

Academic dishonesty in university nursing students: A scoping review

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ABSTRACT

Objective: This review seeks to deepen our understanding of the factors contributing to nursing students' academic dishonesty and the repercussions of such behaviours on their learning in both classroom and clinical settings, and on the integrity of the nursing profession.

Design and methods: It was a scoping review in which a five-stage methodological framework informed its process. Six databases were searched for relevant original studies. Other search methods were also conducted using Google Scholar, Trove, and ProQuest Dissertations for theses pertinent to the topic. An inductive descriptive approach was used to analyse and synthesise data.

Results: Twenty-seven studies and nine doctoral theses were selected and included in the scoping review. Of these, 25 studies used a quantitative approach, nine studies a qualitative one, and two studies used mixed methods. Three categorical factors, intrapersonal, interpersonal, and external, contributed to nursing students' academic dishonesty.

Conclusion: Academic dishonesty in nursing students is concerning. Noted factors contributing to academic dishonesty include stress and pressure experienced by students, the prevalence of peer cheating, and lack of knowledge. Most alarming is the significant correlation between academic dishonesty and clinical dishonesty. The evidence suggests that students who engage in dishonest behaviour in academic settings may be more likely to engage in dishonest behaviour in clinical settings. This raises serious concerns about integrity, ethics, patient safety and the reputation of nursing students, universities, healthcare providers and health professionals.

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What is already known

- Academic dishonesty is an ongoing problem in higher education.
- With the advent of online education and the availability of generative artificial intelligence tools, academic dishonesty is increasing.

What this paper adds

- A scoping review that includes peer-reviewed articles and doctoral theses

- One that covers more qualitative findings than other recent systematic reviews of a similar topic, using a narrative approach to synthesise the evidence that provides richer insights into the factors contributing to academic dishonesty in nursing students
- The findings of this paper highlight the significant correlation between academic and clinical dishonesty that has severe ramifications for the reputation and conduct of the nursing profession and outcomes of patient care.

1. Introduction

Academic dishonesty has been depicted as an epidemic (McCabe, 2009) and continues as a topic of interest in academic circles (Abdulghani et al., 2018; Albluwi, 2020; Atkinson et al., 2016; De Maio et al., 2019; Klocko, 2014; Macfarlane et al., 2014). Abundant

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studies over the past decade have indicated an increasing rate of cheating and plagiarism in higher education (Awasthi, 2019; Bretag et al., 2019; Birks et al., 2020; Newton, 2018). The expansion of on-line learning and the recent availability of generative artificial intelligence tools, such as ChatGPT, have added more challenges for education providers to maintain academic integrity (Adzima, 2020; Lo, 2023). It is a critical time for university leaders to draw upon research findings to better understand the challenges to academic integrity so that appropriate policies and procedures can be developed to reduce the potential for academic misconduct (Parnter, 2020).

Academic integrity is defined as “the expectation that teachers, students, researchers and all members of the academic community act with: honesty, trust, fairness, respect and responsibility” (Tertiary Education Quality and Standards Agency, 2022). Breaching academic integrity is known as academic misconduct or academic dishonesty; the terms are used interchangeably in this review. The failure to manage academic dishonesty reflects badly on the educational institution (Parnter, 2020).

Several definitions of academic dishonesty or academic misconduct exist. McClung and Gaberson (2021) regarded it as a purposeful act or acts of deception in reference to academic work, whilst Bertram Gallant (2008, p. 10) defined it as “behaviors that undermine academic integrity because they do not comply with [academic] rules, norms, or expectations”. For this review, we have adopted Bertram Gallant’s (2008) definition because it has been cited by recent scholars such as Parnter (2020) and Yu et al. (2018).

At one time, academic dishonesty focused on cheating and plagiarism, but now it is considered to include all learning activities designed to influence a grade in the educational arena (McClung and Gaberson, 2021). Aside from plagiarism, academic dishonesty includes intentional attempts to falsify, fabricate, or tamper with data, information, records, or course materials that affect academic outcomes; cheating; and both giving and obtaining assistance with academic work (Theart and Smit, 2012).

Whilst the problem of academic dishonesty is growing, the solutions have yet to be found (Abbott and Nininger, 2021). Academic dishonesty amongst nursing students becomes especially concerning, considering how such dishonesty might continue within the clinical area, impacting safe patient care; dishonesty in the academic arena lends itself to dishonesty in the workplace (Singh and Bennington, 2012). Unfortunately, academic dishonesty in nursing degrees has become common, creating concerns about its impact on the professional practice of graduate registered nurses (Allen, 2017).

This scoping review aims to understand more fully the factors that influence dishonest behaviour by nursing students in both academic and clinical environments, the impact of such behaviours on their studies and, more broadly, on the integrity of the nursing profession. The students in this review were enrolled in either an undergraduate (i.e., associate or bachelor’s degree) or a postgraduate nursing programme (i.e., graduate certificate, graduate diploma, master’s degree, doctoral degree) at a university. Nursing is regarded as the most trusted vocation for honesty and adherence to ethical standards in the United States of America (Brenan, 2023) and Australia (Australian Nursing and Midwifery Federation - South Australia Branch, 2021). This review is intended to help universities identify and develop evidence-based strategies to reduce dishonest practices amongst nursing students.

2. Methods

Munn et al. (2018) recommended that a scoping review is a useful tool to identify the body of literature on a selected topic, since it provides a clear summary of the volume, availability, and focus of relevant studies. Compared with other types of systematic reviews, a scoping review can cover a greater range of literature, including grey literature on a topic, such as dissertations or theses (Pham et al., 2014). Within the realm of grey literature, we narrowed our focus exclusively on doctoral theses in pursuit of richer qualitative findings on the topic. Accordingly, this scoping review was conducted using Arksey and O’Malley’s (2005) five-stage framework to explore the factors contributing to academic dishonesty amongst nursing students. The framework’s five stages are to (1) identify the research question used to guide the search strategies; (2) identify relevant studies, both published and unpublished; (3) develop eligibility criteria for study selection; (4) chart the data extracted from the records being reviewed; and (5) collate, summarise, and report the results as an overview of all material reviewed.

2.1. Identifying the research question

The review team consisted of one senior librarian (the sixth author) and seven nursing academics and researchers. All authors were involved in discussing and formulating the research question.

The research question was: ‘What factors contribute to academic dishonesty by university nursing students?’ The enquiry scope was limited to nursing students undertaking undergraduate or postgraduate studies at universities. The focus on contributing factors of academic dishonesty was deemed to capture deep insights into how nursing students understand academic dishonesty and engage in dishonesty in classroom and clinical settings.

2.2. Identifying relevant studies

The keywords, the Medical Subject Headings (MeSH), thesaurus and search terms were identified according to the research question (see Table 1).

Systematic searches were conducted on six major databases: CINAHL, MEDLINE, PsycINFO, Education Source, ERIC, and Scopus by a senior librarian (the sixth author) and three academics (the first, second and fourth authors). Other search methods were also performed by the same senior librarian, using Google Scholar, Trove, Australian Policy Online and ProQuest Dissertations for theses pertaining to the topic. Database searches were limited to the English language and a date range of January 2010–October 2022 to consider the most current data. Details of each database search and other search methods can be found in Supplementary file 1 – Search details.

Studies were included if they were: (1) academic misconduct or dishonesty related to nursing students’ academic work and/or clinical-placement performance; (2) publication in original research articles and theses; and (3) reference to students enrolled in an undergraduate nursing programme (i.e., associate or bachelor’s degree) or a postgraduate nursing programme (i.e., graduate certificate, graduate diploma, master’s degree, doctoral degrees).

Studies were excluded if they were: (1) reference to students from primary, high school, certificate levels and diploma or from short

Table 1
Search strategy.

Keywords	Academic integrity, academic misconduct, academic dishonesty, nurse, nurses, nursing, nursing students
Search terms (all databases)	nurs* OR nursing AND academic N1 (integrity OR misconduct OR dishonesty)
MeSH or thesaurus terms	Plagiarism (CINAHL, Medline, Education Source, PsycINFO, ERIC); student misconduct (CINAHL); Students, Nursing (CINAHL, Medline); Nursing Students (Education Source, PsycINFO, ERIC)

Note. CINAHL, Cumulated Index to Nursing and Allied Health Literature; Medline, Medical Literature Analysis and Retrieval System Online; ERIC, Education Resources Information Centre.

courses; (2) reference to students from a discipline other than nursing; and (3) academic misconduct or dishonesty related to academic staff or researchers, not students.

2.3. Selecting studies

The study selection process was thorough and involved all eight authors at various points. Firstly, on the title and subject headings, the first and sixth authors screened 617 records across six databases and selected 373 for export to EndNote 20, where 134 duplicates were removed. Secondly, the first, second and fourth authors scrutinised the abstracts of the remaining 239 records and used the inclusion and exclusion criteria to eliminate 148. The remaining 91 records were reviewed in full text by all authors, who worked in four groups (two per group); each author worked independently, and the partner cross-checked their decision. In cases of decision conflicts, all authors met and discussed different viewpoints to reach a consensus on the inclusion or exclusion of a specific paper. This process led to a further 63 records being eliminated. Fig. 1 shows a detailed breakdown of exclusions based on the criteria. The first, second and sixth authors also identified eight new records from other search methods or by citation searching per the inclusion criteria. This rigorous screening led to 36 records being included in the scoping review (see Fig. 1).

2.4. Charting the data

Three authors undertook data charting (the first, second and third). The data were presented in a large table, including (1) authors' names and year of publication, (2) country/region, (3) aim or purpose, (3) methodology or method, (4) study sample and (5) summary of key findings (relevant to the review question). This table has been submitted with this article for online inclusion (see "Supplementary file 2 – Summary of studies").

2.5. Collating and summarising data

The first, second and third authors performed data analysis using a descriptive inductive thematic analysis approach by Braun and Clarke (2006). With the research question in mind, we first looked for meaningful data units to generate initial codes and then identified the section of text associated with these codes. After that, we searched for patterns (e.g., exam or assignment-related), connections (e.g., between classroom and clinical dishonesty), similarities (e.g., the prevalence of plagiarism in different groups) and differences (e.g., age groups, year levels, gender) within and amongst codes to develop themes. We also borrowed a concept from Manias et al. (2015) to organise all themes in a meaningful way. Manias et al. (2015) identified intrapersonal, interpersonal and external barriers and enablers affecting patient management of medications. Although the context in Manias et al.'s study is different to that of this scoping review, the concept of the contributing factors is comparable. The research team defined the meaning of each category: "Intrapersonal" pertained to an individual's attributes, such as demographic characteristics, perceptions, awareness, attitudes and knowledge; "Interpersonal" referred to relationships between people, such as amongst peers or between students and educators or preceptors; and "External" covered any matters beyond the individual's control, such as environmental, institutional and financial considerations. The themes were further refined and finalised by all authors.

3. Results

Amongst the 36 papers in the scoping review, 27 were peer-reviewed articles, and nine were doctoral theses. The United States of America had 15 studies, Israel four, the Republic of Korea three, Canada three, and Australia two. There was one each from Croatia, Greece, India, Iran, Italy, the Philippines, South Africa, Southeastern Asia, and Turkey. Twenty-five studies used a quantitative methodology and nine studies a qualitative one, including six doctoral theses. There were two mixed-method studies.

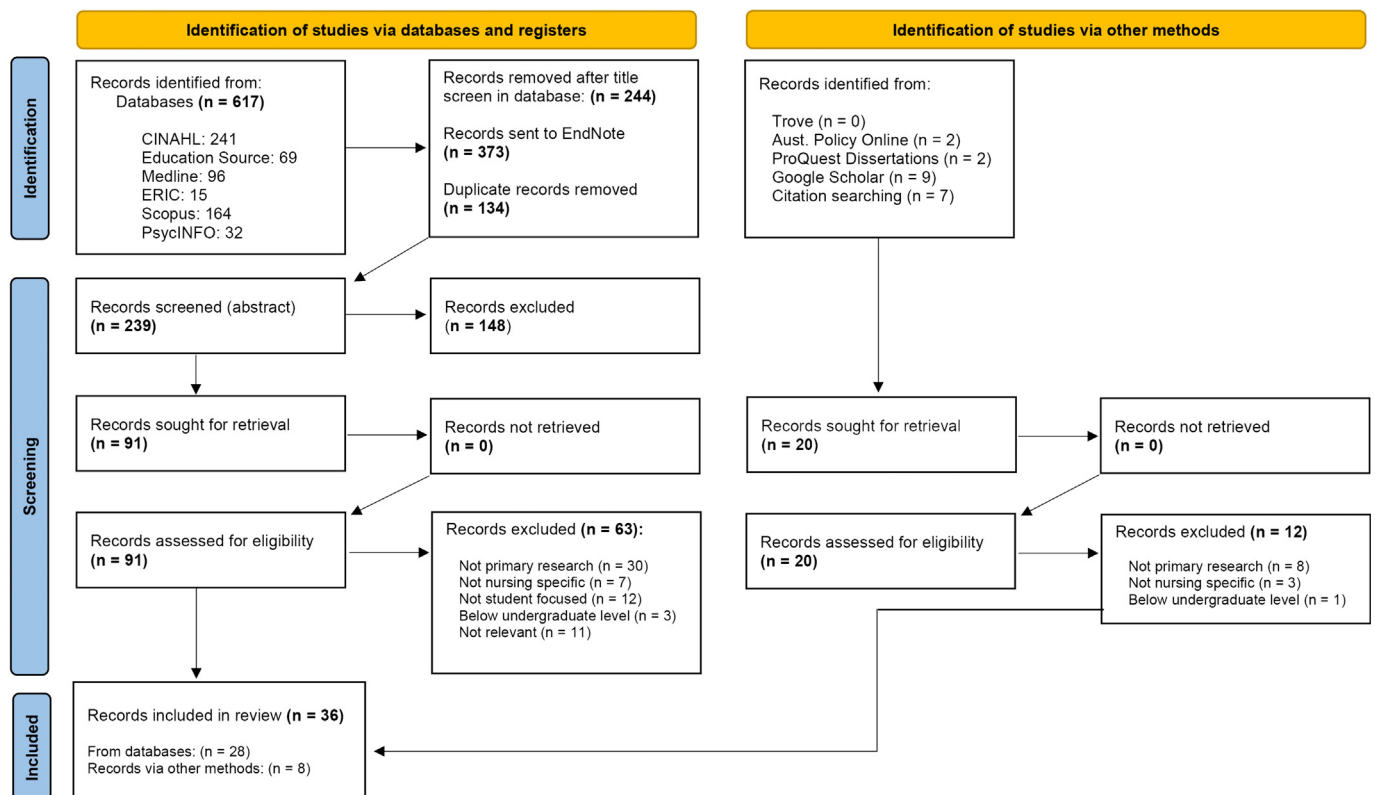


Fig. 1. Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow diagram (Page et al., 2021) as part of the scoping review process.

Three themes were determined following the analysis: intrapersonal, interpersonal, and external factors. The themes and their sub-themes are summarised in Fig. 2.

3.1. Intrapersonal factors

The first theme - intrapersonal factors, is divided into demographic factors, personal attributes, knowledge and perception of academic dishonesty.

3.1.1. Demographic factors

Age, gender, ethnicity, religion, and students' year level were reported as contributing to academic misconduct. However, the findings varied across different demographic groups.

3.1.1.1. Age. Some studies found that younger students were more likely to commit academic misconduct than older ones. In an online survey (n = 361 nursing students) across 41 Australian universities, Birks et al. (2018) found a significantly negative relationship

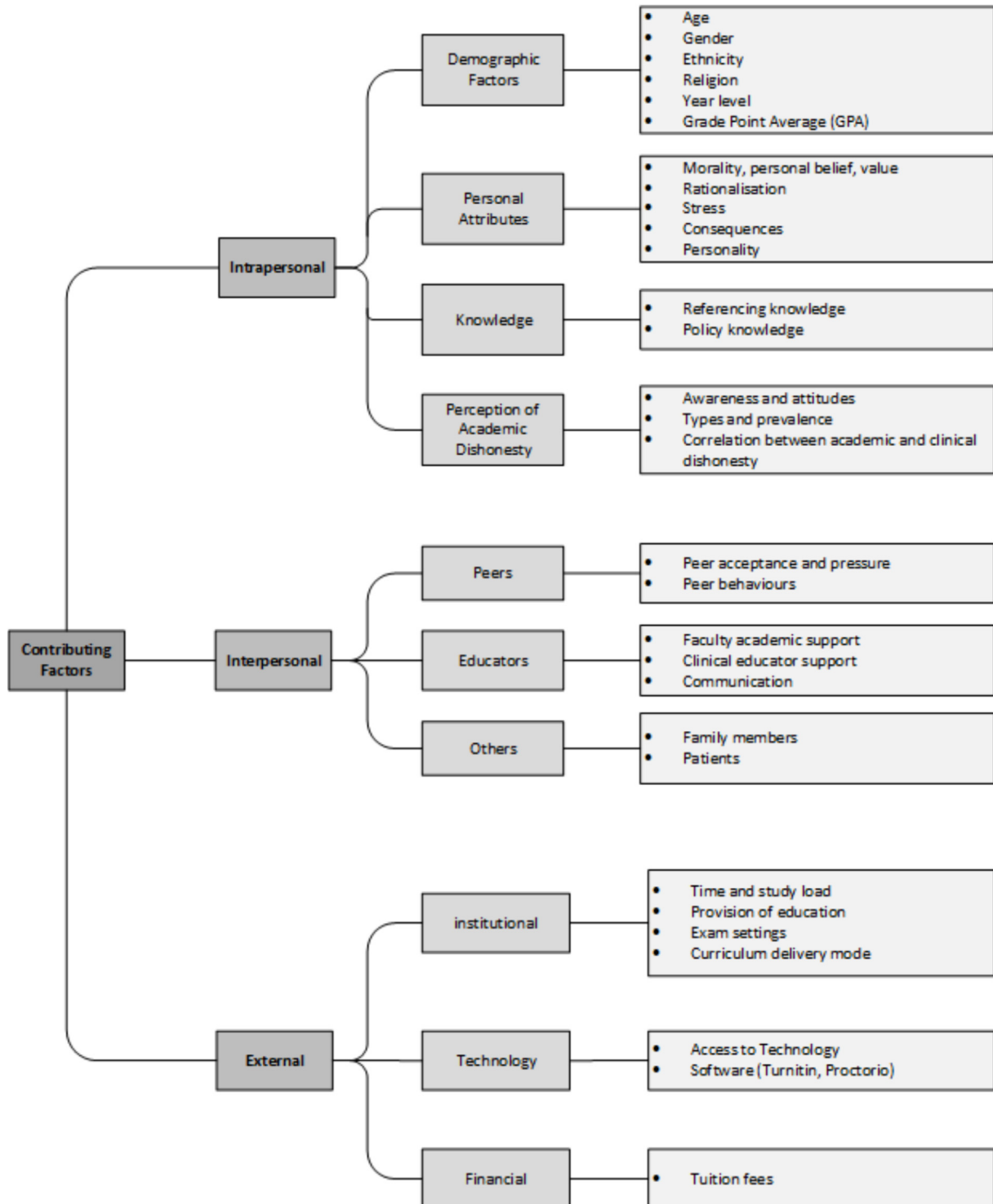


Fig. 2. Themes and sub-themes.

between age and plagiarism and spontaneous dishonest behaviour, implying that younger students were more likely to engage in academic misconduct. [Brothers' \(2020\)](#) qualitative thesis (n = 15 American nursing students) found "younger students being more dishonest" (p. 70). [Hart and Morgan \(2010\)](#) surveyed nursing students from a synchronous online classroom (n = 33) and a traditional classroom (n = 330) in the United States of America and found that younger students (≤ 40 years) reported significantly more instances of helping someone else cheat on tests and of copying information without appropriate referencing, compared to an older group. Those cheating behaviours were seen more often in the traditional classroom than amongst online students. In a longitudinal quantitative study conducted in Italy, [Macale et al. \(2017\)](#) used an academic cheating behaviour scale to survey the first-year (n = 503) and second-year (n = 354) nursing students and found that younger students were more often guilty of fraudulent behaviour in their academic work.

Several other studies found no such correlation, including [Basler's \(2012\)](#) quantitative thesis (n = 135 American nursing students across 24 schools) comparing the differences in perception of academic and clinical integrity and level of moral development between the students in their first and final clinical semester of studies, and [Krueger's \(2014\)](#) quantitative study (n = 336 American nursing students in two colleges) examining sociodemographic and situational conditions affecting the students' engagement in and attitudes towards academic dishonesty. Additionally, [Kay et al.'s \(2022\)](#) quantitative study (n = 143 Israeli students) found no general relationship between dishonesty and academic year or age, although fourth-year students did report being less honest on work-based presentations in clinical settings.

3.1.1.2. Gender. Some studies found gender differences in academic dishonesty; however, the results varied. [Theart and Smit's \(2012\)](#) quantitative study (n = 550 South African pre-registration nursing students) found that "males were more likely to cheat than females". [Keçeci et al.'s \(2011\)](#) quantitative study (n = 196 Turkish undergraduate nursing students) also found that males generally had a greater tendency to cheat despite the low sample representation (12.8 % or n = 25). Later, [Kiekkas et al.'s \(2020\)](#) quantitative study (n = 660 Greek undergraduate students) with a similar sample representation for males (14.4 % or n = 94) found that female students rated specific reasons for dishonest behaviours during examinations significantly higher than males, including the absence of severe consequences, the use of Proctorios and achieving high grades.

Similarly, [Macale et al.'s \(2017\)](#) reported that males favoured certain behaviours, such as falsifying certificates of presence, whilst females favoured others, such as giving answers to a colleague in an exam. [Krueger \(2014\)](#) found significant differences between genders in American nursing students' attitudes towards academic dishonesty in both the classroom and clinical settings. [Tayaben's \(2014\)](#) quantitative study (n = 36 Filipino levels three and four e-learning nursing students) found that female students were most likely to cheat in an e-learning nursing course. [Rafati et al.'s \(2020\)](#) study in Iran found that female students were more likely to practise clinical dishonesty. However, [Basler \(2012\)](#) found no statistically significant difference in academic and clinical integrity perceptions between American male and female nursing students.

3.1.1.3. Ethnicity. Two studies in the United States of America considered ethnicity. [Basler \(2012\)](#) reported no statistically significant difference in the relationship between Caucasian and non-Caucasian students' ethnicity and perceptions of academic and clinical integrity, although 91.1 % were Caucasian. [Krueger \(2014\)](#) found ethnicity status demonstrated significant differences in attitudes towards the ethical nature of academic dishonesty in the classroom setting and clinical setting but provided limited elaboration on this finding.

3.1.1.4. Religion. The findings concerning religion as a variable influencing academic dishonesty varied. [Balik et al. \(2010, p. 561\)](#) found that "religiously observant respondents rated the false reporting of treatment data as less ethical than non-observant respondents did" amongst Israeli nursing students (n = 228). However, [Khalaila \(2015\)](#), in another study in Israel, did not find a relationship between religiosity and academic dishonesty in nursing students (n = 158). Using open-ended questions to collect nursing students' narrative responses (n = 50) at an Indian college, [Rani et al. \(2019\)](#) found that fear of God, obedience to God, and pleasing God were some of the factors that influenced them to maintain academic integrity.

[Eberle \(2018\)](#) found that for seven out of 17 respondents, religion did not play a role in academic dishonesty, but some others felt that being religious would make students less inclined to academic dishonesty for fear of "being judged by God" (p. 96).

3.1.1.5. Students' year level. Various findings existed regarding the year level. [Krueger \(2014, p. 83\)](#) found significant differences in the frequency of classroom and clinical dishonesty according to "semester in program" but did not provide the details of this finding. [Lee et al.'s \(2017\)](#) quantitative study (n = 217 South Korean nursing students in three universities) found that senior students' awareness of academic misconduct was significantly lower than that of junior students and that they engaged in academic misconduct more frequently than juniors. [Tayaben \(2014\)](#) found that senior nursing students reported cheating more often. [Lovrić and Žvanut \(2022\)](#) also noted that the incidence of dishonest behaviour increased with each year of study in Bachelor of Science nursing programmes.

[Rafati et al. \(2020\)](#) similarly reported significant differences in reported clinical dishonesty "between the second- and fourth-year students ($p = 0.003$) and the third- and fourth-year students ($p = 0.001$)" (p. 3). The authors explained that the highest frequency of clinical dishonesty reported by fourth-year students was associated with "their more frequent presence in the clinical setting, more workload, and less supervision by instructors" (p. 3).

Conversely, [Kiekkas et al. \(2020, p. 6\)](#) reported that "junior students are more prone to opportunistic cheating than senior ones". The study by [Khalaila \(2015\)](#) found no differences between programmes and the number of years to the degree.

[Keçeci et al. \(2011\)](#) discovered a possible relationship between types of dishonesty and year levels. For example, third-year students showed a greater tendency towards dishonesty in conducting and reporting research, whilst first-year students displayed more likelihood of dishonesty in using references.

3.1.1.6. Grade point average. [Krueger \(2014\)](#) found that the Grade Point Average was significantly correlated with students' attitudes towards academic dishonesty. [Kiekkas et al. \(2020\)](#) found that high-achieving students regarded "the fact that achieving high grades is what matters in my studies" (p. 5) as a more important reason for cheating, compared with low-achieving students. However, a survey by [Park et al. \(2013\)](#) did not find the Grade Point Average to be a significant reason for cheating, and neither was age, gender, religion, or motive for choosing a nursing major.

3.1.2. Personal attributes

Personal attributes include morality, personal beliefs and values, rationalisation, stress, consequences, and personality. The findings suggested there were significant correlations between personal attributes and academic dishonesty.

3.1.2.1. Morality, personal beliefs, and values. In a doctoral thesis, [Hoffpauir \(2015\)](#) used a qualitative approach to explore the perception of academic integrity of seven online nursing students (n = 7) in America. They regarded academic integrity as being honest, doing academic work independently, and adhering to personal moral values

such as faith-based attributes, belief in honesty, and professional nursing standards and ethics, and their own conscience. Krueger (2014, p. 81) reported a significant negative correlation between student commitment to integrity and frequency of engagement in the classroom ($r = -0.21, p < 0.001$) and clinical dishonesty ($r = -0.12, p = 0.03$), which means the stronger commitment, the weaker engagement in dishonesty.

Park et al. (2013) reported that compared with people who followed academic integrity guidelines, students who did not follow the guidelines perceived their dishonest behaviour as much less severe because they held less ethically stringent attitudes towards academic dishonesty, and they believed that detection was unlikely.

3.1.2.2. Rationalisation (or neutralisations). Rationalisations were a topic of interest, being referred to as justifications and excuses for deviant behaviour (Maruna and Copes, 2005). McClung and Schneider (2018) found significant correlations between frequencies of dishonest behaviours (17 out of 21 variables) (e.g., anti-whistle blower, exam cheating, recycling, shortcutting, receiving credit for little contribution to group work) and tendencies to rationalise those behaviours.

When Wideman (2011) asked Canadian nursing students ($n = 11$) about the meaning of academic dishonesty, the participants tended to neutralise it by saying, "It's just the way we do it." "Everyone hates references and using APA." "It wasn't stated on the syllabus." "Not sure if it is cheating or not." "Professors were asking for it." "Even good people can do bad things." "They can't kick me out because I'm paying for it." (p. 34). Wideman explained that neutralisation, or deflecting blame, is a process of legitimising dishonest behaviour.

Willey's (2022) quantitative thesis ($n = 450$ American baccalaureate nursing students) examined students' knowledge and attitudes towards academic integrity and perceptions of the severity of the violation of academic integrity and also found that those who neutralised their actions did not perceive cheating as a severe problem.

3.1.2.3. Stress. Stress was reported as related to reputation, grade, time pressure and fear of failure. Eleven studies suggested stress as a major factor influencing academic dishonesty. Park et al. (2013) reported that the desire for higher grades, lack of time or motivation, aiming for a better job, and the belief that "everybody does it" were significant reasons for cheating. Rani et al. (2019, pp. 53–54) found the most common factors contributing to academic dishonesty were "lack of time, laziness to prepare for tests, fear of failure and punishments, lack of interest, and inadequate supervision or vigilance during the tests".

Three recently completed qualitative studies also supported stress as a key factor in academic misconduct. Eberle (2018) showed that students tended to commit academic misconduct if they experienced stress, desperation for passing the class or gaining a grade, time constraints, or a high volume of work. Participants in Brothers' (2020) study agreed that they could engage in academic dishonesty because of lack of time, stress, fear of failing, fear of wasting money, and a low risk of detection. They saw cheating as a faster way to get desired results and, "improve their grades" and make "themselves look better" (p. 69). Szydlo (2022) found that the participants considered stress due to shortage of time, lack of knowledge and preparation, pressure to get good grades, intimidation, and fear of making errors, as the main reasons for participating in clinical dishonest behaviours.

3.1.2.4. Consequences. Studies reported that awareness of the consequences of academic misconduct could prevent students from acting dishonestly. In Birks et al.'s (2018) study, approximately 90 % of the participants ($n = 361$) reported that the threat of severe punishment would deter them from cheating, and 75 % indicated that a requirement to sign a statement verifying that they had not cheated would also prevent them from cheating. In the study by Khalaila (2015) 92.4 % of the participants reported that strict policy with severe penalties could prevent them from engaging in academic dishonesty. The most compelling

predictor of engagement in academic dishonesty was the students' fear of dropping out from nursing programmes.

Tayaben (2014) found that the reasons for not cheating in an e-learning course were punishment and the perception of wrongdoing. Meanwhile, Kiekkas et al. (2020) found that the absence of severe consequences for cheating could promote students' academic dishonesty. Rafati et al. (2020) found that the frequency of dishonest behaviours was inversely correlated with the perceived severity of being unethical ($r = -0.40, p < 0.001$). The findings suggested that the students' perception of the seriousness of unethical behaviours increased, the frequency of their dishonest behaviours decreased.

3.1.2.5. Personality. Personal characteristics, such as selfishness, dishonesty, laziness or unduly caring, were reported to influence academic dishonesty. Rani et al. (2019) found that laziness in preparing for tests was one of the more common contributing factors to examination cheating. In Eberle's (2018) qualitative thesis, 14 of the 17 participants thought that negative personality traits, such as being selfish or dishonest, being reactive instead of proactive, or being impulsive and not serious about their studies, could lead vulnerable students to cheat. The other three participants believed that personality played no role because any 'desperate' student could engage in academic dishonesty.

Wideman (2011) reported that nursing students' caring traits could influence their attitude towards academic dishonesty by transferring the concept of caring from nursing situations to their fellow students and, consequently, commonly assisting fellow at-risk students. The thought was, "How can one stand by and watch a fellow student fail?" (p. 36). Caring and sharing were not considered cheating amongst these nursing students.

3.1.3. Knowledge

The two types of knowledge were identified to be associated with academic misconduct, namely knowledge of referencing and policies on academic dishonesty.

3.1.3.1. Referencing. Burlington's (2020) qualitative thesis ($n = 10$ Canadian nursing students) found that the students had deficient knowledge of APA referencing, thus contributing to plagiarism. Greenwood et al.'s (2014) quantitative study ($n = 244$ postgraduate students in an Australian university) found that 97 % of the participants believed that referencing was important. Their poor referencing was primarily caused by a deficit of skills, not inappropriate attitudes. The top three reasons reported for not referencing correctly were difficulty referencing Internet sources, losing track of where the information came from, and never being taught how to reference properly. Szydlo (2022) found the lack of knowledge in citations contributed to classroom academic misconduct such as plagiarism.

3.1.3.2. Policy knowledge. Aplin-Snyder et al.'s (2021) quantitative study ($n = 58$ American master's and doctor of nursing students) reported that participants felt that such measures as an honour code, test integrity, and webcam proctoring were sufficient to prevent students from cheating. However, Wideman (2011) found that participants lacked an understanding of academic dishonesty and its implications, even though the policy was available in the course materials. Willey (2022, p. 75) suggested that "implementing an honour code and providing students with more education regarding academic integrity on matriculation may help increase perceptions of faculty support as well as the willingness to report peer violations". However, in Khalaila's (2015) survey of 158 Israeli students, 87.3 % of the participants knew their institution's policy on academic dishonesty, but 44 % had nonetheless practised one or more dishonest behaviours. Szydlo (2022) also found the lack of understanding of what may be regarded as dishonesty or a form of misconduct contributed to dishonest activities during their studies. The participants explained, "it seems like the line is blurred and people don't really

know where the line is ..." "Sometimes it was unclear in my mind whether this was truly dishonest or not" (p. 119).

3.1.4. Perception of dishonesty

Perception of dishonesty encompasses awareness of and attitudes about dishonesty, views on its types and prevalence, and views on any correlation between academic misconduct and clinical dishonesty.

3.1.4.1. Awareness and attitudes. Balik et al.'s (2010) quantitative study (n = 228 Israeli nursing students across five undergraduate and post-graduate programmes) considered some form of academic dishonesty to be normal and acceptable. Whilst about 75 % of them thought it was unethical to purchase papers from an expert, 70 % of them thought it acceptable to obtain completed papers from more advanced students or the Internet. Similarly, Szydło's (2022) qualitative thesis (n = 11 American nursing students) reported that some students did not perceive helping others in examinations or assignments as misconduct.

Lee et al.'s (2017) quantitative study found a significant correlation between awareness and behaviour of academic misconduct ($r = 0.742, p < 0.001$) in a sample of 217 South Korean students (p. 4). The greater the awareness of what constitutes academic misconduct, the less the engagement in academic misconduct.

Miron's (2018) quantitative thesis (n = 339 Canadian third- and fourth-year nursing students) identified predictors of clinical dishonesty amongst those senior nursing students. They found that attitude, regarded as a person's overall evaluation of a behaviour, was the strongest predictor, followed by Subjective Norm, i.e., the pressure to engage in or abstain from a behaviour, and then Perceived Behavioural Control, referred to as the perceived power to engage in a behaviour. The results indicated students with stronger positive attitudes about integrity would be more likely to adhere to academic integrity in their clinical practice and vice versa.

In a mixed-method study, Woith et al. (2012) reported that American pre-licensure nursing students (n = 55) realised that academic integrity was crucial to professional nursing practice. For example, one participant stated, "I think it's really important because our careers are a life-death situation. You don't want a nurse that cheated his or her way through nursing school to be taking care of you" (p. 257).

3.1.4.2. Types and prevalence. Park et al.'s (2013) quantitative study (n = 655 South Korean nursing students) found that 48.7 % (n = 319) and 76.8 % (n = 503) self-reported engaging in at least one cheating behaviour across exams and assignments, respectively, during one semester. The most common exam cheating behaviour was "Studied exam questions collected from old exams without the instructor's knowledge" (37 %), and the most prevalent assignment cheating behaviour was "Provided your paper to another student although you know he/she would copy it" (44 %) (p. 348).

Conversely, Kay et al.'s (2022) quantitative study (n = 143 Israeli nursing students) found that cheating on exams was the least frequent of all the forms, whilst enabling others to cheat was the most frequent.

Dishonesty in referencing was regarded as the most common form of academic misconduct, according to Keçeci et al. (2011). In a later study, Kiekkas et al. (2020) found that examination-related cheating was also common, e.g., requesting information from other students and the unauthorised use of textbooks or notes. According to Tayabeh (2014), the most common form of cheating in an online or e-learning context was paraphrasing a sentence from a source without a citation.

In a survey of nursing students (n = 179) in an Australian post-registration programme offered in a Southeast Asian country, Bloomfield et al. (2021) reported that 44.1 % were involved in at least one form of academic dishonesty. Most participants (97.5 %) stated that academic dishonesty should be considered professional misconduct because it has "implications on patient outcomes and safety" (p. 6).

Birks et al.'s (2018) quantitative study (n = 361 Australian nursing students) found that 45.5 % of the students engaged in one form of

academic or professional (or clinical) misconduct. The authors referred to academic misconduct as plagiarism, improper use, planned cheating and spontaneous cheating. Students reported engaging in plagiarism more than any other type of misconduct. The professional misconduct was described in terms of nine dishonest behaviours in clinical practice. Participants revealed their two most common forms of professional misconduct were "discussed clients in public places or with nonmedical personnel" and "reported or recorded treatments that were not performed or observed" (p. 99).

Rani et al.'s (2019) qualitative study (n = 50 Indian nursing students) found that dishonest behaviours could occur in both classroom and clinical settings. The common types of classroom dishonesty were copying assignments or exams, plagiarism, and "helping friends during tests". Clinical dishonesty included "documenting without giving care" and "faking patient details in assignments and care studies" (p. 53).

Theart and Smit's (2012) quantitative study (n = 550 South African pre-registration nursing students) reported that 88 % of the respondents committed at least one of the surveyed dishonest acts, the most common being plagiarism (60 %), whilst 34 % admitted dishonesty in completing practical records.

With regard to types of clinical dishonesty, Park et al.'s (2014) mixed-method study (n = 354 South Korean undergraduate nursing students in five nursing schools) found that unethical behaviours reported by nursing students included discussing patients' information in public places or with nonmedical staff (40.9 %), recording inaccurate vital sign measurements (39.2 %), falsifying patient data (26.1 %), using hospital supplies or medicines for themselves (22.3 %), recording patient responses to treatments that were not assessed (5.8 %), and recording medications as administered when they were not (1.7 %). Similarly, Eberle's (2018) qualitative thesis (n = 17 American nursing students) noted the two commonly reported dishonest behaviours were documentation of patient vital signs without taking them and copying the previous nurse's patient assessment entry.

Eberle (2018) reported that nursing students regarded clinical dishonesty as more serious than academic misconduct because patient care was involved, and that academically dishonest students would continue to behave dishonestly in the clinical setting. Szydło (2022) reported that 100 % of participants (n = 11) were aware that dishonesty in clinical settings could lead to patient harm, and 91 % (n = 10) perceived that dishonesty in the classroom could potentially cause patient harm in the clinical environment.

3.1.4.3. Correlation between academic and clinical dishonesty. Ten studies found a significant correlation between academic and clinical dishonesty. In Krueger's (2014) quantitative study (n = 336 American associate degree nursing students), 64.7 % of the participants self-reported engaging in academic dishonesty in the classroom and 54 % in the clinical environment. There was a significant relationship between academic dishonesty in classroom and academic dishonesty in clinical settings ($r = 0.42, p < 0.001$) (p. 79).

Rafati et al.'s (2020) quantitative study (n = 395 Iranian students in four universities) found that observing academic dishonesty in the previous semester was positively related ($r = 0.53, p < 0.01$) to engaging in academic dishonesty in the last semester, weakly related ($r = 0.31, p < 0.01$) to perceived clinical stress, and inversely related to perceived unethical severity ($r = -0.203, p < 0.01$) (p. 6).

The positive relationship between academic and clinical dishonesty in undergraduate students was also supported by Basler (2012), Bloomfield et al. (2021), Park et al. (2014), McClung and Schneider (2018), and Willey (2022).

Three studies involving participants from postgraduate cohorts also identified a correlation between academic and clinical dishonesty. Lovrić and Žvanut's (2022) quantitative study (n = 446 Croatian nursing students, including 150 Master of Science students) noted that 91.3 % of the participants committed dishonest behaviour on two or more occasions in the classroom, and 32.5 % did so in a clinical setting in the

previous semester. The study found “a statistically significant, positive, moderate correlation” between the mean of dishonesty behaviour in all subscales for the classroom setting and the clinical setting ($r_s = 0.393$; $p < 0.001$) (p. 1363). The Mann–Whitney U test showed no statistically significant difference between the undergraduate and postgraduate students in the overall mean score of classroom and clinical cheating.

Maoz et al.'s (2022) quantitative study consisted of a sample of 343 Israeli students, including postgraduate students ($n = 127$), baccalaureate students ($n = 110$) and nursing professional retraining students ($n = 106$). The results revealed that 41 % of the participants reported being academically dishonest, and 11 % admitted being clinically dishonest. The three most common types of academic dishonesty reported were plagiarism, signing for another student, and copying during an exam. The three most frequent clinical dishonest behaviours were breach of patient confidentiality, not reporting sterility violations, and reporting assessment findings and interventions that had not been performed. A significant relationship was found between dishonesty behaviours in academic and clinical studies ($\chi^2 = 34.752$; $p < 0.0001$) (p. 3). It is worth noting that there were no significant differences in all variables in the three programmes.

Klainberg et al.'s (2014) quantitative study ($n = 166$ American postgraduate students, all registered nurses who were enrolled in four master's degree nursing courses) found a significant relationship between perceived academic misconduct (e.g., cheating on exams, plagiarising papers) as undergraduate students and perceived unethical behaviours (e.g., not reporting an incident, charting treatments not performed) as nurses in the workplace.

3.2. Interpersonal factors

The second theme - interpersonal factors, includes three sub-themes: peers, educators, and others.

3.2.1. Peers

Studies found that acceptance of peer behaviour and peer pressure influenced academic misconduct (Eberle, 2018; Park et al., 2013, 2014; Rani et al., 2019; Woith et al., 2012). For example, according to Eberle's (2018), all 17 participants admitted that peers played “a really large role” in academic dishonesty. One participant explained, “when peers are engaging in academic dishonesty, and they are getting away with it, why shouldn't we try it?” (pp. 115–116). Theart and Smit (2012) found 71 % of the respondents ($n = 550$) indicated that “the fear of losing status among peers would cause them to engage in cheating behaviours” (p. 5). On the other hand, Rani et al. (2019) recognised the positive aspect of peer influence, that good friends and peers would help uphold academic integrity. However, reporting peers' dishonest behaviour could be tricky, as Willey (2022) found that students would not want to report peers' violations of academic integrity if they were aware of the severity of the punishment.

Park et al. (2013, 2014) agreed that one of the significant predictors of cheating in both exams and assignments was the prevalence of peer cheating. Krueger (2014) found a significant positive relationship between peer behaviour and reported engagement in academic dishonesty: “as peer behaviour in dishonesty increases, student engagement in academic dishonesty increases” (p. 81).

3.2.2. Educators

Devine et al.'s (2021) qualitative study ($n = 19$) found that academic staff inaccessibility to students and carelessness about student learning and overall academic success were some of the barriers to academic integrity. Regarding clinical integrity, the obstacles were related to the behaviours of the nurse and instructor, e.g., ineffective communication, unprofessional conduct, and cultures lacking integrity. Park et al. (2014) identified additional barriers from the faculty members, including their exaggerated expectations of students. Similarly, Kiekkas et al.

(2020) pointed out that educators' unrealistic demands and unfair treatment of students could encourage academic dishonesty.

George's (2014) qualitative thesis explored the perceptions of plagiarism amongst Nigerian students ($n = 17$) in the United States of America. It was concluded that Nigerian students needed educators' support to transition to the new academic world because Nigerian students found expectations regarding plagiarism in American universities to be strict and challenging. The study found that using a culturally sensitive approach and offering leniency would help the transition. Burlington (2020) also found that teachers' tactics would reduce plagiarism.

3.2.3. Others

Other factors, such as moral support from family members or up-bringing by parents, would positively impact student academic integrity (Park et al., 2013, 2014; Rani et al., 2019). On the other hand, certain patients were reluctant to be cared for by students, which might influence students' unethical clinical behaviour, according to Park et al.'s (2014) mixed-method study findings.

3.3. External factors

The third theme - external factors, encompasses institutional issues and technology influences.

3.3.1. Institutional issues

Students perceived that the time and workload required to complete assignments or examinations by faculties may contribute to their academic dishonesty (Eberle, 2018; George, 2014; Park et al., 2013; Rani et al., 2019; Szydlo, 2022; Wideman, 2011). On the other hand, some measures provided by faculties were reported to be effective in preventing dishonesty, such as the provision of academic-misconduct education and training (Brothers, 2020), strict vigilance during examinations (Kiekkas et al., 2020; Rani et al., 2019), and faculty support of academic integrity policies and discussions that encouraged students' willingness to report peer misconduct (Willey, 2022).

The online or face-to-face learning mode was also a variable to be considered. Burlington (2020) found that online students had a knowledge deficit in referencing, leading to additional frustrations. Meanwhile, Hart and Morgan (2010) found that traditional classroom students had a significantly higher level of cheating than online students for certain collaborative cheating behaviours, such as “helping someone else cheat on a test” for both participants 40 years and younger and those 41 years and older and “working on an assignment with others... when the instructor asked for individual work”; the difference was statistically significant (p. 502).

3.3.2. Technology influences

Technology influences were highlighted in four qualitative studies (Brothers, 2020; Eberle, 2018; George, 2014; Wideman, 2011) and one quantitative study (Aplin-Snyder et al., 2021). According to Eberle (2018), participants saw technology played a big role in their participation in academic dishonesty. For example, one participant said, “it definitely makes it a lot easier to cheat because everything is at your fingertips.” (p. 93). Other participants believed that students with knowledge of technology could unblock specific internet sites they were not allowed to access. Wideman (2011) reported that students used their “superior” technical skills to hinder the efforts made by academics to ensure a secure exam environment. The students pointed out that “a faculty member who was not skilled in the use of technology was open to high levels of academic dishonesty” and “when faculty members would try to put in place controls using technology, students would quickly and easily find ways around the barrier” (p. 35). Using plagiarism-detection software such as Turnitin was perceived as an inhibitor to academic misconduct (Brothers, 2020; George, 2014). Online proctoring of exams was regarded as an adequate measure to detect cheating in online exams (Aplin-Snyder et al., 2021).

3.3.3. Financial factors

Financial costs or tuition fees were perceived as a facilitator of academic dishonesty: some students felt it burdensome to pay the additional tuition fee in case of failure (Eberle, 2018, p. 92). Upon reflecting on the reasons for participating in dishonest behaviour, some participants stated, “they are scared that they are going to fail and they wasted all the money for nothing” (Brothers, 2020, p. 69). “Having to pay back their bursary when they fail” was recognised as one of the contextual influences on cheating behaviours by 64 % of the respondents ($n = 550$) (Theart and Smit, 2012, p. 5).

Wideman (2011), in her qualitative study, observed that the financial implications of failing a course could be significant for students because they “may have to wait a year before that course is offered again, putting them behind their cohort” (p. 35). This, in turn, would increase the students’ stress. To reduce the stress, students would develop coping strategies; one of them was to engage in academic dishonesty, such as “sharing papers, assignments, quizzes, answers and reflective notes in an effort to assist each other through the program” (p. 35).

4. Discussion and implications

4.1. The factors contributing to academic dishonesty

The scoping review systematically examined evidence from 27 peer-reviewed articles and nine doctoral theses to identify intrapersonal, interpersonal, and external factors influencing nursing students’ academic dishonesty.

Intrapersonal factors such as age, gender, ethnicity, religion, or study level do not account for academic dishonesty. Significant factors that contribute to academic misconduct include stress, fear of failing, time pressures, reputation, grades, rationalisation or making excuses, laziness, selfishness, not caring, poor knowledge of referencing, and lack of understanding of academic regulations and policies, whereas students with a solid commitment to integrity are less likely to engage in academic dishonesty. These findings indicate the importance of understanding the context in which students’ study and the varied pressures in their lives. Fear of negative consequences speaks to the relevance of clear repercussions for undesired behaviour, but they are also a simplistic and limited strategy to address academic and clinical dishonesty.

There is no clear consensus amongst researchers about the attributes of a nursing student who cheats or what to do about it. There is, however, a clear consensus and significant correlation between academic misconduct and clinical dishonesty. Furthermore, “clinical dishonesty may become a recurring pattern of professional behavior and affect patient health and safety” (Rafati et al., 2020, p. 7). The correlation has inherent concerns with ethical, legal, professional, and financial penalties (Carter et al., 2019). The consequences of clinical dishonesty could be detrimental not only to patients but also to nursing students or nurses and the clinical facility, including accusations of professional misconduct, job dismissal, removal of licensure, and copyright infringement (Smith, 2016). Thus, it is in the best interests of nursing students to be educated regarding the impact of ethical behaviours on patient care and safety. In addition, students need to be trained to manage their clinical placement-related stresses effectively to ensure their well-being. Since students who show clinical dishonesty may continue to perform such behaviours when they become registered nurses, clinical facilitators and ward nursing managers should be sensitive and respond to clinical dishonesty with early interventions.

Of interpersonal factors, peer behaviour is a frequently reported factor in whether a nursing student intends to cheat. If they believe their peers are cheating, they are more likely to do so as well. At the same time, the literature reveals that if academic staff uphold academic honesty and are committed to detecting and deterring it and applying penalties, including severe ones, this plays a crucial role in reducing cheating. Faculty and administrators need to be aware of the impact of peer influence and take steps to create a student-driven culture that is

unaccepting of academic dishonesty on campus. To expect students to “police” and report each other’s academic dishonesty is unrealistic. To the extent students become aware of academic dishonesty amongst their peers, they may be encouraged to counsel their fellow students about it.

With regard to external factors, students given heavy study loads or unrealistic expectations by lecturers are at risk of finding shortcuts or cheating. One study found that online students engaged in academic dishonesty less frequently than face-to-face students due to their high motivation to learn independently. This goes against the assumption of increased academic dishonesty in online programmes, but there appears to be no other evidence to back this up. Meanwhile, exam settings with strict vigilance limit cheating opportunities. Technology and internet availability have made everything more accessible, which has increased academic misconduct, but it has also assisted in detecting plagiarism via such platforms as Turnitin. Institutions cannot stop students from using technology such as ChatGPT for information and learning. Still, they should use technology to design authentic and innovative assessments that promote critical thinking and real-life application and minimise academic dishonesty. Financial costs of failing a unit of study and economic pressures to complete degrees quickly also influence academic dishonesty. More focus on supporting students to succeed academically could help reduce fail rates and unwanted financial burdens.

4.2. Implications for research and practice

Research into the association between demographic characteristics and academic dishonesty is inconclusive, possibly due to the limited number of studies investigating it. In contrast, the studies reviewed found that a stressful or pressured study or life experience was a major contributor to academic dishonesty. This is worthy of consideration by educational institutions when developing curricula and mapping out assessments amongst the subjects offered in the same period.

The review highlights the importance of communication strategies to inform students at all levels of study about institutional policies, expectations, the consequences of academic dishonesty, and the relevance of this to their academic and clinical work. This is a straightforward and relatively simple strategy that can be implemented or continued in the academy.

The most alarming aspect of the review was the correlation between academic and clinical dishonesty. In a practical discipline, such as nursing, this highlights the importance of students fully understanding and being able to select ethical behaviour. Yet, as the many contributing factors indicate, this is far from simple.

It is worth noting that there is limited research on risk behaviour traits associated with academic dishonesty, as well as the consequences and long-term impact of academic dishonesty on individuals, institutions, and society. This scoping review included only one study that examined academic dishonesty issues amongst international students despite the multitude of challenges they encounter, such as socio-cultural, economic and academic issues.

4.3. Strengths and limitations

This scoping review systematically examined both peer-reviewed and doctoral theses. Compared to other recent systematic reviews of a similar topic, for example, Fadlalmola et al.’s (2022) meta-analysis of 31 quantitative studies about plagiarism amongst nursing students, our review covers more qualitative findings. We also used a narrative analysis approach to synthesise the evidence that has provided richer insights into nursing students’ perceptions of academic dishonesty and the factors contributing to academic dishonesty. A gap in the literature is that there are not enough qualitative studies in the area, and thus, there has not been enough in-depth research to understand academic dishonesty in the complex context of students’ studying experiences and lives.

This review focused on factors contributing to academic dishonesty, and not on interventions. This may be a limitation to readers who are interested in finding solutions to academic dishonesty. Another potential limitation is that the population of the studies were nursing students, which may limit generalisability.

We also found limited studies from Asian countries in the search period. Since there may be studies published in other languages, reviewing English language journals alone could have resulted in a publication bias.

Since the publications covered in this review were from 2010 to October 2022, they could not deal with such recent advances in artificial intelligence as ChatGPT, which may increasingly become important factors in academic dishonesty in the future.

5. Conclusion

This scoping review has identified several contributing factors that influence academic dishonesty in nursing students, such as stress, interpersonal pressure, peer behaviour and lack of knowledge. A significant correlation found between academic misconduct and clinical dishonesty has raised serious concerns about integrity, ethics, patient safety and the reputation of universities, healthcare providers and health professionals.

The findings of the scoping review are intended to help institutions develop strategies to address student dishonesty. Understanding the students' situation, allocating realistic workloads, and developing clear policies about expectations and consequences of academic dishonesty are important. It is necessary to provide ongoing academic integrity education, including proper referencing to all levels of students, promoting a positive culture where peers are encouraged to support ethical standards. Redesigning assessment strategies regularly to enable authentic assessments or real-life applications, and developing opportunities to use technology such as ChatGPT as learning tools rather than instruments for plagiarism or cheating could be valuable.

It is imperative that universities tackle the progression from academic misconduct to clinical dishonesty for nursing students by developing robust strategies focusing on ethical behaviour, integrity, and professional accountability throughout nursing education.

We recommend that future studies consider using more qualitative or mixed-method approaches to enhance the robustness of research outcomes to help gain a more comprehensive understanding of students' academic dishonesty, a globally recognised phenomenon. Whilst quantitative data offer statistical analysis and trends, qualitative data are essential for the provision of depth, context, and intricate insights. Furthermore, international nursing students make up a large portion of the enrolment in higher education. They contribute significantly to the diversity and richness of nursing profession. Further research on academic dishonesty in this demographic is warranted.

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All authors declare that there are no conflicts of interest in relation to this scoping review.

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