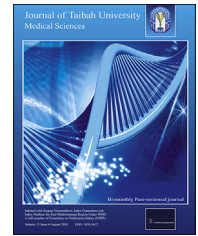




Taibah University

Journal of Taibah University Medical Sciences

www.sciencedirect.com



Original Article

Snapshot of academic dishonesty among Malaysian nursing students: A single university experience

Ali H. Abusafia, MSc^{a,*}, Nurhanis Syazni Roslan, MSc^a, Dariah Mohd Yusoff, PhD^b and Mohd Zarawi Mat Nor, PhD^a

^a Department of Medical Education, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

^b Nursing Program, School of Health Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

Received 11 February 2018; revised 3 April 2018; accepted 7 April 2018; Available online 8 May 2018



المخلص

أهداف البحث: تهدف هذه الدراسة إلى تقييم عدم الأمانة الأكاديمية بين طلبة التمريض في إحدى الجامعات الحكومية في شمال-شرق شبه الجزيرة في ماليزيا.

طرق البحث: استخدمت هذه الدراسة التصميم الوصفي والمستعرض لتقييم عدم الأمانة الأكاديمية بين طلبة التمريض باستخدام طريقة المعاينة الهادفة. يتألف المشاركون في هذه الدراسة من ٢٠١ طالباً من الدبلوم (السنة ٢ و ٣) والدرجة العلمية (السنة ٢ إلى السنة ٤) من برامج التمريض. واستخدمت استبانة ذاتية موثقة لجمع البيانات. وتم الحصول على موافقة من لجنة الأخلاقيات في الجامعة قبل الدراسة.

النتائج: أظهرت هذه الدراسة أن ٨٢.١% و ٧٤.٦% من طلبة التمريض قد شاركوا في فعل من عدم الأمانة الأكاديمية في الإعداد الأكاديمي والسرييري مرة واحدة على الأقل، على التوالي. كان الشكل الأكثر شيوعاً لعدم الأمانة الأكاديمية في الإعداد الأكاديمي هو الانتحال (٧٧.١%). كان هناك ارتباط كبير بين الجنس وعدم الأمانة الأكاديمية في الإعداد السرييري. كان هناك ارتباط إيجابي جيد بين عدم الأمانة الأكاديمية في الإعداد الأكاديمي والسرييري.

الاستنتاجات: عدم الأمانة الأكاديمية هي مشكلة شائعة في الإعدادات الأكاديمية والسرييرية بين طلبة التمريض. المدخلات المستمرة حول الأخلاقيات في منهج التمريض أمر مرغوب فيه لتحسين جودة التعليم بين كليات التمريض، وتقليل انتشار السلوكيات غير الأخلاقية بين الطلبة.

الكلمات المفتاحية: عدم الأمانة الأكاديمية؛ عدم الأمانة السرييرية؛ ماليزيا؛ طلبة التمريض؛ الانتحال

Abstract

Objective: The aim of this study was to evaluate academic dishonesty among nursing students at a public university in Malaysia.

Methods: This study utilized a descriptive and cross-sectional design to evaluate academic dishonesty among nursing students using a purposive sampling method. The participants of this study consisted of 201 students from diploma (Year 2 and 3) and degree (Year 2 to Year 4) nursing programmes. A self-administered, validated questionnaire was used for data collection. Institutional ethics committee clearance was obtained prior to commencement of the study.

Results: The results of this study showed that 82.1% and 74.6% of nursing students had engaged at least once in an act of academic dishonesty in an academic or clinical setting, respectively. The most frequent form of academic dishonesty in an academic setting was plagiarism (77.1%). There was a significant association between gender and academic dishonesty in a clinical setting ($p < 0.01$). There was a moderate positive correlation ($r = 0.603$, $p < 0.001$) between academic dishonesty in academic and clinical settings.

Conclusion: Academic dishonesty in both academic and clinical settings is a common problem among nursing students in Malaysia. Training on academic ethics is required in nursing curricula to improve the quality of education among nursing colleges and reduce the prevalence of unethical behaviours among students.

* Corresponding address: Department of Medical Education, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, 16150 Kota Bharu, Kelantan, Malaysia.

E-mail: ali.h.abusafia@hotmail.com (A.H. Abusafia)

Peer review under responsibility of Taibah University.



Production and hosting by Elsevier

Keywords: Academic dishonesty; Clinical dishonesty; Malaysia; Nursing students; Plagiarism

© 2018 The Authors.

Production and hosting by Elsevier Ltd on behalf of Taibah University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Education is necessary to increase student understanding of academic ethics to improve their attitudes and decrease their engagement in acts of academic dishonesty.¹ The literature defines academic dishonesty as any unauthorized assistance or unlawful benefit to student academic performance.² Academic dishonesty has become a serious problem in higher education and in various professions around the world.^{3–5}

Integrity, sincerity, empathy, and honesty are the necessary attributes to uphold professional ethics in the field of nursing.^{2,6} Owing to the significant responsibility that comes with the profession, it should be expected that the prevalence of academic dishonesty would be lower among nursing students.⁷ However, several studies found that the incidence of academic dishonesty was increasing in nursing education in both developed and non-developed countries.^{8–10} The majority of nursing students attending different nursing colleges in the United States,¹¹ Italy,¹² and South Korea¹³ reported that they had engaged in at least one act of academic dishonesty.^{8,14} This rise in the prevalence of academic dishonesty has been found to be related to advances in technology. As education becomes more technologically sophisticated, the problem of academic dishonesty increases, as technology makes it easier for students to plagiarize or share information.^{15–17} In addition, nursing students may face problems in balancing the demands of their academic and clinical responsibilities.¹⁸ Moreover, pressure, the volume of work, and the lack of interest in the required task have also contributed to the increase academic dishonesty.¹⁹

Hunter (2015)²⁰ commented in his article that academic dishonesty is one of the most destructive traits in Malaysian society today. He found that 95.7% of students had engaged in some form of plagiarism, 96% had completed an assignment with help from other students, 93% had cheated during exams, 92% had falsified data, and 90% had copied a friend's assignment.

Previous studies have reported on many forms of academic dishonesty among nursing students. This includes plagiarism,^{21,22} cheating on exams,¹¹ secretly collaborating with peers on assignments,²³ as well as dishonesty in clinical settings, such as violating patient privacy and not performing recording procedures properly.¹¹ While some studies have focused on distinct forms of academic dishonesty, five common themes can be found in the literature: premeditated cheating, spontaneous cheating on exams, plagiarism, improper use of resources, and clinical dishonesty.³

Considering the current prevalence of academic dishonesty in the nursing profession globally, it is essential to

seriously examine this issue in the Malaysian context. To our knowledge, no previous study related to the present topic has been conducted in Malaysia. Thus, it is necessary to obtain detailed information regarding academic dishonesty among nursing students in Malaysia. The purpose of this study was to evaluate the prevalence of academic dishonesty among nursing students at a public university in Malaysia with respect to the following five categories of dishonesty: plagiarism, improper use of resources, premeditated cheating, spontaneous cheating, and clinical dishonesty.

Materials and Methods

This study utilized a cross-sectional design that aimed to evaluate academic dishonesty among nursing students at a public university northeast of Peninsular in Malaysia (herein referred to as University X). A total of 214 nursing students from diploma (Year 2 and 3) and degree (Year 2 to Year 4) programs from the nursing school of University X were invited to participate in the study. We included both diploma and degree students, as evidence has shown that students' academic year and program can affect academic integrity. Moreover, it has been found that levels of confidence and experience, as well as different learning styles can also affect academic integrity.^{24,25} A purposive sampling method was used. Thirteen out of 214 participants were excluded from the study's analysis due to their refusal to join or returning incomplete questionnaires. The study excluded Year 1 nursing students of both programs (diploma and undergraduate), as the students had just started their studies, had no clinical experience, and did not yet have a cumulative grade point average (CGPA).

The researcher used a self-administered questionnaire that took an average of 15–20 min to complete. The first part of the questionnaire included four questions to collect data regarding the respondents' demographic factors, such as gender, academic year, and CGPA. The second part of the questionnaire consisted of 25 items from the Student Academic Dishonesty Questionnaire³ to measure the prevalence of academic dishonesty among nursing students in academic and clinical settings. This part of the questionnaire was further subdivided into two sections: the first section contained 16 questions regarding dishonesty in the academic setting, while the second section contained nine questions regarding dishonesty in the clinical setting.

The questionnaire was validated to ensure that the content and language was appropriate for the Malaysian educational context. Content validity was carried out by sending the questionnaires to five experts who were lecturers in nursing and medical programs. In this phase, the content validity index (S-CVI) score was 0.94. An S-CVI average higher than 0.90 was considered to have excellent content validity.²⁶ Face validity was conducted by having ten Year 2 diploma nursing students discuss each item of the questionnaire. In terms of the questionnaire's clarity and comprehension, all the questions were perceived by the Year 2 students as comprehensible. The Cronbach's alpha value was 0.898.

All 25 items were rated using a 6-point Likert scale ranging from 1 to 6, with 1 = never, 2 = seldom (1–2 times), 3 = sometimes (3–4 times), 4 = often (5–10 times), 5 = very

often (more than 10 times), 6 = not applicable. The scale was converted to a dichotomous response format. The scoring of 1 (never) and 6 (not applicable) were converted to 0, which meant that the student had never engaged in an act of academic dishonesty. The other responses were converted to 1, which meant that the student had engaged in an act of academic dishonesty at least once.

The study was conducted after receiving permission from the Human Research Ethics Committee of University X. Written permission was obtained from the author to use the questionnaire.³ The participants were briefed on the purpose of the study. Furthermore, they were informed that participation in the present study was totally voluntary and would not affect their academic outcomes. Formal consent was then obtained from each participant who agreed to participate in the study.

In addition to the descriptive statistics, chi-square and Fisher's exact tests were used to determine the association between demographic factors (i.e., gender, academic year, and CGPA) and academically dishonest behaviour in academic and clinical settings among nursing students. Pearson's correlation coefficient (*r*) was used to measure the strength of the association between academic dishonesty in academic and clinical settings. The statistical significance level was set at 0.05, and the reliability level was set at 0.95. Data were analysed using SPSS version 22.0 and Stata version 14.0 software.

Results

A total of 201 out of the initial 214 nursing students (94%) participated in this study and completed the questionnaire.

As shown in Table 1, 84.1% (*n* = 169) of the respondents were female students. More than half of the respondents were diploma students (55.7%, *n* = 112), with Year 2 students (34.3% *n* = 69) forming the largest group. In terms of CGPA, most of the respondents (74.6%, *n* = 150) had a CGPA of between 3.00 and 3.50.

Furthermore, as displayed in Table 1, most of the students reported that they had engaged at least once in an act of academic dishonesty in the academic setting (82.1%, *n* = 161) and clinical setting (74.6%, *n* = 150). Most male students (93.8%) had engaged in acts of academic dishonesty in the academic or clinical setting at least once. In terms of academic year, Year 4 (degree) students reported the highest rate (92.6%) of academic dishonesty. Based on CGPA, students with low grade point averages (<3.00) reported the highest rate of academic dishonesty in academic and clinical settings (90.0% and 80.0% respectively), while students with high grade point averages (3.50–4.00) reported the lowest rate of academic dishonesty in academic and clinical settings (78.0% and 70.7% respectively).

Dishonesty in the academic setting was measured using 16 items based on four categories: plagiarism, improper use of resources, premeditated cheating, and spontaneous cheating. As shown in Table 2, most students (37.3%–85.1%) reported never having engaged in dishonest behaviours in an academic setting for most items. The most frequently reported act of academic dishonesty was plagiarism (77.1%), with students responding affirmatively that they had 'copied information directly, or in a slightly modified form, from websites or other sources without proper acknowledgement of the original author or source' (*n* = 123, 61.2%). The second-most reported act of academic dishonesty was spontaneous cheating (55.2%), with

Table 1: Cross tabulation results and the association between academically dishonest behaviour and demographic factors.

Demographic data	Total	Academic dishonesty in the academic setting		Academic dishonesty in the clinical setting	
	n (%)	Honesty n (%)	Dishonesty n (%)	Honesty n (%)	Dishonesty n (%)
Gender					
Male	32 (15.9)	2 (6.2)	30 (93.8)	2 (6.2)	30 (93.8)
Female	169 (84.1)	34 (20.1)	135 (79.9)	49 (29.0)	120 (71.0)
*X ² value (df)		3.520 (1)		7.350 (1)	
P-value ¹		0.061		0.007	
Academic year					
Degree year 2	39 (19.4)	12 (30.8)	27 (69.2)	13 (33.3)	26 (66.7)
Degree year 3	21 (10.4)	2 (9.5)	19 (90.5)	5 (23.8)	16 (76.2)
Degree year 4	27 (13.4)	2 (7.4)	25 (92.6)	2 (7.4)	25 (92.6)
Diploma year 2	69 (34.2)	12 (17.4)	57 (82.6)	19 (27.5)	50 (74.5)
Diploma year 3	45 (22.4)	8 (17.8)	37 (82.2)	12 (26.7)	33 (73.3)
*P-value ²		0.143		0.151	
CGPA					
High (3.50–4.00)	41 (20.4)	9 (22.0)	32 (78)	12 (29.3%)	29 (70.3%)
Average (3.00–3.50)	150 (74.6)	26 (17.3)	124 (82.7)	37 (24.7%)	113 (75.3%)
Low (<0.300)	10 (5)	1 (10.0)	9 (90)	2 (20.0%)	8 (80%)
*X ² value (df)		0.915 (2)		0.521 (2)	
P-value ¹		0.633		0.771	

*¹ Pearson chi-square test.

*² Fisher's exact test.

Table 2: Participants' engagement in academic dishonesty in the academic setting (n = 201).

Behaviours	Never (n; %)	Seldom (n; %)	Sometimes (n; %)	Often (n; %)	Very often (n; %)	Not applicable (n; %)
Plagiarism						
Worked with another student on material to be submitted for academic evaluation when the instructor had not authorized us to work together.	106 (52.7)	47 (23.4)	18 (9)	17 (8.5)	8 (4)	5 (2.5)
Copied information directly, or in a slightly modified form, from websites or other sources without proper acknowledgement of the original author or source.	75 (37.3)	64 (31.8)	35 (17.4)	21 (10.4)	3 (1.5)	3 (1.5)
Submitted the same work, or substantially similar work, in more than one course without the prior consent of the evaluating instructor(s).	142 (70.6)	32 (15.9)	14 (7)	6 (3)	5 (2.5)	2 (1)
Realized during an exam that another student wanted to copy from my paper and allowed them to do so.	96 (47.8)	59 (29.4)	21 (10.4)	9 (4.5)	7 (3.5)	9 (4.5)
Prepared work for another student to submit for academic evaluation.	152 (75.6)	24 (11.9)	7 (3.5)	9 (4.5)	4 (2)	5 (2.5)
Sold or lent papers to another student to turn them in as his or her own work.	157 (78.1)	17 (8.5)	9 (4.5)	7 (3.5)	3 (1.5)	8 (4)
Submitted another's material as my own work for academic evaluation.	164 (81.6)	16 (8)	6 (3)	7 (3.5)	2 (1)	6 (3)
Improper use of materials						
Used unauthorized material or fabricated data in an academic exercise, for example, falsifying data for a research paper or laboratory activity.	132 (65.7)	37 (18.4)	17 (8.5)	8 (4)	3 (1.5)	4 (2)
Improperly acquired or distributed examinations.	171 (85.1)	9 (4.5)	6 (3)	4 (2)	4 (2)	7 (3.5)
Bought papers for purposes of turning them in as my own work.	159 (79.1)	20 (10)	7 (3.5)	6 (3)	5 (2.5)	4 (2)
Premeditated cheating						
Planned and copied during an examination.	149 (74.1)	30 (14.9)	9 (4.5)	6 (3)	2 (1)	5 (2.5)
Planned to and then used unauthorized materials during an exam when the instructor had not approved their use.	157 (78.1)	18 (9)	9 (4.5)	4 (2)	5 (2.5)	8 (4)
Planned to and then allowed another person to copy from my paper during an examination.	120 (59.7)	50 (24.9)	12 (6)	10 (5)	4 (2)	5 (2.5)
Spontaneous cheating						
Did not plan to, but did copy during an examination.	136 (67.7)	44 (21.9)	11 (5.5)	5 (2.5)	0 (0)	5 (2.5)
Did not plan to, but did use unauthorized materials or devices during an examination.	157 (78.1)	19 (9.5)	12 (6)	5 (2.5)	2 (1)	6 (3)
Did not plan to, but did allow another person to copy from my paper during an examination.	104 (51.7)	60 (29.6)	17 (8.5)	10 (5)	4 (2)	6 (3)

students responding affirmatively that they 'did not plan to, but did allow another person to copy from [their] paper during an examination' (n = 91, 45.3%). The third-most reported act of academic dishonesty was premeditated cheating (46.8%), with students responding that they had 'planned to and then allowed another person to copy from [their] paper during an examination' (n = 76, 37.8%). The improper use of resources was the least frequent form of academic dishonesty reported by the participants (38.8%).

Academic dishonesty in the clinical setting was measured using nine items, which are shown in Table 3. Most students (47.8%–79.6%) responded that they had not engaged in dishonest behaviour in a clinical setting. As displayed in Table 4, the most frequent category of clinical dishonesty reported was 'broke sterile technique and neither reported it nor replaced contaminated items' (n = 98, 48.8%), while the least frequent category was 'lost, broke, or damaged clients' belongings and did not report it' (n = 38, 18.9%) (n = 40, 19.9%).

Table 1 shows the association between demographic factors and academic dishonesty in academic and clinical settings. A significant association was found between

gender and academic dishonesty in the clinical setting (p-value < 0.005). Male nursing students reported having engaged in academic dishonesty more than female students in a clinical setting. On the other hand, no significant association was found between other demographic factors and academic dishonesty in academic and clinical settings.

As shown in Table 4, there was a strong positive correlation ($r = 0.603$, $P < 0.001$) between academic dishonesty in the academic and clinical setting.

Discussion

The present study found that 82.1% of participants had engaged at least once in an act of academic dishonesty in the academic setting. This finding is slightly lower than that of a study conducted in South Africa, in which 88% of nursing students reported that they had engaged at least once in an act of academic dishonesty in the academic setting.²⁷ However, this finding is higher than those of studies conducted in the United States (53%–64.7%)^{3,11} and South Korea (50–78%).¹³ While previous studies have focused on the

Table 3: Participants' engagement in academic dishonesty in the clinical setting (n = 201).

Behaviours	Never (n; %)	Seldom (n; %)	Sometimes (n; %)	Often (n; %)	Very often (n; %)	Not applicable (n; %)
Discussed clients in public places or with nonmedical personnel.	116 (57.7)	54 (26.9)	13 (6.5)	7 (3.5)	6 (3)	5 (2.5)
Reported or recorded tests that were not taken or recalled accurately.	108 (53.7)	43 (21.4)	17 (8.5)	20 (10)	8 (4)	5 (2.5)
Recorded client responses to treatments or medications that were not assessed.	139 (69.2)	23 (11.4)	11 (5.5)	15 (7.5)	5 (2.5)	8 (4)
Reported or recorded treatments that were not performed or observed.	123 (61.2)	25 (12.4)	21 (10.4)	14 (7)	7 (3.5)	11 (5.5)
Attempted to perform a procedure on a client without adequate knowledge or failed to obtain guidance from the instructor.	103 (51.2)	58 (28.9)	16 (8)	12 (6)	7 (3.5)	5 (2.5)
Broke sterile technique and neither reported it nor replaced contaminated items.	96 (47.8)	58 (28.9)	29 (14.4)	11 (5.5)	0 (0.0)	7 (3.5)
Did not report an incident or error that involved a client.	140 (69.7)	23 (11.4)	10 (5)	13 (6.5)	3 (1.5)	12 (6)
Recorded medications as given when they were not.	150 (74.6)	14 (7)	9 (4.5)	10 (5)	7 (3.5)	11 (5.5)
Lost, broke, or damaged clients' belongings and did not report it.	160 (79.6)	16 (8)	11 (5.5)	7 (3.5)	4 (2)	3 (1.5)

Table 4: Correlation between academic dishonesty in academic and clinical settings.

	Academic dishonesty in the clinical setting	
	r	P value ^a
Academic dishonesty in the academic setting	0.603	0.001

^a Pearson correlation at P < 0.01 level of significance.

prevalence of dishonesty, the present study examined the frequency of academically dishonest acts among nursing students in five different categories. Plagiarism (77.1%) was the most frequently occurring act among Malaysian nursing students, which is consistent with the findings of the South African study (66%).²⁷ The most frequent act of plagiarism was copying information from other sources without acknowledgment; the prevalence of this act among Malaysian students was found to be higher than that of their American counterparts (26.6%).³ The high prevalence of this act among Malaysian students may be due to their belief that copying sentences without acknowledgment is an acceptable academic practice. This finding is consistent with that of Bartlett et al. (2006),²⁸ who found that Malaysian students did not know that copying words or sentences without acknowledgment was plagiarism.

In addition to exploring the prevalence of academic dishonesty, this study found that nursing students had engaged in spontaneous cheating (55.2%) more than premeditated cheating (46.8%). These percentages of spontaneous and premeditated cheating are higher than those found in a previous study conducted in the United States, in which only 13.9% of nursing students reported spontaneous cheating, while only 5.9% reported premeditated cheating.³ A possible reason for these different findings is that Malaysian students have strong relationships with each other. This may lead them to help each other during exams. Hofstede

(2009)²⁹ reported that Malaysian society has a stronger sense of collectivism than individualism. A collectivist culture contains strong interdependent relationships among its members, while an individualist culture has a greater sense of independence among its members.³⁰ Another possible explanation for the high prevalence of spontaneous and premeditated cheating among Malaysian nursing students may be the use of large exam halls with a greater number of students, which complicates the ability of exam proctors to prevent cheating. Hence, it is easier for students to use unauthorized materials or cooperate with other students during exams. This finding is consistent with that of a study conducted on cheating among students of higher education institutions in Malaysia, which showed that the majority of respondents (57.6%) thought that the likelihood of getting caught cheating in a large exam hall was very low.³¹

Interestingly, 74.6% of participants in the present study reported that they had engaged at least once in acts of academic dishonesty in a clinical setting. This percentage is higher than that of a study conducted in the United States (54%).¹¹ A study conducted in South Korea showed that 66% of nursing students had engaged at least once in unethical clinical behaviour.³² The difference in these results may be due to Malaysian students' lack of confidence in their clinical skills, which is consistent with the findings of a study conducted among nursing students in Malaysia that showed that 91% of students lacked confidence in the clinical setting.³³ Besides that, the most frequently reported item (48.8%) was 'broke sterile technique without reporting or replacing it'. This percentage is higher than that found by studies conducted in the United States (5.9%) and South Korea (13%).³² The difference in this percentage could be due to the lack of knowledge about proper sterilization techniques or seeing nursing staff doing the same.

The results of the present study indicate that there is a statistically significant relationship between gender and academic dishonesty in clinical settings, in that male students reported having engaged in clinical dishonesty more than

female students. These findings are inconsistent with those of a previous study conducted in the United States that found no significant relationship between gender and academic dishonesty in clinical settings.³ A study conducted in South Korea also found no significant relationship between gender and academic dishonesty in clinical settings among nursing students.¹³ However, the effect of gender on clinical dishonesty can be explained by socialization theory, which suggests that females are more likely to follow rules than males.³⁴ Hence, female students are less likely to engage in academic dishonesty than male students. This finding is consistent with a study conducted among accounting students in Malaysia that revealed that male students were less likely to follow rules than female students.³⁵

In addition, the present study found that students who engaged in academic dishonesty in the academic setting also tended to engage in academic dishonesty in the clinical setting. This finding is consistent with several studies conducted in the United States.^{3,11} This can be attributed to the intensive nature of nursing programmes, in which students must prepare for examinations, complete assignments, and complete their clinical practice hours at the same time. This may increase students' tendency to engage in dishonest behaviour in both academic and clinical settings. This finding is consistent with those of several studies that revealed that nursing programmes have intensive curricula and students experience significant amounts of pressure due to heavy academic and clinical demands.^{36,37}

Conclusion

The present study revealed that academic dishonesty among Malaysian nursing students is prevalent, which may indicate that students are not fully aware of what constitutes academic dishonesty. Nursing schools thus need to pay more attention to this issue and increase educational input concerning academic ethics and related subjects in nursing courses. As the present study found that plagiarism was a common occurrence among Malaysian nursing students, tutorials or workshops about plagiarism are required to equip them with the academic writing and referencing skills they need to complete assignments in an ethical manner. To reduce premeditated and spontaneous cheating, several measures can be taken, such as meticulous exam invigilation, seating order randomization, and preparing multiple versions of the same exams. In addition, the present study also found that there was a significant relationship between academic dishonesty in academic and clinical settings. Given the fact that the nursing staff cannot always observe students during their clinical training time, nursing school faculty should consider increasing the number of instructors to allow closer supervision of students during their clinical practice hours.

Conflict of interest

The authors have no conflict of interest to declare.

Authors' contribution

AHA, NSR, DMY and MZMN designed the study, conducted the data collection and performed data analysis.

DMY provided logistical support and the final review of the results. AHA wrote the initial and final draft of the article with the help of all co-authors. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Acknowledgements

We would like to express our sincere gratitude to the students who participated in this study for their honest responses. This research was funded by USM Short Term Grant 304/PPSP/61313159.

References

1. Azulay Chertok IR, Barnes ER, Gilleland D. Academic integrity in the online learning environment for health sciences students. *Nurse Educ Today* 2014; 34(10): 1324–1329.
2. Oran NT, Can HO, Senol S, Hadimli AP. Academic dishonesty among health science school students. *Nurs Ethics* 2016; 23(8): 919–931. <https://doi.org/10.1177/0969733015583929>.
3. Winrow AR, Reitmaier-Koehler A, Winrow BP. Social desirability bias in relation to academic cheating behaviors of nursing students. *J Nurs Educ Pract* 2015; 5(8).
4. Babu TA, Joseph NM, Sharmila V. Academic dishonesty among undergraduates from private medical schools in India. Are we on the right track? *Med Teach* 2011; 33(9): 759–761.
5. Nazir MS, Aslam MS. Academic dishonesty and perceptions of Pakistani students. *Int J Educ Manag* 2010; 24(7): 655–668.
6. Guraya SY, Norman RI, Khoshhal KI, Guraya SS, Forgione A. Publish or Perish mantra in the medical field: a systematic review of the reasons, consequences and remedies. *Pak J Med Sci* 2016; 32(6): 1562–1567.
7. Searle C, Human SP, Mogotlane SM. *Professional practice: a Southern African nursing perspective*. Johannesburg, South Africa: Heinemann; 2009.
8. McCabe DL. Academic dishonesty in nursing schools: an empirical investigation. *J Nurs Educ* 2009; 48(11): 614–623.
9. Fontana JS. Nursing faculty experiences of students' academic dishonesty. *J Nurs Educ* 2009; 48(4): 181–185.
10. Tippitt MP, Ard N, Kline JR, Tilghman J, Chamberlain B, Meagher PG. Creating environments that foster academic integrity. *Nurs Educ Perspect* 2009; 30(4): 239–244.
11. Krueger L. Academic dishonesty among nursing students. *J Nurs Educ* 2014; 53(2): 77–87.
12. Macale L, Ghezzi V, Rocco G, Fida R, Vellone E, Alvaro R. Academic dishonesty among Italian nursing students: a longitudinal study. *Nurse Educ Today* 2016; 50: 57–61.
13. Park EJ, Park S, Jang IS. Academic cheating among nursing students. *Nurse Educ Today* 2013; 33(4): 346–352.
14. Roberson DW. Using a student response system to reduce academic cheating. *Nurse Educ* 2009; 34(2): 60–63.
15. Arhin AO, Jones KA. A multidiscipline exploration of college students' perceptions of academic dishonesty: are nursing students different from other college students? *Nurse Educ Today* 2009; 29(7): 710–714.
16. Kolanko KM, Clark C, Heinrich KT, Olive D, Serembus JF, Sifford KS. Academic dishonesty, bullying, incivility, and violence: difficult challenges facing nurse educators. *Nurs Educ Perspect* 2006; 27(1): 34–43.
17. Wideman M. Caring or collusion? Academic dishonesty in a school of nursing. *Can J High Educ* 2011; 41(2): 28.
18. Logue R. Plagiarism: the Internet makes it easy. *Nurs Stand* 2004; 18(51): 40–43 (Royal College of Nursing (Great Britain): 1987).

19. Tanner CA. Moral decline or pragmatic decision making?: Cheating and plagiarism in perspective. *J Nurs Educ* 2004; 43(7): 291–292.
20. Hunter M. *Rampant academic dishonesty is alive and well in Malaysia*; 2015. Available from: <http://malaysiaflipflop.blogspot.my/2015/11/there-are-more-bogus-scientists-in.html>.
21. Teodorescu D, Andrei T. Faculty and peer influences on academic integrity: college cheating in Romania. *High Educ* 2009; 57(3): 267–282.
22. Guraya SY, Guraya SS. The confounding factors leading to plagiarism in academic writing and some suggested remedies: a systematic review. *J Pak Med Assoc* 2017; 67(5): 767–772.
23. Rakovski CC, Levy ES. Academic dishonesty: perceptions of business students. *Coll Student J* 2007; 41(2): 466.
24. Jiraporncharoen W, Angkurawaranon C, Chockjamsai M, Deesomchok A, Euathrongchit J. Learning styles and academic achievement among undergraduate medical students in Thailand. *J Educ Eval Health Prof* 2015; 12: 38.
25. Raymond J. A comparison of degree and diploma nursing students confidence of patient safety competency in Ontario, Canada. *J Nurs Educ Pract* 2017; 7(8): 93.
26. Polit DF, Beck CT, Owen SV. Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Res Nurs Health* 2007; 30(4): 459–467.
27. Theart CJ, Smit I. The status of academic integrity amongst nursing students at a nursing education institution in the Western Cape. *Curationis* 2012; 35(1): 1–8.
28. Bartlett RJ, Jones K, Reid K, Vassilev T. Student perspectives on cheating: variations across three countries. In: *Proceedings of the 20th International Conference on Systems for Automation of Engineering*; 2006. pp. 130–135. Resort of St. Constantine and Elena, Bulgaria.
29. Hofstede G. *Geert hofstede*; 2009. Retrieved from: <https://predicate.wordpress.com/2009/06/17/geert-hofstedes-cultural-dimensions-on-malaysia/> [Accessed].
30. Triandis HC. *Individualism and collectivism: past, present, and future*. The handbook of culture and psychology; 2001. pp. 35–50.
31. Mat Dangi MR. Empirical study on student's cheating behaviour in higher education institution system using fraud diamond theory. *Gading Bus Manag J* 2014; 18(2): 31–50.
32. Park EJ, Park S, Jang IS. Clinical misconduct among South Korean nursing students. *Nurse Educ Today* 2014; 34(12): 1467–1473.
33. Panduragan SL, Abdullah N, Hassan H, Mat S. Level of confidence among nursing students in the clinical setting. *Proc Soc Behav Sci* 2011; 18: 404–407.
34. Ballantine J, Larres PM, Mulgrew M, editors. *Determinants of academic cheating behavior: the future for accountancy in Ireland*. *Accounting Forum*. Elsevier; 2014.
35. Ismail S, Yussof SH. Cheating behaviour among accounting students: some Malaysian evidence. *Account Res J* 2016; 29(1): 20–33.
36. Oran NT, Can HO, Senol S, Hadimli AP. Academic dishonesty among health science school students. *Nurs Ethics* 2016; 23(8): 919–931.
37. Woith W, Jenkins SD, Kerber C. Perceptions of academic integrity among nursing students. *Nurs Forum* 2012; 47(4): 253–259.

How to cite this article: Abusafia AH, Roslan NS, Mohd Yusoff D, Mat Nor MZ. Snapshot of academic dishonesty among Malaysian nursing students: A single university experience. *J Taibah Univ Med Sc* 2018;13(4):370–376.