can't really point you to those data. To my knowledge, that level of scale validation was never conducted. The scales were first reported in [McCabe and Trevino, 1993](#), and you can see that the details are somewhat sparse.

As a result, a team of us are in the process of pre-testing a revised version of the McCabe survey that updates the main behavior scale and replaces a number of the ancillary scales with more theoretically relevant items. There's also a campus climate instrument as well.

We're planning on having a version of the new survey ready for use in Fall 2020, but if you're interested in participating in the validation study, we'd be happy to include participants from Columbia and/or Salisbury. Naturally, we'd provide a report on the school-level findings with the caveat that the study is still in the validation and revision stages.

This is probably not the answer you were expecting, but I hope you find it useful.

Best,

DR

--

David Rettinger

Appendix E

McCabe's Academic Integrity Survey-Modified for Nursing Students

Q1 In which region of the United States is your nursing program located?

- Northwest
- Southeast
- Midwest
- Southwest
- West

Q2 How would you rate:

	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
The severity of penalties for violating academic integrity at your university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The average student's understanding of campus policies related to academic integrity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The faculty's understanding of these policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student support of these policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Faculty support of these policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The effectiveness of these policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty enforcement of these policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty ability to recognize issues with academic integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 How informed do you feel about the academic integrity or cheating policies at your university?

- Not at all
- Somewhat
- Neutral
- A lot
- A great deal

Q4 Where and how much have you learned about these policies?

	Learned Little or Nothing (1)	Learned Some (2)	Learned A Lot (3)	Never (7)
First-year orientation program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student Handbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dean or other administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Syllabus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 To what extent do you have a clear understanding of your university's policies regarding academic honesty?

- Not a lot
- A little
- Average
- A lot
- Greatly

Q6 To what extent do you agree with the following statements? Cheating is okay when:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
It does not impact anyone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty do not prepare you for an exam/assignment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Students are not aware of the academic policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students want to make their parents proud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students want to help their peers be successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not compromise patient safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not the only student cheating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 In the past year, how often, on average, did faculty discuss policies concerning:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
Plagiarism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines on group work or collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper citation/referencing of written or Internet sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying data in a course lab (i.e. Health Assessment lab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying clinical data (i.e. vital signs, assessments, medication administration, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policies related to Academic Integrity at the beginning of an in-person or face-to-face class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided information in the syllabus regarding academic integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using parts of a care plan from a previous care plan to save time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using parts of a care plan from a classmate to save time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving a heads up to a classmate about an upcoming check off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing patient information outside of the conference room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing patient information in common areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 How frequently do you think the following occur in your nursing program?

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
Plagiarism on written assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriately sharing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

in group assignments					
Cheating during tests or examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying clinical data (i.e. vital signs, assessments, medication administration, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falsifying data in a course lab (i.e. Health Assessment lab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 How often, if ever, have you been aware of another student violating academic integrity during your nursing program?

	Never (1)	Once (2)	A Few Times (3)	Several Times (4)	Many Times (5)
On a test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a quiz	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a class assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the simulation setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the laboratory setting (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Have you ever reported another nursing student for violating academic integrity?

Yes

No

Q11 How likely is it that:

	Very unlikely (1)	Unlikely (2)	Likely (3)	Very likely (4)
You would report cheating that you observed during a test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would report cheating that you observed during a classroom activity other than a test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would report an incident of cheating that you observed in the clinical setting that you think could cause patient harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would report an incident of cheating that you observed in the clinical setting that you do not think could cause patient harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would report someone for cheating in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

the simulation setting?

You would report someone for cheating in the laboratory setting?

You would report someone for cheating on an online exam?

You would report someone for cheating on an online assignment?

You would report cheating on a quiz if everyone seemed to be doing it?

You would report cheating on an assignment that was worth few points towards your total grade?

You would report cheating on an assignment that was worth many points towards your total grade?

The typical student in your nursing program would report such violations?

The typical student in your nursing program student would report a close friend for cheating?

You would report someone for cheating if you knew the person?

You would report someone for cheating if you did not know the person?

You would report someone for cheating if you lived with them?

Q12 To what extent do you agree with the following statements: “I would NOT report a peer for violating academic integrity because I worry...”

	Strongly Disagree (1)	Disagree (2)	Neither Agree Nor Disagree (3)	Agree (4)	Strongly Agree (13)
They would be harshly punished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They would try to retaliate against me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would get a negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reputation by reporting them

I would lose friends for reporting other nursing students

My report would be ignored by faculty

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 How do you perceive the following behaviors?

	Not Cheating (1)	Trivial Cheating (2)	Moderate Cheating (3)	Serious Cheating (4)
Making up a reference list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working on an assignment with others when the instructor asked for individual work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a test bank or quizlet to prepare for an exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting questions or answers from someone who has already taken a quiz or test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a course requiring clinical paperwork, copying another student's work (i.e. care plans) rather than writing your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping someone else cheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Making up data in a course lab (i.e. Health Assessment lab)

Documenting vital signs on patients that were not obtained by you

Collaborating with the approval of faculty members

Copying from another student during a test **with** his or her knowledge

Copying from another student during a test or examination **without** his or her knowledge

Using digital technology (such as smart phones or watches, headphones, etc.) to get unpermitted help during a test or examination

Receiving unpermitted help during an assignment

Paraphrasing or copying a few sentences from a book or electronic resource without referencing the source

Turning in work completed and previously submitted by another student and

claiming it as your own				
Using a forged excuse to obtain an extension on a due date, delay taking an exam, or miss a clinical shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitting the same assignment/work in more than one course without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using permitted notes during a test or examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating your own study group with peers from another course section	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking pictures of quizzes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to peers in another course section about an exam you have taken, but they have not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing simulation cases with students who haven't participated in the simulation experience yet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab assistants who check off peers even when the person did not complete the skill correctly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiding notes out of view of the camera when scanning the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

room before an online test.

Sharing answers to prework assignments for simulation experiences.

Giving peers information to complete an assignment that you obtained from a virtual simulation experience.

Paying someone to take your online exam for you.

Using an outside web browser to look up answers during an online assignment/quiz/exam.

Adding time that you didn't complete to your clinical hour log to meet the hour requirement.

Adding dates/time to your laboratory practice log that you did not compete.

Q14 How strongly do you agree or disagree with the following statements?

	Disagree Strongly (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Agree Strongly (5)
Cheating is a serious problem in my nursing program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The investigation of suspected incidents of violations of academic integrity is fair and impartial in my nursing program

Students should be held responsible for monitoring the academic integrity of other students

Faculty members are vigilant in discovering and investigating suspected cases of academic dishonesty

Faculty members change exam questions or assignments on a regular basis

Faculty members provide appropriate exam proctoring

Faculty randomize

seating during exams

Faculty promote open communication about academic integrity

The faculty provide adequate information regarding academic integrity in the classroom

The faculty does not provide adequate information regarding academic integrity in the classroom

The faculty use multiple versions of an exam

The faculty randomize questions and answers on computerized exams

The faculty use multiple versions of a simulation scenario

The faculty allow students to see one question at a time with no backtracking on computerized exams

The faculty allow students to see one question at a time with no backtracking on computerized exams

Faculty utilize plagiarism detection software

Faculty discuss policies related to academic integrity throughout the course

Faculty follow the institution's academic integrity policies

Faculty have several scenarios in the laboratory setting for check-offs or returns

Faculty check behind students in the electronic health record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty have several versions of laboratory tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 Please indicate how successful the following strategies would be at improving academic integrity in your nursing program.

	Unlikely (1)	Somewhat (2)	Likely (3)
Implementing a honor code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better education regarding academic integrity at the beginning of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harsher sanctions for violations of academic integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of plagiarism-detecting software, such as Turnitin or SafeAssign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 What is your current year in your nursing program?

- Sophomore
- Junior
- Senior

Q17 Are you enrolled in a traditional BSN or accelerated BSN program?

- traditional
- accelerated

Q18 Do you hold another bachelor's degree?

- Yes
- No

Q19 What is your gender?

- Male
- Female
- Trans Male/Trans Man
- Trans Female/Trans Woman
- Nonbinary
- Different Identity
- Decline to respond

Q20 Are you of Hispanic, Latino, or Spanish origin?

- No, I am not of Hispanic, Latino, or Spanish origin
 - Yes, I am of Mexican/Mexican American/Chicano
 - Yes, I am Puerto Rican
 - Yes, I am Cuban
 - Yes, I am other Hispanic, Latino, or Spanish origin (please specify)
-

Q21 Racial background. Please select all that apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic, Latino, or Spanish origin
- White
- Other: Please Describe _____

Q22 What is your age?

Q23 Is English your first language?

- Yes
- No

Q24 Estimate your current grade point average (GPA)

Q25 What are your current living arrangements?

- Live alone in a dorm, house, or apartment
- Live with parents
- Live with spouse or significant other
- Live in a dorm, house, or apartment with non-nursing students
- Live in a dorm, house, or apartment with nursing students
- Live in the sorority or fraternity house on campus

Q26 Have you ever held any of the following professional licensures? Select all that apply.

CNA

LPN

EMT/Paramedic

Phlebotomy

CMT

Another healthcare specialty such as respiratory, radiation, pharmacy, dental, etc

Appendix F

Demographic Characteristics of Participants

Demographic Characteristics of Participants (N = 442)

Characteristic	<i>n</i>	%
Gender		
Male	39	8.8
Female	390	88.2
Non-binary	3	0.7
Declined to respond	10	2.3
Age (<i>n</i> = 441)		
18-22	212	48.1
23-27	111	25.2
28-32	58	13.2
33-37	30	6.8
38-42	14	3.2
43-47	6	1.4
48-52	8	1.8
53+	2	0.46
Ethnicity		
American Indian/Alaskan Native	3	0.7
Asian	66	14.9
Black or African American	37	8.4
Native Hawaiian/Pacific Islander	1	0.2
Hispanic/Latino/Spanish	36	8.1
White	273	61.8
Other (including multiple)	26	5.9
Native English Speaker		
Yes	399	90.3
No	43	9.7
Type of Nursing Program		
Traditional	296	67
Accelerated	146	33

Characteristic	<i>n</i>	%
Year in Nursing Program		
Sophomore	125	28.3
Junior	132	29.9
Senior	185	41.9
Prior Degree		
Yes	143	32.4
No	299	67.6
Self-reported GPA (<i>n</i> = 440)		
Less than 2.5	1	0.2
2.5-2.75	2	0.4
2.76-3.0	18	0.6
3.01-3.25	30	4.1
3.26-3.5	97	21.9
3.51-3.75	96	21.7
3.76-4.0	193	43.7
Declined to report	4	0.9
Previous Healthcare License		
Certified Nurse Assistant	88	19.9
Licensed Practical Nurse	5	1.1
EMT/Paramedic	23	5.2
Phlebotomy	7	1.6
Other (respiratory, radiation, pharm tech)	22	5.0
None	273	61.8
Multiple	24	5.4
Living Arrangements		
Live alone in a dorm, house, or apartment	77	17.4
Live with parents	138	31.2
Live with spouse/significant other	116	26.2
Live with non-nursing students in a house, dorm, or apartment	74	17.0
Live with nursing students in a house, dorm, or apartment	34	7.7
On-campus Greek housing	2	0.5

Appendix G

Descriptive Statistics from Select Subscales of MAIS-MNS

Perceptions of Severity Subscale- Item Descriptive Statistics

How do you perceive the following behaviors?	Not Cheating	Trivial Cheating	Moderate Cheating	Severe Cheating
Fabricating a reference list.	97 (21.9%)	132 (29.9%)	131 (29.6%)	82 (18.6%)
Working on an assignment with others when the instructor asked for individual work.	38 (8.6%)	181 (41.0)	179 (40.5%)	44 (10.0%)
Using a test bank or quizlet to prepare for an exam.	268 (60.6%)	75 (17.0%)	49 (11.1%)	50 (11.3%)
Getting questions or answers from someone who has already taken a quiz or test.	6 (1.4%)	61 (13.8%)	141 (31.9%)	234 (52.9%)
In a course requiring clinical paperwork, copying another student's work (i.e. care plans) rather than writing your own.	8 (1.8%)	56 (12.7%)	136 (30.8%)	242 (54.8%)
Helping someone else cheat.	4 (0.9%)	38 (8.6%)	117 (26.5%)	283 (64.0%)
Falsifying data in a course lab (i.e. Health Assessment lab)	18 (4.1%)	108 (24.4%)	155 (35.1%)	161 (36.4%)
Documenting vital signs on patients that were not obtained by you.	34 (7.7%)	72 (16.3%)	109 (24.7%)	227 (51.4%)
Collaborating with the approval of faculty members.	368 (83.3%)	23 (5.2%)	24 (5.4%)	27 (6.1%)
Copying from another student during a test <u>with</u> his or her knowledge	5 (1.1%)	27 (6.1%)	110 (24.9%)	300 (67.9%)

How do you perceive the following behaviors?	Not Cheating	Trivial Cheating	Moderate Cheating	Severe Cheating
Copying from another student during a test or examination <u>without</u> his or her knowledge.	2 (0.5%)	14 (3.2%)	55 (12.4%)	371 (83.9%)
Using digital technology (such as smart phones, watches, headphones, etc.) to get unpermitted help during a test or examination.	2 (0.5%)	16 (3.6%)	52 (11.8%)	372 (84.2%)
Receiving unpermitted help during an assignment or individual project.	20 (4.5%)	67 (15.2%)	135 (30.5%)	220 (49.8%)
Paraphrasing or copying a few sentences from a book or electronic resource without referencing the source.	17 (3.8%)	102 (23.1%)	170 (38.5%)	153 (34.6%)
Turning in work completed and previously submitted by another student and claiming it as your own.	4 (0.9%)	18 (4.1%)	43 (9.7%)	377 (85.3%)
Using a false or forged excuse to obtain an extension on a due date, delay taking an exam, or miss a clinical shift.	21 (4.8%)	71 (16.1%)	138 (31.2%)	212 (48.0%)
Submitting the same assignment/work in more than one course without permission.	51 (11.5%)	94 (21.3%)	147 (33.3%)	150 (33.9%)
Using permitted notes during a test or examination.	361 (81.7%)	16 (3.6%)	15 (3.4%)	50 (11.3%)
Creating your own study group with peers from another course section.	385 (87.1%)	18 (4.1%)	14 (3.2%)	25 (5.7%)
Taking pictures of quizzes.	35 (7.9%)	70 (15.8%)	121 (27.4%)	216 (48.9%)
Talking to peers in another course section about an exam or quiz that you have taken, but they have not.	54 (12.2%)	108 (24.4%)	142 (32.1%)	138 (31.2%)

How do you perceive the following behaviors?	Not Cheating	Trivial Cheating	Moderate Cheating	Severe Cheating
Discussing simulation cases with students who haven't participated in the simulation experience yet.	69 (15.6%)	156 (35.3%)	124 (28.1%)	93 (21.0%)
Lab assistants who check off peers even when the person did not complete the skill correctly.	24 (5.4%)	74 (16.7%)	155 (35.1%)	189 (42.8%)
Hiding notes out of view of the camera with scanning the room before an online test.	4 (0.9%)	31 (7.0%)	98 (22.2%)	309 (69.9%)
Sharing answers to prework assignments for simulation experiences.	60 (13.6%)	132 (29.9%)	132 (29.9%)	118 (26.7%)
Giving peers information to complete an assignment that you obtained from a virtual simulation experience.	59 (13.3%)	121 (27.4%)	135 (30.5%)	127 (28.7%)
Paying someone to take your online exam for you.	5 (1.1%)	4 (0.9%)	23 (5.2%)	410 (92.8%)
Using an outside web browser to look up answers during an online assignment/quiz/exam.	7 (1.6%)	24 (5.4%)	70 (15.8%)	341 (77.1%)
Adding time that you didn't compete to your clinical hour log to meet the hour requirement.	11 (2.5%)	55 (12.4%)	121 (27.4%)	255 (57.7%)
Adding dates/time to your laboratory practice log that you did not complete.	9 (2.0%)	63 (14.3%)	113 (25.6%)	256 (57.9%)

Subscale Scoring Range: 31-120 Median: 91 Standard Deviation: 14.41 $n = 442$

Perceived Faculty Responses to Academic Integrity Policies- Item Descriptive Statistics

In the past year, how often, on average, did faculty discuss policies concerning:	Never	Rarely	Sometimes	Often	Very Often
Plagiarism	6 (1.4%)	44 (9.9%)	111 (25.1%)	152 (34.3%)	129 (29.1%)
Guidelines on group work or collaboration	11 (2.5%)	50 (11.3%)	106 (23.9%)	169 (38.1%)	106 (23.9%)
Proper citation/ referencing of written or internet sources	4 (0.9%)	23 (5.2%)	60 (13.5%)	145 (32.7%)	210 (47.7%)
Fabricating data in a course lab (i.e. health assessment lab)	55 (12.4%)	90 (20.3%)	94 (21.2%)	102 (23.0%)	101 (22.8%)
Fabricating clinical data (i. e. vital signs, assessments, medication administration, etc.)	54 (12.2%)	74 (16.7%)	88 (19.9%)	97 (21.9%)	129 (29.1%)
Policies related to Academic Integrity at the beginning of an in-person or face-to-face class	17 (3.8%)	35 (7.9%)	84 (19.0%)	141 (31.8%)	165 (37.2%)
Provide information in the syllabus regarding academic integrity?	3 (0.7%)	8 (1.8%)	36 (8.1%)	116 (26.2%)	278 (62.8%)
Using parts of a care plan from a previous care plan to save time	105 (23.7%)	96 (21.7%)	86 (19.4%)	87 (19.6%)	68 (15.3%)
Using parts of a care plan from a classmate to save time	115 (26.0%)	90 (20.3%)	75 (16.9%)	87 (19.6%)	75 (16.9%)
Giving a heads up to a classmate about an upcoming check off	114 (25.7%)	86 (19.4%)	71 (16.0%)	94 (21.2%)	77 (17.4%)
Discussing patient information outside of the conference room	51 (11.5%)	28 (6.3%)	52 (11.7%)	111 (25.1%)	200 (45.1%)
Discussing patient information in common areas	52 (11.7%)	26 (5.9%)	48 (10.8%)	99 (22.3%)	216 (48.8%)

Subscale Scoring Range: 12 - 60 Median: 43 Standard Deviation: 9.888 $n = 442$

Program Improvement Suggestions-Item Descriptive Statistics

Please indicate how successful the following strategies would be at improving academic integrity in your nursing program:	Unlikely	Somewhat	Likely
Implementing an honor code	83 (18.8%)	177 (40%)	182 (41.2%)
Better education regarding academic integrity at the beginning of the program	64 (14.5%)	137 (31%)	241 (54.5%)
Harsher sanctions for violations of academic integrity	74 (16.7%)	153 (34.6%)	215 (48.6%)
Use of plagiarism-detecting software, such as TurnItIn or SafeAssign	31 (7%)	128 (29%)	283 (64%)
Subscale Scoring Range: 4-12 Median: 10 Standard Deviation: 2.09 <i>n</i> = 442			

Willingness to Report Peer Violations Subscale- Item Descriptive Statistics

How likely is it that:	Very Unlikely	Unlikely	Likely	Very Likely
You would report cheating that you observed during a test?	54 (12.2%)	165 (37.3)	149 (33.7%)	74 (16.7%)
You would report cheating that you observed during a classroom activity other than a test?	79 (17.9%)	224 (50.7%)	97 (21.9%)	42 (9.5%)
You would report cheating that you observed in the clinical setting that you think could cause patient harm?	19 (4.3%)	35 (7.9%)	103 (23.3%)	285 (64.5%)
You would report cheating that you observed in the clinical setting that you do not think could cause patient harm?	27 (6.1%)	109 (24.7%)	181 (41%)	125 (28.3%)
You would report cheating in the simulation setting?	60 (13.6%)	195 (44.1%)	129 (29.2%)	58 (13.1%)
You would report cheating in the laboratory setting?	58 (13.1%)	188 (42.5%)	132 (29.9%)	64 (14.5%)
You would report cheating on an online exam?	69 (15.6%)	163 (36.9%)	113 (25.6%)	97 (21.29%)
You would report cheating on an online assignment?	94 (21.3%)	192 (43.4%)	97 (21.9%)	59 (13.3%)
You would report cheating on a quiz if everyone seemed to be doing it?	89 (20.1%)	188 (42.5%)	99 (22.4%)	66 (14.9%)
You would report cheating on an assignment that was worth few points towards your total grade?	82 (18.6%)	198 (44.8%)	108 (24.4%)	54 (12.2%)

How likely is it that:	Very Unlikely	Unlikely	Likely	Very Likely
You would report cheating on an assignment that was worth many points towards your total grade?	58 (13.1%)	151 (34.2%)	145 (32.8%)	88 (19.9%)
The typical student in your nursing program would report such violations?	77 (17.4%)	192 (43.4%)	123 (27.8%)	50 (11.3%)
The typical student in your nursing program student would report a close friend for cheating?	167 (37.8%)	169 (38.2%)	74 (16.7%)	32 (7.2%)
You would report someone for cheating if you knew the person?	83 (18.8%)	179 (40.5%)	130 (29.4%)	50 (11.3%)
You would report someone for cheating if you did not know the person?	53 (12%)	156 (35.3%)	162 (36.7%)	71 (16.1%)
You would report someone for cheating if you lived with them?	110 (24.9%)	174 (39.4%)	108 (24.4%)	50 (11.3%)

Subscale Scoring Range: 16-64 Median: 37 Standard Deviation: 11.96 *n* = 442

Neutralization Subscale- Item Descriptive Statistics

To what extent do you agree with the following statements?

Cheating is okay when:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It does not impact anyone else	265 (60%)	121 (27.4%)	33 (7.5%)	16 (3.6%)	7 (1.6%)
Faculty do not prepare you for an exam/assignment	222 (50.2%)	115 (26%)	60 (13.6%)	34 (7.7 %)	11 (2.5 %)
Students are not aware of the academic policies	215 (48.6%)	134 (30.3%)	64 (14.5%)	23 (5.2%)	6 (1.4%)
Students want to make their parents proud	252 (57%)	93 (21%)	32 (7.2%)	29 (6.6 %)	36 (8.1%)
Students want to help their peers be successful	236 (53.4%)	98 (22.2%)	46 (10.4%)	38 (8.6%)	24 (5.4%)
It does not compromise patient safety	274 (62%)	97 (21.9%)	39 (8.8%)	19 (4.3%)	13 (2.9%)
I am not the only student cheating	270 (61.1)	83 (18.8%)	47 (10.6%)	26 (5.9%)	16 (3.6%)

Subscale Scoring Range: 7-35 Median: 10 Standard Deviation: 6.1 $n = 442$

Social Contagion Subscale- Item Descriptive Statistics

To what extent do you agree with the following statements?

“I would NOT report a peer for violating academic integrity because I worry...”	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
They would be harshly punished	73 (16.5%)	96 (21.7%)	84 (19%)	145 (32.8%)	44 (10%)
They would try to retaliate against me	59 (13.3%)	89 (20.1%)	81 (18.3%)	136 (30.8 %)	77 (17.4 %)
I would get a negative reputation by reporting them	61 (13.8%)	79 (17.9%)	80 (18.1%)	137 (31%)	85 (19.2%)
I would lose friends for reporting other nursing students	55 (12.4%)	94 (21.3%)	86 (19.5%)	127 (28.7 %)	80 (18.1%)
My report would be ignored by faculty	124 (28.1%)	163 (36.9%)	89 (20.1%)	45 (10.2%)	21 (4.8%)

Subscale Scoring Range: 5-25 Median: 15 Standard Deviation: 4.97 *n* = 442

Appendix H

Knowledge Assessment

(Questions 1-7: Knowledge and severity of violations, 8-14: Why students cheat and faculty support, 15-21: Willingness to report peer violations)

Q1 You have taken an online quiz and have a question about the correct answer. When emailing your instructor, you attach a screenshot of the question. This is an academic integrity violation.

- True (1)
- False (2)

Q2 You submit a teaching presentation that you used last year for your current class with minor modifications. Given that this is your work, it is not a violation of academic integrity.

- True (1)
- False (2)

Q3 Which statement is accurate when considering violations of academic integrity?

- It is not considered a violation of academic integrity if you use your own work for more than one course or assignment (1)
- It is acceptable to collaborate on all classwork and homework assignments because collaboration is a key aspect in providing holistic nursing care (2)
- Being unaware of what the student handbook constitutes as a violation of academic integrity does not mean you will be excused of responsibility if you commit a violation (3)
- It is only a problem if you commit a violation of academic integrity willingly and on purpose (4)

Q4 Which action is not a violation of academic integrity?

- Obtaining an old copy of an exam, from a different instructor to help you study for the upcoming exam (1)
- After assessing your patients' vital signs, asking a peer in your clinical group to assess the patient's vitals them to see if they are consistent (2)
- Using a previously completed care plan to complete your nursing care plan assignment on a current patient (3)
- Discussing an exam with a peer in a different section who has not taken the exam yet (4)

Q5 You are having difficulty getting an accurate count for your patient's respirations when completing your physical assessment during clinical. For each of the last 3 shifts the patient's respirations have ranged between 16-18. What is your best action?

- Ask for assistance from your instructor (1)
- Document 16 as the respiration count (2)
- Document 18 as the respiration count (3)
- Document not applicable for this reading (4)

Q6 Which statement best defines academic integrity?

- Following the guidelines in your syllabus for each course (1)
- Promoting a culture of honesty and responsibility in your academic work (2)
- Collaborating with peers on your assignments in your courses (3)
- Providing citations in your work for all thoughts and ideas (4)

Q7 When seeing a peer document on a patient, you are aware they did not complete the assessment as documented. Which statement is true?

- Your peer engaged in a violation of academic integrity. However, there is no need to be concerned about patient outcomes, as the patient is stable (1)
- Your peer engaged in a violation of academic integrity. You have a concern that the patient could experience a poor outcome, as data provided was not correct (2)
- Your peer did not engage in a violation of academic integrity. There is no need to be concerned about patient outcomes, as the patient is stable (3)
- Your peer did not engage in a violation of academic integrity. You have a concern that the patient could experience a poor outcome, as data provided was not correct (4)

Q8 Concerns about being accepted into highly competitive nursing programs is an acceptable reason nursing student engage in violations of academic integrity.

- True (1)
- False (2)

Q9 Many students commit academic integrity violations based on the presumption that faculty will not be able to prove they were cheating

- True (1)
- False (2)

Q10 Which method is a way in which faculty can best promote the academic integrity policies of the university?

- Clearly communicate expectations related to academic integrity at the beginning of the semester (1)
- Ask the students to review the academic integrity policies on their own (2)
- Tell the students that there are academic integrity policies, and these will be enforced (3)
- Report any students who are suspected of cheating to the appropriate university committee (4)

Q11 A student is assigned to work with a registered nurse during a clinical rotation and the faculty will only check in on them during the clinical day. Which example would be considered a violation of academic integrity in the clinical setting? Select all that apply.

- Completing the required paperwork or care plan on a patient not assigned to the student because their information was "more interesting" (1)
- Once the clinical faculty member leaves, the student lets the primary nurse know that they were told they could leave early if no other patients arrive (2)
- Leaving the floor early and fabricating patient information to complete the required paperwork (3)
- Going to the breakroom to work on a care plan while their assigned nurse is at lunch. (4)
- Asking peers about their patients during that rotation to make the paperwork go faster (5)
- None of the above (6)
- All of the above (7)

Q12 Faculty can serve as role models through their behaviors in both the classroom and clinical settings. Which methods are ways that faculty can display this behavior? Select all that apply.

- Arriving on time for both class and clinical (1)
- Holding each student accountable for their actions based on the same standards (2)
- Providing clear expectations for the class or clinical setting throughout the course (3)
- Provide timely feedback on assignments (4)
- Create assignments that are appropriate to the course and do not require excessive time commitments to complete (5)
- None of the above (6)
- All of the above (7)

Q13 An exam is being administered by a faculty member. Which behavior by the faculty member could increase the likelihood of a student cheating?

- Have multiple versions of the exam (1)
- Bring in multiple proctors that walk around the room (2)
- Checking the computer for new emails (3)
- Have students draw a random number for seating (4)

Q14 A faculty member and student are discussing academic integrity and where to find information related to academic integrity on the campus. The faculty member directs the student to which resources? Select all that apply.

- Course syllabi (1)
- Campus policies (2)
- The student handbook (3)
- The student government association (4)
- A campus honor code (5)

Q15 Reporting violations of academic integrity is only appropriate if the violation occurs during an examination.

- True (1)
- False (2)

Q16 Several states require nurses to report potential harm done to patients by themselves or other nurses.

- True (1)
- False (2)

Q17 In the clinical setting, a student overhears a fellow nursing student say he is going to "make up" vital signs on his assigned patient as he doesn't want to wake the patient. The student is not sure whether or not to report the fellow nursing student and the incident. Which of the following statements is true?

- The student should tell their classmates what they heard and let them decide if it should report (1)
- The student should tell the nursing manager what they overheard the fellow nursing student say (2)
- The student should let the fellow nursing student chart what they want as the patient is stable (3)
- The student should let their clinical faculty know what was overheard (4)

Q18 Nursing students are more likely to cheat if which of the following statements is true?

- They believe their peers are also cheating (1)
- They have an understanding of their university's policies on academic integrity (2)
- They believe the odds they will be caught are high (3)
- They know that penalties for cheating at their university are high (4)

Q19 You are aware that a group of peers completed an assignment collaboratively, when the instructions were to work individually. You were not involved in the group and aren't sure if you should report what you saw. Which statement is the most accurate?

- Since it is only an assignment, it's not cheating, and you don't need to report it (1)
- Since you were not in the group, you don't need to report it (2)
- Since the instructions were to work individually, you do need to report it (3)
- Since the group member aren't any of your close friends, you do need to report it (4)

Q20 Which is not a reason why students hesitate to report peer violations of academic integrity?

- They are worried they will not remain anonymous (1)
- They know the consequences for the violators will be clear and fair (2)
- They assume all their peers cheat and do not want to get anyone in trouble (3)
- They do not feel they have a faculty member they can trust to report to (4)

Q21 Whose ultimate responsibility is it to review academic integrity policies to ensure understanding?

- Faculty (1)
- University officials (2)
- Lawyers for the university (3)
- Students (4)