

East African Medical Journal Vol. 96 No. 7 July 2019

## WHY MEDICAL STUDENTS ENGAGE IN ACADEMIC DISHONESTY AND THEIR VIEWS ON ITS EFFECTS ON THEM AND THE PROFESSION

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## WHY MEDICAL STUDENTS ENGAGE IN ACADEMIC DISHONESTY AND THEIR VIEWS ON ITS EFFECTS ON THEM AND THE PROFESSION

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### ABSTRACT

**Background:** Academic dishonesty in its various forms is common in institutions of learning the world over. The magnitude in Kenyan medical schools, reasons for it and its effects have not been adequately explored. This study established reasons why medical students in a Kenyan medical school engaged in academic dishonesty and what they thought the effects are on them and the medical profession.

**Objective:** To establish reasons for engaging in academic dishonesty and the perceived effects on medical students and the medical profession.

**Design:** Cross sectional study using self-administered questionnaire.

**Setting:** The School of Medicine, College of Health Sciences, Moi University, Eldoret-Kenya.

**Subjects:** One hundred and fifty-six students in their clinical years of study.

**Results:** Two thirds of the respondents stated that academic dishonesty was because the society practiced dishonesty as a way of life, a quarter believed it gave them an edge over their competitors while the rest either complied with their lecturers' demands or engaged in it to avoid being disadvantaged. Majority of the students said that academic dishonesty led to disrepute to medical schools, dishonest doctors and dangerous medical practices.

**Conclusion:** Medical students engage in academic dishonesty because of society's acceptance of dishonesty, to better their grades and to comply with extraneous expectations.

## INTRODUCTION

Academic dishonesty is any formal activity that gives the learner undue advantage over others (1). It can be the students' falsification of attendance, copying of examinations, having others do assignments for them, plagiarism, use of proscribed materials or corrupting established systems to get better grades. It can also be due to the teachers' involvement through biased assessments, leaking of examinations or other forms of favouritism. It is common in learning institutions right from basic to graduate studies (2).

While it is known that academic dishonesty is an offshoot of human dishonesty and studies have been done to gauge its extent in varied institutions, the students' perspectives on reasons they do it and their views on its effects have not been adequately explored. It is even less so where future doctors are the subjects. It is possible that, like the rest, medical students who practice academic dishonesty end up dysfunctional doctors (3) but this has not been studied in our setting.

This paper identifies reasons medical students engage in academic dishonesty and their views on the effects of this vice on themselves, the institutions of higher learning and the medical profession.

## MATERIAL AND METHODS

Medical training in Kenya is a six-year basic degree. The first three years are basic science based while the last three are clinically oriented in training.

Students in the three clinical years of study anonymously filled a 20-item self-

administered questionnaire. The questionnaire captured the demographic data and the views of the students on various aspects of academic dishonesty. Their responses were ranked in a Likert scale of six levels ranging from strongly agree to strongly disagree.

Collected data was transcribed into a spread sheet, checked for completeness and then entered into a computer, cleaned and then analyzed using Statistical Package for Social Sciences (SPSS) version 21. Discrete data was summarized in frequencies, percentages and ratios while continuous data was by range, mean and standard deviation. Inferential statistics were considered statistically significant at an alpha of  $p \leq 0.05$ . The results are presented in prose and tables.

## RESULTS

One hundred and fifty-six students returned the duly filled questionnaire giving a response rate of 91.2 %. The male to female ratio was 1.3:1 with age range of 21 to 34 years and a mean  $\pm$  standard deviation of 24.1  $\pm$  1.8 years. The definition of academic dishonesty as any form of activity in a formal academic setting that gives undue advantage to those involved was agreed on by 96.9% of the respondents while 2.5% were unsure of it; leaving a tiny proportion of 0.6% that differed with the definition.

All students, irrespective of whether they confessed to participating in academic dishonesty or not, were asked why they thought academic dishonesty prevailed in the school. Table 1 below shows their responses:

**Table 1***Reasons for engaging in academic dishonesty*

Reasons for academic dishonesty	Frequency	percentage
Accepted by society	104	66.7
To better one's grades	39	25.0
Not to be disadvantaged	9	5.8
Comply with lecturers' demands	4	2.5
<b>TOTAL</b>	<b>156</b>	<b>100.0</b>

Two thirds of the respondents indicated that the society has accepted academic dishonesty as part of the dishonest ways of life and that this forms the basis for its being practiced in the medical school. A quarter believed that by engaging in academic dishonesty, they were in a good state for the competition after medical school due to the better grades. The remaining were passive in the engagement, either complying with the lecturers' demands or joining the rest in the

vice so as not to be disadvantaged. The lecturers' demands included pay for marks or sexual harassment for the same favours.

The effects of academic dishonesty were considered by the majority of the students to be a precursor for dishonesty in other aspects of life in future (79.5%), produce dishonest doctors (84%) and lead to dangerous medical practices (67.3%). Table 2 below show the distribution of views in the respective years of study:

**Table 2***Students' views on the effects of academic dishonesty*

Effects of Academic Dishonesty	4 <sup>th</sup> year	5 <sup>th</sup> year	6 <sup>th</sup> year	P value
<b>Future Dishonest Person</b>				
Agree	34	54	36	0.001
Unsure	7	6	9	
Disagree	1	7	2	
<b>Dishonest Doctors</b>				
Agree	36	52	43	0.003
Unsure	5	9	4	
Disagree	1	6	0	
<b>Dangerous Medical Practice</b>				
Agree	26	44	35	0.017
Unsure	13	17	11	
Disagree	3	6	1	

The proportion of students who agreed to the three effects of academic dishonesty was statistically significant across all the classes and overall, as shown above. This statistical significance was strongest in the understanding that academic dishonesty would make people dishonest in their future lives and weakest in the possibility of dangerous practice of medicine.

The majority agreed that academic dishonesty brings disrepute to the institutions in which it is practiced (91.7%) and lowers the quality of graduates from those institutions (82.1%).

When it was suggested that there is a need to eliminate academic dishonesty in the medical school, the students' views were as depicted in table 3 below.

**Table 3***Students' views on the need to eliminate academic dishonesty*

Year of study	Strongly agree	agree	Somehow agree	Somehow disagree	Disagree	Strongly disagree	Total
4 <sup>th</sup>	24	12	2	1	1	2	42
5 <sup>th</sup>	46	11	1	3	0	6	67
6 <sup>th</sup>	42	5	0	0	0	0	47
<b>Total</b>	<b>112</b>	<b>28</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>156</b>

The finalists (6<sup>th</sup> year) were unanimously agreed on the need to eliminate academic dishonesty while the fifth-year students were the least inclined to have the practice abolished. Overall, 89.8% of the students agreed on the need to eliminate academic dishonesty in the school while 5.7% disagreed.

### DISCUSSION

Academic dishonesty is understood to be endemic in institutions of higher learning (1), but research on its extent in medical schools has been limited. Doctors are considered noble people who are expected to be ethical in their training and practice, but it is also known that all people are human in their basic behaviour (2). This can be shown by the students' divergence of opinion even on the definition of academic dishonesty in this study. The 3.1% that could not agree to the definition could possibly fit in the suggestion by Sattler and colleagues that people engaged in vices are unlikely to agree to a strict definition, leaving room for ambiguity and self-cleansing of guilt (3).

Two thirds of these medical students blamed their engaging in academic dishonesty on the societal rot that makes it acceptable. The society has a great impact on how we see things; we are what we have been forced by circumstances to live. Fass postulated that scandals in the real world make students believe dishonesty is an acceptable method for achieving success in contemporary society (2). They feel nothing about cheating since it is fashionable, doable

and prevalent. Carpenter and colleagues opined that we should not expect to raise upright children while engaging in crooked ways since they definitely choose to copy us (4).

Academic dishonesty affects every aspect of teaching, learning, knowledge acquisition and application of skills. It makes sense that the students expect academic dishonesty to affect them both as people and professionals. That it will lead to dishonest people, dishonest doctors and be a danger to medical practice is in keeping with the findings by McCabe and colleagues that academic dishonesty blunts innovativeness, critical thinking and pursuit of academic excellence while promoting mediocrity and the easy way out of challenges (5). A people used to dishonesty, especially those who consider it a way of outcompeting others, will obviously carry this mark of dishonesty into their personal and professional lives. Akaranga and Ongong determined that students who exercise academic dishonesty end up being a threat to the profession as attested by structurally defective engineering works and medical negligence due to incompetence (6). Noni and Swift established that students who engage in and justify academic dishonesty end up leading a life of dishonesty such as fraud and theft at the workplace (7).

The proportion of respondents who thought that dishonesty will lead to dishonest doctors (84%) was higher than that of those who thought that it would lead to dangerous medical practices (67.3%). This might be an introspection and neutralization

of guilt by those involved in academic dishonesty, convincing themselves that this vice will yield no greater harm than if they conformed to rules and procedures.

Majority of these students stated that academic dishonesty affects the reputation of the institution (91.7%) and the quality of graduates (82.1%). These findings are similar to what studies by McCabe et al (5) and Hardy and Burch (8) established; that academic dishonesty leads to graduates of same grades but different levels of competences. This rouses doubts in employers, thus affecting the reputation of the institution. Hardy and Burch also found out that a greater extent of dishonesty led to a lower quality of the average graduate.

This study found out that the junior clinical years are keener on participating in academic dishonesty and some even wish that nothing is done to curb the activity. This is in keeping with findings by Bushway and Nash that those with lower actual school achievement cheat more (9) while Jude found that older students, females and students with higher academic achievement are less likely to cheat (10). The 5.7% out rightly against elimination of academic dishonesty are most likely hardcore beneficiaries of the vice. They are likely to remain the bane of society camouflaged as medical doctors.

### CONCLUSION

Medical students engage in academic dishonesty due to societal acceptance of dishonesty as a way of life, to better their academic performance so as to enhance professional prospects and to comply with extraneous issues like fitting in or meeting lecturers' demands. The effects of academic dishonesty include disrepute to medical schools, dishonest doctors and dangerous medical practices.

### RECOMMENDATION

Medical schools need to be alert to academic dishonesty among their students and limit it as much as practically possible for the practice has detrimental effects on the institutions, the students and the medical profession.

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