

**The University of Greenwich**

**School of Education**

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**An exploration of Plagiarism: The Perceptions of Senior Nurses in  
the Context of Professionalism and Patient Care**

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## **ABSTRACT**

The incidence of plagiarism in higher education has increased over the decades as assessment strategies widened and moved away from pure examinations (Ober, Simon, Scott and Elson, 2013). This has repercussions especially in nursing, where nurses are required to be honest and have professional integrity. This study examines senior nurses' perception of plagiarism and its impact on professionalism and patient care. Plagiarism is associated in the minds of most nurses with the demands of academia, rather than their professional practice. This study has shown that far from plagiarism being restricted to cutting and pasting text into an assignment from the Internet without referencing, it is in fact intentional and may involve the falsification and copyright of assignments, practice documents and competencies and observation charts in the professional context. The implications of this are serious, leading to unprofessional behaviour that could potentially lead to putting the patient at risk.

This two stage qualitative constructivist enquiry was carried out using questionnaires and semi-structured interviews. Sixty eight participants (nurses band 7 and above) completed the questionnaires, the findings of which were used to inform the semi-structured interviews with nine individuals representative of each of the professional groups of nurses who completed the questionnaire.

The respondents strongly felt that it was unprofessional to plagiarise and bring the profession into disrepute. However, most nurses could not see past the academic-practice divide, believing that plagiarism was restricted to universities. There was a divided opinion as to whether plagiarism in practice was a matter that should be referred to the Nursing and Midwifery (NMC) Fitness to Practise Panel and whether an individual involved could be deemed an unsafe practitioner. Opinions were influenced by the extent of plagiarism involved and a lack of understanding of the professional and ethical implications.

This study has shown that there is a wide academic–practice divide, which needs to be addressed both in pre-registration through study skills and the use of OSCEs (Objective Structured Clinical Examination) in assessment and post registration training. Nurses need to understand that what they learn in the classroom is directly related to what they do in practice and that plagiarism can compromise patient safety. To plagiarise an essay is unethical and unprofessional; to falsify results on an observation chart or copy the notes written by the nurse on the previous shift is potentially dangerous and could cause harm to a patient contravening the principles of beneficence and non-maleficence.

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Many thanks to you all,  
Sue Szczepanska  
December 2013

Love Life, Love Myself, Love Others, and Love Learning  
(Anon)

## **Glossary**

### **Competency Document**

A document completed by all new nurses, to the Trust for which I work, comprising documents that cover competency, such as oral drugs, intravenous drugs, tracheotomy care, Glasgow Coma Score, etc. Completion of specific competency documents is dependent on where one works in the Trust. Once the competency document has been completed, it will be assessed by the clinical educator. If passed, the member of staff is deemed to be competent in the theory, which then needs to be assessed practically.

### **Practice Document**

The document is given to a nurse as part of a course, such as the Intensive care course or Neuroscience one. Within this document, a nurse has to be signed off as being competent in a certain skill or be able to discuss competently a certain condition and treatment.

### **Intentional Plagiarism**

- Passing off as one's own pre-written papers from the Internet or other sources;
- Copying an essay or article from the Internet, on-line sources, or an electronic database, without quoting or giving credit;
- Cutting and pasting from more than one source to create a paper without quoting or giving credit;
- Borrowing words or ideas from other students or sources without giving credit.

### **Unintentional Plagiarism**

- Paraphrasing poorly: changing a few words without changing the sentence structure of the original, or changing the sentence structure but not the words;
- Quoting poorly: putting quotation marks around part of a quotation but not around all of it, or putting quotation marks around a passage that is partly paraphrased and partly quoted;
- Citing poorly: omitting an occasional citation or citing inaccurately.

## **Types of Plagiarism**

### **Plagiarism of Words**

The use of another person's exact words without citing the author

### **Plagiarism of Structure**

- Paraphrasing another person's words by changing sentence construction or word choice with citation
- Paraphrasing while maintaining original sentence construction without acknowledging the source

### **Plagiarism of Ideas**

Presenting another person's ideas as one's own without giving the original person credit, or submitting a paper without (or incorrectly) citing another person's ideas

### **Plagiarism of Authorship**

Submitting a replication of another person's work or submitting a paper that was downloaded from the Internet or from a friend and passing it off as one's own

### **Plagiarism of Self**

The use of previous work for a separate assignment without referencing properly

### **Nursing and Midwifery Council (NMC)**

The NMC are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

The role of the NMC is as follows:

- Safeguarding the health and wellbeing of the public;
- Setting standards of education, training, conduct and performance, so that nurses and midwives can deliver high quality healthcare consistently throughout their careers;
- Ensuring that nurses and midwives keep their skills and knowledge up to date, as well as upholding our professional standards;

- Having clear and transparent processes to investigate nurses and midwives who fall short of our standards.

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## **Chapter 1: INTRODUCTION**

### **1.1- Background**

Attitudes towards plagiarism in the university sector have dramatically changed over the past twenty years. During the 1990s, in the United Kingdom, issues of student plagiarism were addressed by telling students that plagiarism was inappropriate and should not occur. Although institutional policies were drafted prior to the year 2000, according to Stefani and Carroll (2001), they were only designed to deal with relatively straightforward situations. They often did not define what plagiarism really was and what, if any, sanctions would occur if a student plagiarised. It was only after the year 2000 that plagiarism was taken more seriously, as the prevalence of detected plagiarism increased (Park, 2003; Logue, 2004). Plagiarism applies to unreferenced work that belongs to someone else, whether it takes the form of words, graphs, research data or images. Acts of plagiarism include paraphrasing without crediting the source, using 'blanket' references, 'second-generation' references and duplicate or repetitive publication of one's own published work (Skandalakis, 2009). Plagiarism also covers several issues, such as copyright infringement and fraud, falsified data or fabricated work, such as reports of laboratory or practical work submitted as part or whole of an assignment or an assignment paper (Skandalakis, 2009).

The theft of someone's words or thoughts – plagiarism – has been a concern in health literature (Arhin and Jones, 2009; Kenny, 2007). When incidents of plagiarism in nursing are examined, the concept of intentionality is critical: was what took place, intentional or unintentional? Intentional plagiarism is what most people would think of as plagiarism – 'copying' and unintentional plagiarism is when mistakes are made as a result of lack of understanding or poor referencing or writing skills. However, the plagiarism of competency documents is an issue of particular concern, as these are essential documents covering a

selection of documents that nurses complete when they are new to the Trust. These include oral and intravenous drug competencies, cannulation and venepuncture competency documentation and tracheotomy competencies. Plagiarism may involve information which has been copied from prior entries on observation charts, where a nurse has not carried out a full set of observations on a patient, or when a Glasgow Coma Scale test is carried out on a patient by copying part of a previous entry. This also includes documenting a patient's notes at the end of the shift by copying from previous entries and having them signed off as being a correct recollection of what happened during that shift with the patient.

Practice documents include documents used by post-registration nurses who are on placement-based courses, such as the Neuroscience Course, where the nurse has to be signed off as competent in certain aspects of their practice whilst on placement in different clinical areas within the hospital. The person signing off the document has to provide written evidence in addition to signing the document. If the documentation was found to be falsified, this would still fall under the narrative of plagiarism, and the consequences for the nurse would be grave in that they would most likely be referred to the Nursing and Midwifery Council (NMC) 'Fitness to Practise' Panel.

### **1.2 – Arriving at this Study**

As a senior nurse for a large Trust in London, I have always been interested in the incidence of plagiarism in post-registration nursing and its potential impact on clinical practice. I found it frustrating that some nurses could advance through their career whilst plagiarising. Within my current role as the lead nurse for education within the hospital, I am asked by nurses on post-registration courses to read their written work to check the quality of

written English and analysis. On occasions, it is obvious that some of their work had been plagiarised because there were often different styles of writing within one piece of work. When challenged on this, most would explain this unintentional plagiarism, as they did not understand they were actually plagiarising. Some overseas nurses have reported to me that they had been taught to copy from books and had not been told that doing so within a course at university was plagiarism. Other nurses reported that although they had been taught to write essays, the issues of plagiarism was not made clear.

My discussion with senior nurses revealed that plagiarism was something that nurses did not really think about unless they were undertaking a university course. Furthermore, although they were aware that it appeared to be something that may have been mentioned at the beginning of a lecture for a module or course, the consequences were never discussed and it appeared to be low on their list of priorities—a fact that is of particular concern. In light of this, it was important to investigate the perceptions of senior nurses of plagiarism and the degree to which they had considered the impact it might have on clinical practice.

### **1.3 - Theoretical Positioning of the Study**

The Theory of Reasoned Action (TRA), developed by Martin Fishbein and Icek Ajzen (1980), was derived from research that started out as the Theory of Attitude and led to the study of attitude and behaviour. TRA aims to explain how and when people will undertake certain behaviours with three key elements: prediction of behavioural intention; predictions of attitude and predictions of behaviour. This is pertinent to plagiarism, because if the action is intentional, the implication is that the person has made a conscious decision to engage in the action. They will weigh up the consequence of being caught and the

potential outcome and use this reasoning and experience to decide whether to repeat the action on another occasion. The probability is that if the student plagiarises and is not caught, their behaviour will be reinforced and potentially they may do it again. Thus, the consequences of a student plagiarising will be weighed up in relation to getting caught. Plagiarising does not mean that a student will pass, but their perception is that it will help them pass (Fishbein and Ajzen, 1980). If a student plagiarises and the punishment is limited, under this theory, the student is likely to consider plagiarising as their 'action', which if discovered, is likely to result in an insignificant punishment.

Conversely, an individual's decision to act may be affected by subjective norms, which are determined by the individual's beliefs as to what he/she is expected to do, what should be done in a given situation, or generally the context and the individual's motivation to comply. If the nurse identifies that they have the necessary 'personal resources' to carry out their intentions, namely knowledge (how they perceive plagiarising without getting caught); the skills (where to get the information); the ability (confidence in their ability); the experience (have plagiarised in previous assignments), they feel they are capable of performing (plagiarising) competently, then they believe that plagiarising is easy for them to do, and are consequently more likely to engage in the behaviour.

While nurses may have an individual attitude towards behaviours, such as plagiarism, this does not necessarily predict their behaviour. Normative pressure affects intentions to perform behaviours. Dwyer and Mosel-Williams (2002) found that nurses model their behaviour in response to the expectations of their peers, managers, nursing students and the general public.

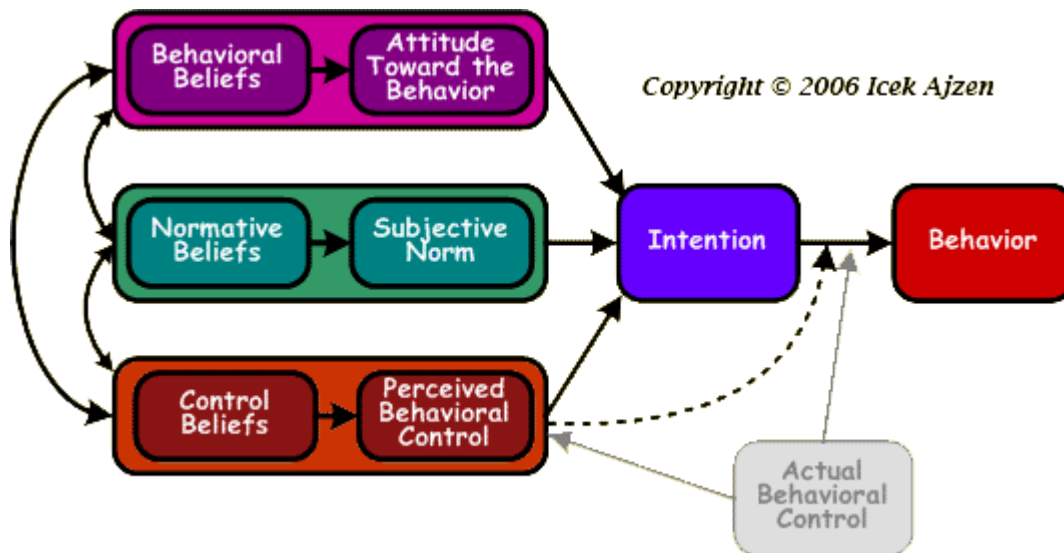
If a student has a good working relationship with their lecturer, they are less likely to plagiarise, as they do not want to upset the lecturer for whom they have respect (Fishbein

and Ajzen, 1980). The determining factor for whether a given behaviour would be performed is dependent upon intention, such as the intention to pass. This may be influenced by a range of personal, intellectual and other variables, including dishonesty. Intention is assumed to be a function of our beliefs and attitudes, such as not being concerned about getting caught. A given behaviour may result in positive outcomes, such as that plagiarising could allow the student to pass the essay. The dependent variable, that is behaviour intention, is determined by attitudes and subjective norms. The more positive these factors are, the more likely it is that the individual will perform this behaviour. Attitudes are determined by the beliefs held by the individual concerning the potential outcome.

If the behaviour is plagiarism, the behavioural intention will be the intent to cheat to pass, and then to move on. The attitude will be that of 'I will not get caught and if I do, the punishment will not be severe'. The subjective norm will be that the student does not care what other people, such as family and lecturers think. If these variables are all in place, then according to the Theory of Reasoned Action, the student is likely to plagiarise.

The theory suggests that early acquired behaviours that are positively reinforced are likely to be continued, therefore where a student plagiarises, these behaviours may continue throughout periods of academic study, without unpinning theory to support practice on the ward (Kenny, 2007). The Theory of Reasoned Action has been applied in a range of health-related contexts in research, such as assessing in the prediction of students' binge drinking (Ross and Jackson, 2013); nurses' behaviour regarding CPR (Dwyer and Mosel William, 2002) and morphine administration by paramedics (Weber, Dwyer and Mummery, 2012). Given that attitudes and subjective norms predict intentions in a significant manner, and that

intentions generally correlate with behaviour, this theory can be applied in many different situation where behaviour is addressed, whether in health care or not.



**Figure 1.1 : Ajzen - Theory of Reasoned Action (2006)**

#### **1.4 – Original Contribution**

There is a paucity of research dealing with plagiarism amongst post-registration nurses, in comparison to the wealth of literature relating to pre-registration nursing students (Kenny, 2007). There are senior nurses who have been at the top of their profession for many years, without enhancing their continuing professional development, through post-registration courses (Arhin and Jones, 2009). However, all nurses are required to undertake 30 hours of continued professional development every three years, but this does not have to be part of a formally assessed credit-rated academic course in an HEI (The PREP Handbook, NMC, 2001). Nurses who have not recently completed academic study may be unlikely to understand the concept and seriousness of plagiarism.

According to the NMC Guidance on professional conduct (NMC, 2011a), the NMC is in place to safeguard the health and wellbeing of all patients. With the registration of all nurses and midwives, the NMC sets the principles for education and practice, as well as gives guidance to professionals. The NMC needs to show the public that nurses and midwives on the register are fit to practice and can deal with those that aren't in a swift and professional manner. According to the NMC (2011b), being fit to practice as a nurse means that all nurses have the skills, knowledge, good health and good character to carry out their job safely and effectively. Plagiarism means that a nurse may not have the knowledge and good character to carry out their job according to NMC guidelines (NMC, 2011b).

Plagiarism carried out by a post-registration nurse is a dishonest action, as it could potentially put a patient at risk and bring the profession into disrepute. Patients who are in the care of a nurse must be able to trust that nurse with their health and wellbeing and justify that trust in a nurse who is 'open and honest and upholds the reputation of the profession' (NMC, 2008).

The relationship between plagiarism and professional misconduct is one that has not been investigated at any level within the UK (Harper, 2006). The literature identifies areas of unethical practice, such as medication errors, competence issues, inaccurate documentation and inappropriate behaviour (Roberts and Ousey, 2011).

The NMC guidelines (NMC, 2011a) suggest that plagiarism has an impact both on nurses' knowledge and character, resulting in concerns that an individual does not either have the knowledge or the character to carry out their job. According to the NMC Fitness to Practise Panel (2014), the action of plagiarism constitutes gross misconduct on the grounds of unprofessional behaviour, bringing the Trust into disrepute with dishonest behaviour. The allegations of gross misconduct, in relation to plagiarism, breach the NMC's Code: Standards



of Conduct, Performance and Ethics for Nurses and Midwives (2008). According to the NMC Fitness to Practise, the important issue is the need to have regard for the public interest. The primary concern is the protection of patients and also the wider public interest maintaining the public confidence in the profession (NMC, Fitness to Practise, 2014). Plagiarism is tantamount to academic theft. If undetected, these acts of dishonesty could infer that an individual's academic ability was beyond that perceived by tutors and could potentially enhance their professional standing and earning capacity (NMC, Fitness to Practise, 2011).

It is proposed that there is an implicit acknowledgement of plagiarism, within the professional code of conduct, illustrated by standards 35, 38, 39, 40 and 61 of the Code. Table 1.2 examines the impact on practice, in relation to each of the standards where a nurse has plagiarised.

**Table 1.2: Plagiarism in relation to the NMC Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008)**

<b>Standard Ref: NMC Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008)</b>	<b>Descriptor</b>	<b>Impact on practice where a nurse has plagiarised</b>
35 (2008:6)	You must deliver care, based on the best available evidence or best practice.	This cannot be done if a nurse has plagiarised, as they are unlikely to have accessed or retained the best available information.
38 (2008:6)	You must have the knowledge and skills for safe and effective practice.	The nurse may not have the knowledge to carry out the skills for effective practice.
39 (2008:6)	You must recognise	The nurse may not know the limits of their

	and work within the limits of your competence	competence if they have plagiarised or they may imply to colleagues that they are better at a procedure or task than they really are, to ensure other health professionals do not uncover their lack of knowledge.
40 (2008:6)	You must keep your knowledge and skills up to date	Although nurses may attend pre-requisite courses to update their skills, knowledge and experiences offered during training, these will be compromised if they have plagiarised. The consequence is that nurses will be unable to apply any new knowledge to existing practice.
61 (2008:7)	You must be honest, act with integrity and uphold the reputation of the profession at all times.	Plagiarism undermines honesty, since through their actions, nurses demonstrate that they are unable to act with integrity and therefore unable to uphold the reputation of the profession.

The relationship between professionalism and impairment was addressed in the fifth Shipman Report (Smith, 2005). It was stated that impairment could result in health professionals putting patients at unwarranted risk of harm and additionally impairment to the ethics of nurses and their code of conduct could occur, as a result of a dishonest act which had occurred in the past, or was likely to influence future action.

Patients that are in the care of a nurse must be able to trust that nurse with their health and wellbeing and to justify that trust in a nurse who is 'open and honest and uphold the reputation of the profession' (NMC, 2008).

### **1.5 – Research Question**

This investigation sets out to examine whether senior nurses feel plagiarism exists in nursing and the degree to which these senior nurses, within a large National Health Service Trust in central London, understand the concept of plagiarism and whether this understanding can have an impact on their professionalism and practice.

**The Central Research Question Framing the Research Was:**

**RQ: How do senior nurses perceive plagiarism in the context of professionalism and patient care?**

The following review of literature examines forms of plagiarism and the impact on the nursing profession and patient safety.

## **Chapter 2: LITERATURE REVIEW**

### **2.1 – Structure**

The literature search involved searching the following databases: SciVerse Science Direct, Cochrane, CINAHL, Swetswise and Medline, using keywords such as plagiarism and nursing, plagiarism and professionalism, plagiarism and patient harm and the prevention of plagiarism. An examination of the emergent literature gave rise to four key themes, which will provide the structure to the literature review. These were as follows:

2.2 – Overview of the Literature

2.3 – Plagiarism and Professionalism

2.4 – Why Do Students Plagiarise?

2.5 – Strategies for the Prevention of Plagiarism

### **2.2 – Overview of the Literature**

This section examines the literature surrounding plagiarism by undergraduate and postgraduate students, focusing on nursing students specifically, to identify emergent themes and the rigor of the research undertaken. It was discovered that there had been an extensive body of research on plagiarism within undergraduate study in all courses, including nursing (Semple, Kenkre and Achilles, 2004, Tadd, 1995, Kenkre and Semple, 2003 and Huch, 2002) but little on post-graduate nursing study (Ashworth, Bannister and Thorpe, 1997). Additionally, there is been a number of books written on the subject of plagiarism, such as ‘Stolen Word: The classic book of plagiarism’ (Mallon, 2001) and ‘Oscar Wilde’s Plagiarism: The triumph of art over ego’ (Tufesco, 2007), and over 20 books written on plagiarism, in relation to study skills books, such as ‘The complete Guide to Referencing and Avoiding Plagiarism’ (Neville, 2010) and ‘How to Cite, Reference and Avoid Plagiarism in

University' (McMillan and Weyers, 2012). With the amount of literature that has been written about plagiarism and how to avoid plagiarism and referencing, there really is no reason why a student should plagiarise. However, an area that needs further examination is whether students actually use existing guidance to help prevent them from plagiarising in written assignments at pre and post registration programmes.

### **2.3 - Plagiarism and Professionalism**

Arhin and Jones (2009) examined the issue of plagiarism among nursing students, in comparison with undergraduates on other courses. The notion that nursing was perceived to be an honest profession with high academic standards and high ethical standing was of particular interest to them, with the presumption that academic dishonesty in this field would be 'different' in some way from that of other undergraduate courses. What was found, however, was that nursing students engage in academically dishonest behaviours that they do not perceive as such. The study consequently explored the perceptions and attitudes of academic dishonesty in undergraduate students to determine whether undergraduate nursing students' perceptions of plagiarism were different from undergraduate students in other disciplines. This research was interesting, as it suggested that students' attitudes towards cheating could potentially be influenced by today's societal values. Other important results of the study showed there were clear differences, such as that a low percentage of nursing students thought accessing hidden notes during an examination was dishonest and that this behaviour was normalised by students feeling they were just using an available resource. Some of the nursing students also felt that making up results for a laboratory exercise was not academically dishonest; neither was asking a fellow student during an exam for instructions. Student nurses had problems recognising academic

dishonesty; fewer than 50% of the students sampled thought 6 out of the 12 scenarios were dishonest, in comparison with the other disciplines of criminal justice and social work that had a higher percentage of students recognising academic dishonesty in the scenarios in the study.

The issue of academic dishonesty is critical for professionals, such as nurses because it seems to mirror the growing concerns around ethical problems in the professional world and its potential impact on future professional practice (Nonis and Swift, 2001). Nonis and Swift (2001) stressed that a very important professional factor for nursing students is the need for meticulous adherence to the Nursing and Midwifery Guidance on Professional Conduct for Nursing and Midwifery Students (2008). Integrity, professionalism and accountability should be concepts that are embedded in nursing curricula and reflected in student nurses' behaviour and practice, and where plagiarism is actively discouraged throughout their training because it is considered unprofessional.

The consequence of a nurse engaging in an act of plagiarism and the potential lack of knowledge and professional understanding could result in the individual being a real danger in practice. The behaviour of such an individual is contrary to what is written and agreed to in the NMC Code of Conduct (2008), where a nurse must be open and honest, act with integrity and uphold the reputation of the profession at all times. As a professional, a nurse is personally accountable for all their actions and omissions in their practice, and must always be able to justify any decisions made. Failure to comply with this code may bring their fitness to practice into question and compromise their registration. A nurse who plagiarises can be described as not acting honestly, with integrity or upholding the reputation of the profession, by engaging in an act that involves cheating, stealing or an unprofessional behaviour. Being a professional requires adherence to the Code of

Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008). The code is the foundation of good nursing and midwifery practice, and is a key tool in safeguarding the health and wellbeing of the public (Woogara, 2012).

If a nurse plagiarises, they would be accountable for their acts and omissions and they would have to justify their cheating, in relation to the Code of Conduct (2008).

Failing to adhere to the code may lead to a registered nurse being removed from the register, so it is vital that registered nurses gain a good understanding of what is expected of them in relation to academic work. It is important that nurses understand they are entering a profession that carries with it a great privilege and responsibility, so they should feel proud of the profession that they have entered and ensure they uphold the values and standards expected in both theory and practice (Woogara, 2012).

According to Logue (2004), many registered nurses are now seeking to enhance their knowledge by continuing their education to first and Master's degree level. Additionally, the Agenda for Change (Department of Health, 1999) has placed more pressure onto qualified nurses to study for higher qualifications. Under the Agenda for Change (NHS Employers, 2013), as staff successfully develop their skills and knowledge, they progress in annual increments up to the maximum of their pay band. At two defined "gateway points" on each pay band, pay progression is based on their demonstrating the applied knowledge and skills for that job. For a nurse to move up a pay band (depending on the Trust they work for), further qualifications may be required. Within the Trust where this research was carried out, in order to progress from a band 6 to a band 7, a registered nurse should be either in the process of completing a Master's degree programme or have completed one (NHS Employers, 2013). The underlying concern is that some nurses may feel compelled to

plagiarise, in order to manage and balance academic work, professional responsibilities and work and the resulting personal pressure (Burnard, 2002).

The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC, 2008) clearly states that nurses must be trustworthy and emphasise the requirement of upholding the reputation of the profession. Plagiarising in any form could therefore be considered an infringement of the code in that a nurse could be seen as being dishonest and even guilty of theft. This theft is unlikely to be punished by the professional body but more likely to incur sanctions by the university. Price (2003) states that if the nurse is reported to the NMC for plagiarism, the case is not pursued due to lack of evidence.

When a case is brought before the NMC Fitness to Practise Panel, the Investigating Committee must consider whether there is sufficient evidence in support of the facts alleged and if those facts could result in finding that the person's fitness to practise is impaired. A consideration of whether the event/s is likely to amount to impairment of a registrant's fitness to practise is different from considering if the evidence supports a complainant's account of an incident or event. It could be the case that an Investigating Committee panel find that a single incident may not amount to a likelihood of impairment to their fitness to practise (NMC Fitness to Practise, 2012).

As part of maintaining their professional registration, nurses are required to complete 35 hours Continuing Professional Development (CPD), complimented by 450 hours of clinical practice (PREP). Failure to comply can result in a nurse losing their registration. Issues occur where a nurse attends a specialist module and plagiarises their assignment. Even though the assignment is plagiarised, they may still demonstrate the skills required in clinical practice. The inability to demonstrate the underpinning theoretical knowledge in practice compromises competency and suggests that the nurse is in breach of the NMC Code (2008).



Kenny (2007) observes that if a nurse is considered competent to carry out clinical skills, they would be expected to facilitate other staff, including students, in developing the skill. This raises a number of professional issues, particularly in terms of accountability. When student nurses are in placement, they are actively involved in real-life clinical situations where they will learn to demonstrate clinical reasoning skills; demonstrate competence in real work-related tasks and see the application of theory into practice. The widespread use of the Internet by a high proportion of nurses in education means that the increase in academic dishonesty has been an unanticipated outcome of its use (Kenny, 2007). Faucher and Caves (2009) suggest that plagiarism is also an outcome of curriculum design and change of assessment mode with continuous assessment replacing the reliance on examinations. Technology seems to have made it easier to plagiarise, whether intentional or unintentional. The seeming acceptance of this prevalent behaviour has significant implications for the nursing profession as a whole, because plagiarism could be a precursor of professional misconduct in practice (Harper, 2006). It is therefore very important that the nursing profession takes note that plagiarism occurs, whilst acknowledging that the ethical stance of the profession includes education, clinical practice, as well as research (Harper, 2006).

The search for literature relating to academic dishonesty and professional dishonesty reveals very little published literature on the subject. Nonis and Swift (2001) evaluated the extension of academic misconduct into the workplace, by surveying 1051 undergraduate and graduate business students in six universities in the USA, who had held part or full-time jobs. Their hypothesis that cheating in college was transferred to cheating at work was 'supported'. In a survey of 130 engineering students within the USA Harding *et al* (2004), it was found that academic misconduct was a positive predictor of dishonesty in the

workplace. This research was based on asking the participants their thoughts on different types of behaviours. Analysis of the data revealed common elements in the decision making process about dishonesty in school, which continued on into the workplace.

Qualitative research conducted in the 1980s demonstrated a correlation between academic dishonesty in nursing students within the USA and their inclination to engage in unethical behaviour in the clinical setting (Hilbert, 1985). In a survey of 101 nursing students in their final months at nursing school, a positive association was found between academic dishonesty and unethical clinical practice. The academic dishonesty included plagiarism and the unethical clinical practice involved stealing, lying, discussing patients, where they could be overheard and falsifying observation charts and documentation of patients.

There was no published evidence of academic misconduct in practice where plagiarism was identified, but there was a fair amount of academic literature relating to academic misconduct. However, the studies emerged mainly from the USA, which raises concerns about the UK context and whether this arises out of unfamiliarity or a failure to acknowledge its prevalence. Huch (2002) described her experiences of being a lecturer who witnessed students plagiarising from both pre-registration and post-registration nurses in the USA. These nurses who had to re-write assessments, due to plagiarism, saw it as nothing more than an annoyance, which they moaned about having to do without comprehending the seriousness of the offence, seeing it as a mere or minor inconvenience. Huch (2002) goes on to state that plagiarism had become so prevalent that students were sometimes offended when confronted with their wrongdoing.

According to Laduke (2013), the delivery of care is 'severely compromised' if nurses are seen by others as unethical people. Fortunately, within the United States, nursing is seen as the most trustworthy profession and has had this image since 2002, as having the highest levels

of integrity and ethical standards. Within this research nurses are more trusted than other professionals, such as firemen, policemen or doctors.

Tadd (1995) suggested, over a decade ago, that universities were reluctant to admit that there was a problem within their institutions when students were caught plagiarising. It was also stated that they prefer to keep plagiarism as a low-key affair. Tadd (1995) also stated that it was important that the nursing profession came down heavily on students who were caught plagiarising, especially as they were the nurses of the future.

Fostering and developing professional identity in today's healthcare environment is embedded in the notion of professionalism in nursing. The fundamentals of professionalism are the antecedents of self-awareness, personal values, professional and ethical values, nursing social contract, communication skills and knowledge and a high level of integrity. When professionalism is optimally functioning, it can be measured by competence, patient focus, clear and accurate communication, critical thinking, accountability, responsibility, caring; advocacy, lifelong learning and teaching (TVCC, 2014a). When these attributes are achieved, positive outcomes occur, such as continuity of care, continual professional growth, an active stance in professional organization and safe patient environment (TVCC, 2014a). When professionalism is compromised, the following negative outcomes may occur: unsafe patient care; loss of professional registration; criminal and civil law consequences, and violation of the NMC Code of Conduct (2008). The key concepts of diversity, communication, evidence-based practice, leadership and management, teamwork/collaboration, ethical and legal precepts, safety and clinical judgment may influence professionalism, either positively or negatively, depending on their level of functioning. When professionalism is optimally functioning, it can be measured by competence, patient-focused, clear and accurate communication, critical thinking,

accountability, responsibility, lifelong learning, caring, advocacy and teaching. Negative consequences that occur due to a lack of professionalism require the review of the resultant practices to identify the ones that need strengthening to assist in meeting the required attribute standard (TVCC, 2014a). However, plagiarism may have a more complex impact in that it may have a direct effect on several areas at once, which may be more difficult to address.

Fig. 2.1 addresses the four principles of professionalism, namely: care of people; working with others; high standard of practice and being open, honest and upholding the reputation of the profession.

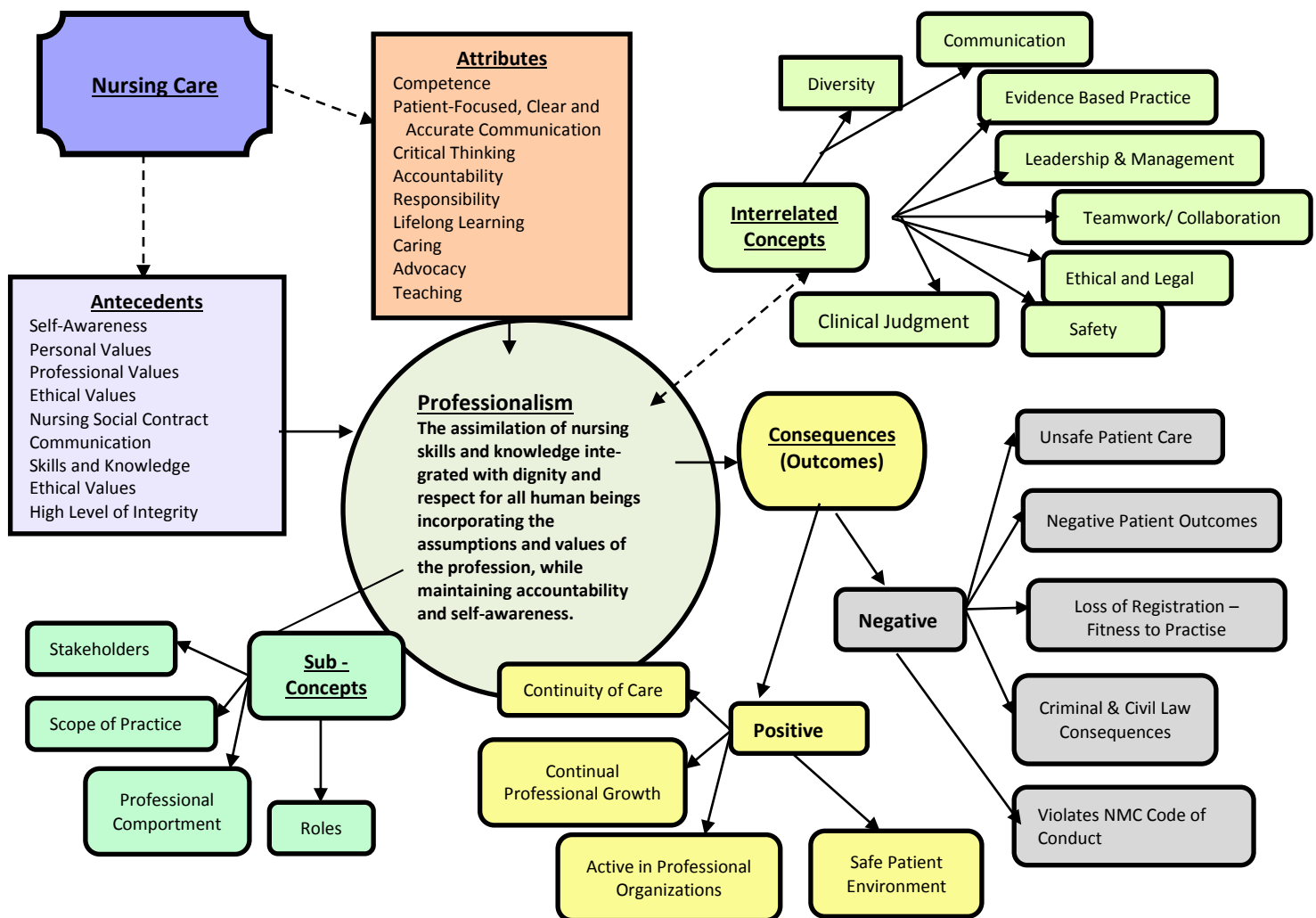


Figure 2.1 – The Four Principles of Professionalism (TVCC 2014:4b)

The four principles of professionalism according to the NMC Code of Conduct (2008) are as follows:

- Make the care of people your first concern and treat them as individuals and respect their dignity;
- Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community;
- Provide a high standard of practice and care at all times;
- Be open and honest, act with integrity and uphold the reputation of your profession.

The application of professionalism in the context of plagiarism, and to this study, relates to ensuring that the respondents understand the concept of professionalism as a fundamental concept before being able to relate it to plagiarism and the potential consequences on practice.

### **2.3.1 – Academic Dishonesty and Unethical Clinical Behaviour**

When a nurse plagiarises, it is classed as unethical behaviour, whether it occurs in the classroom or the clinical setting. Effort to reduce academic dishonesty may help dispel unethical clinical actions. Research conducted in the 1980s demonstrated a connection between academic dishonesty in nursing students and their propensity to engage in unethical behaviours in the clinical setting (Hilbert, 1985). Hilbert (1988) went on to find a positive association between academic dishonesty and unethical clinical actions, such as taking hospital property, lying about being sick, discussing patients at inappropriate locations, falsifying documentation and reporting for duty under the influence of alcohol or drugs. Much has been written on issues surrounding professional misconduct, such as medication errors, sleeping on duty and other issues, such as lack of competence or lack of documentation (Roberts and Ousey, 2011; Brown, 2002). However, no research has been

carried out on post-registration nurses plagiarising. This may be an issue of ignorance or even a failure to acknowledge its prevalence. Nevertheless, this cannot be substantiated, as there is no supporting research.

Nurses are governed by the Nursing and Midwifery Council (NMC) and The Code: Standards of Conduct, Performance & Ethics for Nurses and Midwives (2008), which states that nurses must act in a professional manner at all times and uphold the reputation of the profession. Kenny (2007) argues that if plagiarism is intentional, it is an issue of misconduct and has no place at any level of nurse education, because it is clearly not upholding the reputation of nursing or instilling confidence with patients and relatives.

Faucher and Caves (2009) felt that the strength of character, needed to resist the temptation of plagiarism, had weakened with the current generation and this led Julie Hughes, Director of Guelph's Teaching Support Services to say the following:

I think plagiarism is reflective of a boarder societal attitude in which character and integrity just don't seem to matter as much as those characteristics did at one time. If the worse that's going to happen to them is they're going to get docked some marks, from the student's cost-benefit perspective, we've got to change that metric (Guilli, Kohler and Patriquin, 2007:33)

Faucher and Caves (2009) addressed a number of contributing factors relating to academic dishonesty, including emphasis on perfection in the healthcare agenda with changing generations having a much lower baseline of ethical standards; the ambition to succeed no matter the cost; financial and time impact of failing a course and psychological rationalisation to justify the act. With the average age of a student nurse being in the late 20s (in the USA), there are also likely to be family commitments, which could impact on available time, in terms of writing and submitting assignments (Faucher and Cave, 2009). This is also applicable to post-registration nurses attending modules and submitting

assignments with family commitments and dealing with the shift variation working in a full-time job. The average age for a nursing student within the UK is 30, according to the Royal College of Nursing (RCN) that go on to state that older students are more likely to have mortgages and childcare responsibilities. These are not easily combined with night shifts and dissertations, which could lead to unprofessional behaviour in academic study (RCN, 2003). Harper (2006) states that acceptance of plagiarism has tremendous implications for the nursing profession. If academic misconduct is a precursor of professional misconduct as the literature suggests (Harper, 2006; Roberts and Ousey, 2011), then it is imperative that the nursing profession takes immediate action to ensure that the ethical fabric of the profession is maintained and that it involves other aspects of the profession including education, practice and research.

Qualitative research carried out by Bailey (2001) found that contextual factors, such as peer behaviour and penalties are more significant than individual factors in the decision to engage in plagiarism. Therefore, if a student were in a group of students who considered or engaged in plagiarism and the penalties were not particularly strict, a student might be influenced by their peers to consider the consequences of their action being smaller than the penalty itself.

A current issue surrounding plagiarism is related to e-learning, specifically where many modules for statutory and mandatory training are now completed online. Harper (2006) also raises this issue when looking at life support self-learning modules online, stating that this type of online learning lends itself to completion by others in addition to or in place of the registered nurse. Until there are safeguards in place to prevent this unethical behaviour, some nurses will continue to get through the e-learning modules the quickest and easiest

way available even if this means cheating. This type of cheating falls under the umbrella of plagiarism but is classed as falsification.

### **2.3.2 - The Impact of Plagiarism on Patient Care**

On the 29<sup>th</sup> of March 2012, at a Fitness to Practise hearing, a nurse was found to have her fitness to practice impaired and suspended for 12 months, following the submission of a portfolio for assessment, which had been plagiarised (NMC Fitness to Practise, 2012).

Another nurse was given a caution order for three years when her fitness to practice diminished as a consequence of her plagiarising her dissertation on her BSc Mental Health Degree course, which included copied passages from another person's work (NMC Fitness to Practise, 2011). This shows that the NMC takes plagiarism seriously and dishonesty in a professional person is a serious matter. According to the NMC's Code: Standards of Conduct, Performance, Ethics for Nurses and Midwives (2008) a nurse must:

“Be open and honest, act with integrity and uphold the reputation of your profession.”

The potential impact of plagiarism on patient care is critical. One example was of a nurse given an interim order for 18 months in October 2014, for submitting pieces of plagiarised work as part of her post registration BSc midwifery practice pathway, (NMC Fitness to Practise, 2014). It is imperative that the NMC take a hard stance on this resulting in nurses losing their registration for plagiarising and falsification. It would not be appropriate to be looked after by a nurse who steals property nor is it appropriate to be looked after a nurse who has stolen someone's idea and passed it off as their own thereby potentially compromising medical understanding and their fitness to practise. Underlying this is the need to ensure that the public using the health service is protected (Tadd, 1995).



There were no published articles found on whether patient care could be compromised if the nurse administering the care had plagiarised. Plagiarism is a subject that is not spoken about openly all the time and those who are caught plagiarising, as a student nurse, are dealt with through the University, whereas post-registration nurses can be dealt with by the University, employer or referred to the NMC Fitness to Practise Panel (Hilbert, 1988). Those who have plagiarised and not been caught are not likely to admit they made a mistake in a patient's care, as they plagiarised and didn't understand the theory behind the practice.

Another important point that must be taken into account is that there is a very high likelihood that most, if not all, nurses will sometimes be mentoring pre-registration nurses, as well as post-registration nurses on specialist courses throughout their career. When mentoring a student, it is important to explain the theory behind the practice and if the nurse does not know the theory, they are unable to pass on their knowledge. This issue was raised by Kenny (2007) who stated that the nurse may be more than capable of carrying out a complex clinical skill, such as inserting a cannula in a patient but not have the knowledge to support the practice, therefore as they would be deemed competent to carry out this task, they would be expected to facilitate the practice of others so raising issues of accountability.

### **2.3.3 – Plagiarism and the Law**

The generic term 'intellectual property' (often abbreviated to "IP") can allow you to own things you create in a similar way to owning physical property. You can control the use of your IP, and use it for commercial purposes. It can arise from many different activities within the chosen university, including unfunded and publicly-funded research activities.

One of the four main types of IP is Copyright, which protects material, such as literature, art, music, sound recordings, films and broadcasts (Saunders, 2010). In some universities postgraduate research, students can work under the same conditions of service as staff regarding intellectual property rights and benefit from this policy. Postgraduate research students are required to assign (transfer) their rights to intellectual property (IP) arising from their research to the university. Postgraduate research students hold the copyright to the text in their thesis.

The difference between plagiarism and copyright infringement is as follows:

“Plagiarism covers a spectrum from word to word textual copying, through changing some words but retaining the basic structure, through to copying ideas and arguments. The common thread is that the copying is dishonest because it is unacknowledged. Copyright, by contrast involves two steps. The first is to establish whether or not the new text involves any copying of the old. The second is to determine whether the copyright is substantial.”

(Saunders 2010:281)

An author may be a plagiarist, but not an infringer of copyright, whilst another author may infringe copyright, even though he is not a plagiarist, because he or she has not provided an acknowledgment. Whilst the opportunities that the Internet offers for copying the work of others have been the subject of legal debate in relation to copyright, plagiarism has focused more on the ethical and disciplinary than the legal aspects (Saunders, 2010). Saunders (2010) stated that the copying of a significant proportion of text is likely to amount to copyright infringement and most of the plagiarism cases seen in law involve textual copying. Citing examples of 13 pages of a 100 page book; a word for word copy of an academic paper by a doctoral candidate picked up in the viva by the external examiner. This can be considered as fraud and similar to that of authors submitting academic articles and publishers finding that the article was an exact copy by another author who had been published in a different journal (Saunders, 2010). Such copying with an intention to deceive

may give rise to the claim of fraud and if involving a place of employment, could result in a disciplinary matter (Saunders, 2010).

In English law (Copyright, Designs and Patents' Act 1988), there is no copyright in an idea, but only in the expression of that idea. Plagiarism is when an academic has taken the idea from another academic without acknowledging where the idea came from in the first place. This may be plagiarism but is not copyright infringement. Copyright is an automatic right and arises when an individual creates an original work, under the 1988 Copyright, Designs and Patents Act. The duration of the copyright is 25 years and it is an offence to copy the work without having the author of the work identified as the original author (small parts of the work do not have to have the author's permission) (UKCCS, 2009). An academic who takes the idea of another, and expresses them in an original way in a new article is not infringing copyright, even if the conduct is thought to be unethical and an example of plagiarism. However, that does not mean that plagiarism is without a legal effect (Kenny, 2007). A student whose university is threatening to withhold a degree because of plagiarism has threatened to sue the 'University for Negligence' for not telling him that cutting and pasting was not allowed (Anderson, 2009).

Under the Human Rights Act (1998), universities as public bodies are subject to rules on procedural fairness, therefore any allegation against a student or academic member of staff must be handled with caution. According to Saunders (2010), the types of plagiarism that universities have to deal with include the following:

1. Self-plagiarism
2. Minor plagiarism
3. Literal or word for word plagiarism
4. Image plagiarism

5. Scattergun plagiarism
6. Citation plagiarism
7. Wholesale plagiarism (or piracy)

These types of plagiarism vary in the seriousness and legal impact. Minor plagiarism, involving using a few lines of words with or without acknowledgement, will not normally amount to an issue in copyright law. On the other hand, wholesale plagiarism would certainly lead to a court case and substantial claims. Semple, Kenkre and Achilles (2004) addressed plagiarism and fraud within their qualitative research and stated that universities relied heavily on the trustworthiness of the students when providing evidence of competence and on the mentor when signing to confirm that competence has been achieved. Semple, Kendre and Achilles (2004) had evidence that showed that some students had written fictitious 'evidence' in support of achieving their competence or have forged the signatures of the registered nurse that was mentoring the student in both pre and post-registration nursing courses. In forging a signature, the student is not only fabricating information but also committing a criminal act. Acts such as forging signatures and writing fraudulent statements of evidence are potentially dangerous and lead to unsafe practice.

#### **2.4 Why Do Student Plagiarise?**

Much has been written about plagiarism across a range of undergraduate programmes (Kenny, 2007; Anderson, 2009; Semple, Kendre and Achilles, 2004), but there are very few papers that directly relate this to the implications it has for post-registration nurses (Harper, 2006). Regulatory bodies, such as the NMC, are not responsible for student nurses who engage in plagiarism at university; this is left to the university itself to deal with the issue.

The potential outcome of a university being lenient on sanctions for plagiarism is that we could be looked after by nurses who have cheated their way through their pre-registration nurse education and who have been passed fit to practice.

Although it may be considered an inappropriate issue looking at plagiarism and professionalism in pre-registration student nurses who are not yet recognised as professional practitioners, it is nevertheless an issue that must be addressed. It is acknowledged that there are a number of factors that may encourage a student nurse to intentionally plagiarise, which include their need to manage the balance of their academic study with developing their clinical skills in a hospital setting (Logue, 2004). Nursing students may also need to work part-time to supplement their income, thus finding it difficult to juggle the complexities of academic study, hospital placements and work (Logue, 2004). Tanner (2004) describes how nursing students in the USA plagiarised because of the sheer volume of work and, interestingly, a lack of understanding of the task required. Even though it may be seen that there is a proportion of students who unintentionally plagiarise, the lack of intention does not change the act itself.

This corresponds with the Theory of Reasoned Action in the respect that the prediction of behavioural intention is pertinent to plagiarism, because if the action is intentional, the significance is that the student has made a conscious decision to engage in that action (Fishbein and Ajzen, 1980). The Theory of Reasoned Action has been used many times in healthcare research, but very few articles that related it to the issue of plagiarism have been written. One example is 'the theory of planned behaviour: will faculty confront students who cheat?' (Coren, 2012). This study examines whether the theory could be used to predict if lecturers would speak face to face with a student suspected of cheating. The most important factor to emerge from the research was attitude. Additionally, it was important

to point out that there was a difference if the lecturer had a good relationship with the student or not, as that would make a difference to the way the student was approached, and the student's reaction. A stated strength of the theory is that it identifies the factors that need to be addressed when attempting to influence intentions and, ultimately, actions. While many lecturers have reported that they have ignored cheating, despite strong evidence that it has occurred, they need to understand that meeting with a student about suspected plagiarism is necessary, important, useful and positive (Coren, 2012).

The copying, falsification and plagiarism of essays and assignments have long been a prevalent form of academic misconduct amongst undergraduate students (McCrink, 2010). Forms of plagiarism engaged in by students have traditionally included the reproduction of text from other academic sources, such as journal articles, books or lecture notes without adequate acknowledgement of the source, copying from other student's assignments and the use of cyber-cheating (Logue, 2004).

University teaching staff has to be vigilant in recognising online plagiarism as a serious form of academic malpractice. Considerable efforts and resources have to be implemented to rule out plagiarism including that online. It has been recognised that some students indulge in some form of plagiarism via the Internet from cutting and pasting a few unimportant sentences to purchasing a ghost-written essay from an online site (Selwyn, 2008).

A cross sectional study carried out in Korea in 2013 (Park, Park and Jang, 2013) on 750 nursing students, identified that 76.8% admitted to engaging in one or more cheating behaviours during their studies. In America, studies such as that of Hilbert (1985), surveyed the experience of 101 nursing students looking at the percentage that had engaged in plagiarism, and which over 60% admitted to; Kenny (2007) investigated the views of 172 students on whether they felt it was easy to plagiarise when carrying out distance learning

modules, suggesting that as distance learning expands, so does the likelihood of academic misconduct.

All lend credence to the presumption that UK lecturers and academics should anticipate encountering plagiarism regularly in their students' work. There seems to be a lack of consistency when it comes to issues surrounding plagiarism at university, such as an increase in the number of students who have been caught plagiarising in all disciplines. Reasons for this could be that lecturers fail to inform students about plagiarism; that the consequences for plagiarising differ according to the lecturer and university or that assessment criterion has remained the same for many years (Park, 2004). It is evident in the literature that there has been a significant increase in the prevalence of plagiarism in universities from 26% in 1963 to 70% in 2009 (Arhin and Jones, 2009). It has been suggested that there is insufficient coverage by universities, in terms of informing students about what constitutes plagiarism and not enabling them to understand the concept of plagiarism prior to submitting written assignments (Roig, 2001). Furthermore, Angelil-Carter (2000) claimed that the move from exams to coursework and project-based assessments had resulted in over-assessment but also putting the students under more pressure to attain high marks. It has also been acknowledged that poor time management by students and the practice of staff setting the same submission dates for a number of pieces of work are major contributing factors to why students plagiarise (Dekert, 1993).

Paterson, Taylor and Usick (2003) commented that normally the university policy on plagiarism is often based on moral and ethical grounds, with sanctions based on how a student reacts when confronted with the evidence that they have plagiarised. If a student pleads ignorance, the result may be that the university may dismiss the incident of plagiarism; whereas motivation to gain at the expense of others may result in the student

losing marks or places on their course. Lack of enforcement is also discussed in Burton and Near's (1995) study of over 500 university students who found that when plagiarising was reported, no action was taken in 70% of cases. According to Park (2004), turning a blind eye to cases of student plagiarism is not an appropriate response for a variety of reasons, including fairness to other students; preserving the academic credibility and reputation of the institution; maintaining academic integrity among both students and staff and promoting good study skills and independent learning. Park (2004) investigated this issue further, addressing issues and questions that plagiarism confronts staff responsible for marking students' work with, including: what is the appropriate consequence for the student? Is it intentional? If it were international, might it have arisen due to cultural differences? How easy will it be to track down the source it came from? Is there time to follow this up? Some staff spot plagiarism more regularly than others, either because they look harder or are more acquainted with the most commonly used sources. Staff can also be reluctant to accuse students of plagiarism because they feel that it breaks down the mutual trust between the lecturer and student and replaces it with an inappropriate surveillance regime that is not conducive to open critical academic discourse and enquiry (Park, 2003).

Faucher and Caves (2009) commented that, within the USA, some nursing students in the present climate view cheating as an acceptable skill or a 'game of wits', possibly because they have more of an idea of what is currently perceived as unethical when compared to cohorts of students in the past. A range of contributing factors has been identified as contributing to academic dishonesty, including competition for better grades and the competitive nature of scholarships. In the USA, the emphasis on perfection in the healthcare setting; risk-taking or the thrill of not being caught; the will to succeed at any cost; a lack of organisation or time management skills; the financial impact of failing



courses; acceptance and assistance of cheating in the classroom/clinical environment and psychological rationalisation are all used to justify the act itself.

It is important to take into account cultural values when examining the reasons for plagiarism. There are a number of articles (Faucher & Caves, 2009; Troop, 2007; Baxter & Boblin, 2007) on academic integrity, suggesting that plagiarism may be on the rise. One reason offered by Baxter and Boblin (2007) claimed that it could be the rise in the number of overseas students. O'Donoghue (1996) has highlighted that when English is a student's second language, he or she is placed under pressure by the increased amount of time it takes for him or her to write. Fear of failure, especially when students are funded by their family, their government or a particular company, also places considerable pressure on students to do well. Hayes and Introna (2005) examined this concern, carrying out research with MSc students studying at Lancashire University in subjects, such as Technology and Organisation and Information Technology. Forty-six students were involved in the research from countries including India, Pakistan, China, Indonesia, Thailand, Greece, France, Ukraine, Germany, Brazil, Iceland, Columbia and the United Kingdom. Each student was given a questionnaire to complete and the data was entered into a spreadsheet. When examining how much copying was defined technically as plagiarism, the students from the UK considered copying a limited amount of text without referencing the source to be tolerable. In contrast, students from other countries in the study reported that they had little experience of course work in their undergraduate education and thus were not able to comment exclusively on the issue of plagiarism of course work (Hayes and Introna, 2005). In Greece and China, it was estimated that students write only one essay and perhaps a couple of reports during their undergraduate education. These students therefore feel that copying a few paragraphs would not cause too much harm. An examination of collaboration

in course work identified that 6% of the UK students had written or provided a paper for another student, whereas 64% of Greek students had, and 80% of Asian students did not feel that it was a form of plagiarising. There were again major disparities when it came to taking exams; most students, except those from the UK, viewed exams as being purely memory tests. An Indian student, for example, reported that in his undergraduate examinations, more marks were awarded when students simply reproduced lecture notes or the course handbook (Hayes and Introna, 2005). The research by Hayes and Introna (2005), highlighted the fact that the issue of plagiarism is not always simply a matter of cheating. It showed that practices that might be termed 'plagiarism' are often the outcome of many diverse and complex influences, especially for students who find themselves in unfamiliar and different environments. One issue that the researcher raised was one of western academics, not only developing a broader understanding of overseas students, but also recognising the need to provide students with resources to meet the course expectations. Even though the research was limited, it did highlight that there was an issue in the transition involved in students from overseas studying within the UK.

Larkham and Manns, (2002) looked at the prevalence of plagiarism in Italy among academics and authors. One former rector of a Naples university had to resign following a finding that five of his seven major published works were simply German text translated into Italian. Rather than accepting responsibility, he portioned the blame on his assistant. Miller (1993) reminds us that although Martin Luther King may have plagiarised in the course of his doctoral thesis, there is a cultural acceptance in the American oral preaching tradition – in which he was rooted – of widespread borrowing from unacknowledged sources. Blum's (2010) book about plagiarism addresses why students plagiarise and looks at the pressure that students are under when they are accepted into college in the USA. She proposes that

there are rational explanations as to why students plagiarise, related especially to the pressure they are under and offers advice to try to reduce these pressures and consequently the prevalence of plagiarism.

The reasons that students plagiarise are as diverse and complex as plagiarism itself. Students may plagiarise when they fail to cite properly or paraphrase properly with references, as they do not fully understand the concept of plagiarism (DeVoss and Rosati, 2002). Another reason that needs to be considered is the cultural principle of written work. Cultures vary in how writing, authorship and ownership rights are perceived, and these variances in values and approaches to writing text can be perceived as plagiarism (Fox, 1994). Kenny (2007) addressed specifically why nursing students plagiarised and the main rationale behind that was the fact that nursing students have to manage their academic study with their placements and even part-time work. Mature students entering into nursing have to juggle the complexity of university study, placements and family. Tanner (2004) described how nursing students in America plagiarised because of the sheer volume of work and the lack of understanding of the task required. Carroll (2005) suggests a number of reasons why students plagiarise, including ignorance of acceptable academic standards; poor time management; lack of ability and fear of failure. There is a sense that students are unaware of accepted standards in academic writing, or of the penalties of this 'literary theft'. Other reasons for student plagiarism include university policies on plagiarism being in student handbooks, which are not often read, thus leaving students open to plagiarism, as they have not read and understood the university policy. Hence, they end up not knowing what constitutes plagiarism (Carroll, 2005). This raises questions as to whether it is the fault of the student for not reading their handbook, or the university's for not giving the students enough guidance or even a lecture on plagiarism (Faucher and Caves, 2009).

The last issue is that of cultural differences. Cultural attitudes of different students need to be understood by higher education institutions in the United Kingdom if these students are to understand plagiarism. Ouyang Huhua, professor of English at Guandong University of Foreign Studies, told delegates at the Office of the Independent Adjudicator event that it was "very hard" for some overseas students studying in the west to abandon an approach learnt over a lifetime (Gill, 2008).

The notion of plagiarism is alien to some cultures, such as the Chinese, where there is no individual claim or ownership over intellectual property. It is hard for some students in countries, such as China to conceptualise the idea that knowledge-making is not open to everybody as it is in their own culture.

#### **2.4.1 – Plagiarism by Lecturers and its Impact on Students**

In the qualitative research carried out by Paterson, Taylor and Usick (2003) in Canada, eight lecturers and 10 students were interviewed on a range of questions surrounding issues of plagiarism. Even though the study was limited in the respect of a small sample size, the results showed that students and lecturers shared few common constructions of plagiarism or its prevention. A startling discovery was that plagiarism is constructed by both lecturers and students largely, in terms of its consequences, not how it contributes to and is affiliated with academic integrity. The fear of reprisal was not enough to stop students plagiarising. Furthermore, students were able to identify rewards for plagiarising, such as better grades and more personal contact time with the lecturer. The evidence showed that the lecturers thought plagiarism was an academic crime, deserving of penalty, but their opinions did not always match their practice. They admitted to overlooking plagiarism at times and not following the university policy on a number of occasions. The reasons for this was because

they knew that reporting plagiarism would mean a formal hearing would take place along with knowing what the consequences of the outcome could mean for the student.

Another alarming outcome of the research was how one student indicated that it was easy to learn to fake lack of intent. The outcome of such practice may be that students who are aware of the excuses that lecturers view as credible, such as a personal crises may experience fewer consequences than those that, when confronted, are honest about their intentions in plagiarising. One interviewee felt that 'that there should be a parallel process for lecturers who plagiarise, as we have for students, but it doesn't seem to happen'. When asked by the interviewer about lecturers plagiarising, students felt that not all lecturers acknowledged sources of lecture content and hand-outs. One student stated, 'I went to the library and I found an article and here it was – her whole lecture written by someone else... and she didn't even tell us.' (Paterson, Taylor and Usick, 2003). It is a startling discovery that it is not just students who plagiarise. This is against academic integrity. Plagiarism by lecturers does not set a good example to students by modelling good academic skills and processes (Faucher and Caves, 2009).

An article in the Guardian (Shepherd, 2009) highlighted the case of a professor at Durham University who has resigned following an allegation that he copied the work of his peers for his DPhil thesis and journal articles. In comparison, lawyers at Wolverhampton University were preparing for the tribunal of a senior lecturer who is appealing against being dismissed for plagiarism (Shepherd, 2007). Plagiarism in academia normally involves one of the following: stealing a colleague's work or words; self-plagiarism; not referencing teaching material; taking the work of postgraduates' papers without acknowledgement or insisting on co-authorship of a postgraduate paper without writing any of the paper. The increase of study notes placed online offers opportunity for plagiarism. For example, staff at high profile

institutions, such as Massachusetts Institute of Technology (MIT) have temptingly started putting all their lecture notes and teaching materials online, free for others to use (Shepherd, 2007). One question that needs to be asked is why academics might contemplate plagiarising and how this might be addressed. The implementation of a plagiarism policy for academic staff, as well as students is one way to address the problem. Some universities are now writing their plagiarism policies for staff, as well as students, but there can be problems because the issue is so different for each group. However, it appears that universities are more interested in the students' behaviour, rather than that of their staff. The extent of academic plagiarism is difficult to research. It is estimated that during the period of 5 years up to 20-30 academics were accused of plagiarism (Corrigan, 2009).

On carrying out a search, there was little that could be found on policies, specifically for academic staff at university and those who were found to be very clear in stating that the staff member's name had to remain confidential. They also allowed for that member of staff to resign from their position, rather than have to admit to being sacked over a plagiarism allegation. According to Corrigan (2009), for students at City University, there is a lot of information on plagiarism, searching the university website for 'plagiarism' will bring over 270 hits, elsewhere on the website the punishment for students' plagiarising is documented with the threat of being asked to leave written in many places. This university takes plagiarism very seriously for students, but is it the same for academics? The university stated that 'It has been alleged that a member of City University London staff has committed plagiarism'. The member of staff was suspended whilst an internal investigation took place. Following this, a senior lecturer at Cardiff University was suspended following an investigation where they had plagiarised a former student's PhD thesis for journal articles published in two international journals (Baty, 2004).

One lecturer in New York University's School of Business has written in his blog that he will never pursue cheating from his students again. The story goes on to explain how he found that about 20% of a 100-person class had plagiarised and describe the fallout from his accusations. Turnitin followed up his initial suspicions and gave clear evidence against some students who had plagiarised. Many of the students confessed only when the lecturer told the class that if he did not hear from those who had plagiarised, he would report the incident formally. The consequences were far reaching, the students gave him low teaching evaluations—something which he had never received before and those poor teaching evaluations were cited in a review that resulted in the smallest salary raise he had ever received (Jaschik, 2011). For this lecturer, the experience led him to vow never to challenge students who plagiarised again, as he had paid a high financial penalty for doing the 'right thing'. In the UK, a teacher of religious education at a college was suspended for six months after he encouraged his students to plagiarise former students' work. The allegations against the teacher were found to be true. The teacher gave his students access to work of previous students and instructed them to copy what had been written. He then submitted the plagiarised work to the exam board to count towards the student's final mark. This gave his students an unfair advantage but ensured his results were of a high standard (The Huffington Post UK, 2012).

### **2.5 - Strategies for the Prevention of Plagiarism**

An interesting point that emerged from the research by Paterson, Taylor and Usick (2003) was that only two of the ten interviewed spoke about faculty plagiarism without prompting, and the other eight spoke only of lecturers not referencing hand outs. The most prominent theme to come out of this study was that of the consequences for plagiarising. It is

acknowledged that the number of volunteers in the Paterson, Taylor and Usick's (2003) study was small with a sample population of ten students. Although this number would allow the researcher to examine the perceptions of nursing, the small sample could not be considered as representative of the whole nursing faculty. All ten participants within this research study admitted that they did not always view plagiarism as a punishable offence. Again all participants expressed some uncertainty about when plagiarism should be a punishable offence and when it should be overlooked or dealt with privately. This is a difficult concept to take on board, especially when there is a parallel between nursing students who plagiarise in an examination or in an assignment and those who falsify competency documentation. Students who plagiarise are deceiving the general public about their level of knowledge, and those who plagiarise their practice competencies are deceiving the general public about their level of competence. These students, of course, are also deceiving themselves because they must know that, once they are registered, they will be faced with situations in which they need to demonstrate the competence that they know they do not have. Several participants identified various degrees of severity of plagiarism based on their perceptions of the plagiariser's intent to plagiarise.

This theme is also apparent in a lot of other research, such as that by Flint, Clegg and Macdonald (2006), in which they explored staff perception of student plagiarism. Within their research, a common theme that emerged was that students felt some forms of plagiarism were more punishable than others. One example was that copying from other students was seen by many as a form of plagiarism, which was perceived as more serious than incorporating small pieces of unacknowledged published text.

Franklyn-Stokes and Newstead (1995) also surveyed 20 academic staff in two universities on academic staff perceptions of the seriousness and frequency of 22 different cheating



behaviours, including several versions of plagiarism. The authors found that students appeared to regard coursework-related offences like plagiarism as rather less serious than academic staff did and commented that this seemed to indicate that academic staff was clearly not communicating to students the unacceptability of behaviours involving plagiarism.

The Nursing and Midwifery Council (2008) make it clear within their code of practice that nursing and midwifery students are not professionally accountable, but they may be 'called to account by their university or by the law for the consequences of their actions or omissions as a pre-registration student'. For the student to be deemed 'fit to practice' they must:

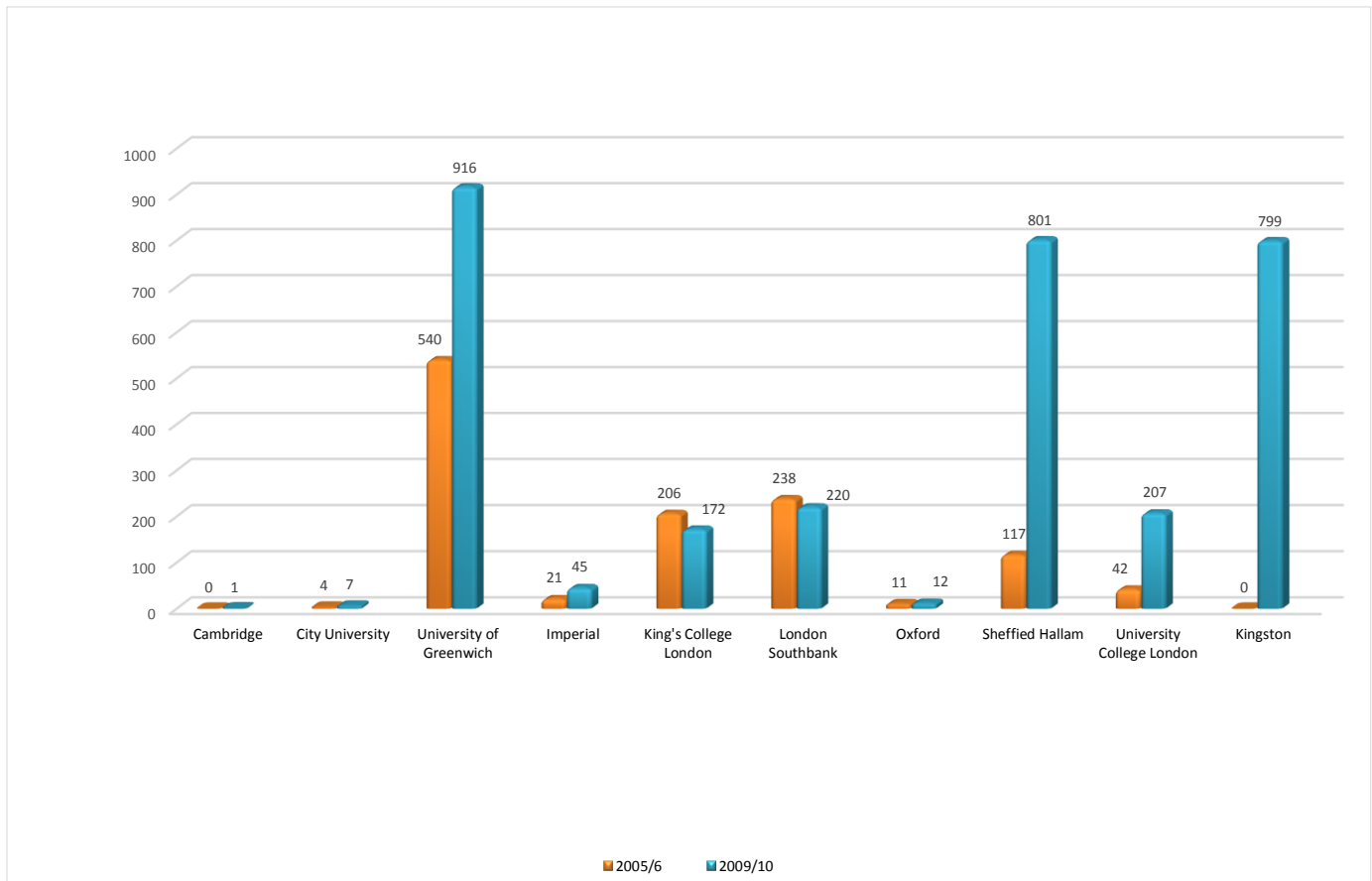
“Prescribe the requirements to be met as to the evidence of good health and good character in order to satisfy the Registrar that an applicant is capable of safe and effective practice as a nurse or midwife.”

(Article 5 (2) (b) NMC Code of Conduct 2008:2

Most of the participants in the Franklyn-Stokes and Newstead (1995), which is not nurse-specific, also suggested that staff in the university look the other way when plagiarism was detected because of the reporting system in place within the university. They felt that many of the staff did not want to spend hours engaged in the detection and the bureaucracy of plagiarism. Another issue was one relating to the reputation of the university, specifically if too many cases come before the plagiarism panel and the university's fitness to practise panel, it may be perceived that the university is not advising students on plagiarism and the reputation of the university is paramount in getting students to apply for their nursing and health-related courses. In contrast, universities who identify that they have a high number of students who plagiarise, could be seen as being pro-active with catching students who plagiarise and dealing with them. According to Barrett (2011), the University of Greenwich

has the largest number of plagiarism incidents recorded, but this may indicate that the institution is more vigilant and successful at detecting plagiarism than other universities.

Figure 2.2 below sets out differences in plagiarism cases at a range of pre and post 1992 universities between 2005/6 and 2009/10.



**Figure 2.2: Plagiarism cases between 2005/6 and 2009/10 Source: Barrett 2011**

The Franklyn-Stokes and Newstead (1995) study was limited by the number of participants and the findings revealed that plagiarism is a complex entity. An important discovery in the findings was that plagiarism is carried out by both staff and students. The fear of retribution was not sufficient to restrain students from plagiarising. Crown and Spiller (1998) indicate

that researchers have consistently demonstrated that students are more likely to engage in plagiarising if they perceive that these behaviours are common or accepted among their peers. The issue here is that where staff plagiarises in their teaching or writing and students realise or suspect such practices, student support for university policies regarding plagiarism will be eroded.

Larkham and Manns (2002) attempted to review the incidence and treatment of plagiarism in UK universities, this research was not specific to nursing but was relevant in the respect it addressed how much plagiarism was taking place in university. They were undertaking a small scale survey of pre and post 1992 universities and HE colleges. Whilst the results were informative, the response rate was extremely low. Many of the institutions refused to respond to some or all of the questions, on the grounds that such disciplinary actions were confidential. Many also refused to make available copies of relevant university policies. The incidents and existence of cases were also classed as confidential. Of the people who did reply to the research, one suggested that there had been no increase in the incidence of plagiarism since the mid-1990s, and several were not particularly concerned. Few suggested reasons, such as the increase in the size of the university, increase in the use of IT and the influx of overseas students into the UK. One university stated that the increase in plagiarism for this reason was classed as 'accidental plagiarism'. One reason for the poor response could be attributed to the fact that some universities were 'economical' with the truth (Larkham and Manns, 2002). According to Harper (2006), a number of staff was required to spend sixteen hours over a three day period to identify textual correlations and in terms of administration, the cost of colour photocopying for all members of the hearing panel amounted to over £300.

Over a dozen reports and research papers surrounding detecting plagiarism; plagiarism software, such as *Turnitin* and case studies have been written by leading experts in plagiarism and are available for lecturers as resources and students, via the Plagiarism Advisory Service. One of the key reports followed a piece of work on looking at penalties for plagiarism. The Academic Misconduct Benchmarking Research (AMBeR) project aimed to identify the range and nature of penalties applicable to cases of student plagiarism in UK Higher Education Institutions (HEI) and arose following concerns that penalties were being inconsistently applied from one institution to another. Ultimately, the project aimed to consider the feasibility of a generic penalty tariff, which can be applied across the sector (Tennant and Rowell, 2010).

### **2.5.1 – Consequences for Plagiarising at University**

There is limited consistency in the consequences of plagiarism across UK universities (Park, 2004). Paterson, Taylor and Usick (2003) suggest that when some lecturers detect plagiarism, they may ignore it because of the amount of time and administration it causes. There were various reasons behind this, such as the hours of detective work and documentation that is required to bring a plagiarism case to the official authorities. The respondents were also concerned that whilst an investigation was taking place, the ‘student’ would still be attending classes, which could make it awkward for the lecturer. The reputation of the school was also a major concern. If too many cases were being referred to the plagiarism panel, it would look like the school ‘couldn’t get their act together’. Lastly, the lecturers were concerned of student reprisal. Lecturers were concerned that students might claim that they had been unjustly accused and that the former may not have enough evidence (Paterson, Taylor and Usick, 2003). Paterson, Taylor and Usick (2003) went on to

say there was even a difference between faculties, such as the Medical and Faculty of Health that were more likely to view plagiarism as significant, in comparison to the Faculty of English or History. Park (2004) noted that universities have increased the penalties for plagiarism. According to Tennant, Rowell and Duggan's (2007) qualitative research involving questionnaires, there are 25 different penalties ranging from no action to expulsion, in relation to plagiarism in university. The range of penalties available for different offences was also shown to vary substantially within institutions.

In response to the problem of plagiarism, universities employ various approaches to ensure identification with the most common being plagiarism detection software (Joint Information Systems Committee, 2002). The Joint Information Systems Committee (JISC) plagiarism detection service is an online service, which enables institutions and staff to carry out electronic comparisons on student's work against electronic sources including other student's work. The detection service is based on *Turnitin* software enabling users to compare their work against a database of previously submitted material, over 800 million websites and essays from cheat sites. The student is then provided with a report, which highlights text that has been found at another source and provides links to the plagiarised piece (Hoorebeek, 2003). Simon Yates, Director of Sheffield Hallam University's Culture, Communication and Computing Research Institute, found that *Tutnitin* failed to recognise that the work he had submitted for analysis was 100% plagiarised from his own previously published work (Bowater, 2007). The programme provided Dr Yates with a report, which only highlighted 28% of one piece of work that had been plagiarised and failed to spot that the entire essay had been taken from a published paper. *Turnitin* developers claimed that the programme had access to a vast database of 4.5 billion website addresses and a number of subscription sites. It has been suggested that *Turnitin* does not have an extensive

database of full peer-reviewed journals, and that it is a long process trying to persuade publishers to put their material onto the database. Although there are weaknesses, *Turnitin* is very effective at showing matching texts and highlighting collusion and cut-and-paste plagiarism (Bowater, 2007).

Some academics such as Carroll (2002) believe that because of the complexity of plagiarism, only a holistic approach can provide effective management. The need for clear and defined set of sanctions, within this holistic framework, is highly critical to provide a deterrent, as well as protect institutional credibility. Park (2004) feels that an institutional approach to dealing with plagiarism by students should set plagiarism clearly into context as a breach of academic integrity, as well as frame it as inappropriate and unacceptable behaviour, rather than criminalise it. It needs to be embedded into the academic rules and regulations of all institutions and be promoted as such. Evidence shows that well-publicised institutional tariffs of penalties can influence student behaviour. Furthermore, clarity of the processes and procedures is also important to avoid legal implications (Carroll, 2005). Some of the penalties, inflicted on a first year student guilty of poor referencing, were the same for a final year student who had brought their dissertation from an Internet website (Carroll, 2005), and it is questionable as to whether this was fair or not as there may be differences in intention, where the first year student may not have understood the referencing system, whilst the third year one had intentionally purchased and submitted the essay. Park (2004) proposed the following set of sanctions and penalties from research he carried out at Lancaster University:

**First Offence –**

Minor plagiarising – sets aside the sections involving the plagiarised work.

Major plagiarising – student required to repeat and resubmit work (minimum pass mark only).

If the student refuses or fails to repeat the work, a mark of 0 is recorded.

The student is sent a warning letter.

### **Second Offence –**

The student is awarded a mark of 0 with no change of re-submission.

The student is sent a warning letter advising the student of the consequences of further offences.

### **Third Offence –**

One of the following penalties:

- To permit the student to resubmit subject to receive only the minimum pass mark;
- To award a 0 for the work in question;
- To award a 0 for the whole course work or dissertation;
- To award a 0 for the unit or course module;
- To award 0 where the inclusion makes no difference to the class or award and reduce the class of award lower than the one determined by the arithmetic to be awarded;
- To exclude the student permanently if the offence is detected before the final assessment is completed;
- Not to award the degree where the offence is detected after the final assessment has been taken (Park, 2004: 295).

The argument is that if all students knew that these would be the consequences of plagiarism and all lecturers followed this framework, which was presented as open and transparent and widely disseminated, it could potentially affect individuals' decisions to plagiarise. Deech (2006) also agreed it is wrong for a student to state they have been discontinued from university for plagiarism, where a student at another university was allowed to resubmit their assignment when plagiarism was identified. Both students committed the same level of offence, therefore it is deemed unfair.

The Academic Misconduct Benchmarking Research (AMBeR) project was funded by the Joint Information Systems Committee (JISC) and was established to investigate the management of plagiarism throughout the United Kingdom. Part one of the project identified the range of penalties available for student plagiarism, as stated in the regulations of the UK Higher Education Institutions (HEIs). The AMBeR Project identified twenty five different penalties throughout the Higher Education (HE) sector in universities only. These penalties were grouped into the following categories: warning; assessment-class penalties; module-class penalties; award-class penalties, and expulsion with all credits or immediate qualifications cancelled (Tennant, Rowell and Duggan, 2007). When looking at the penalties, 98.7% of universities in the UK cited expulsion as a punishment, whereas only 1% cited they had the punishment of reducing a degree to pass only (Tennant, Rowell and Duggan, 2007). One of the least common penalties was a financial penalty. It was interesting to note that 12.7% of universities permitted financial penalties for plagiarism. The minimum possible fine was £100, with the maximum being from £250 to £1000, with 3.2% of universities allowing fines of at least £500 (Tennant, Rowell & Duggan, 2007).

Another issue raised within the report was that of universities having the same punishment for all cases of plagiarism, no matter what year or programme of study the student was in.



If this was related to nursing, then a first year nursing student would receive the same punishment for plagiarising as a post-registration nurse completing a post-registration module (Tennant and Duggan, 2008). Park (2003) argues that there is a growing need of UK universities to develop coherent penalties that are transparent and applied consistently. At present, there is a considerable degree of variety across the sector. Part 2 of the AMBeR Project looked at the range and spread of penalties available for students plagiarising. When looking at the results specifically for postgraduate students, eighty universities detailed the number of taught postgraduate students who plagiarised as 11.9 cases for every 1000 students (Tennant and Duggan, 2008). It was surprising that the recorded level of plagiarism among postgraduate students was so much higher than the recorded level of undergraduate students (6.7 cases for every 1000 students). In terms of penalties, the commonest punishments comprised a capped or reduced mark (30.0%) and formal warnings (22.4%). Only 3.9% of students were expelled from university for plagiarism. This phase of the study showed the substantial variations across the HE sector. The final stage of the study looked at generic plagiarism penalties, using a selected tariff (Tennant and Duggan, 2008).

The final stage of the AMBeR Project sets out the tariff drawn up for use by all institutions, to ensure continuity across all universities within the UK. It works by breaking the results down into sections, such as 1st time, 2nd time or 3rd incidence of past plagiarism, which is then scored. It then looks at the amount of text that has been plagiarised and the level of study and then the results are scored. Lastly, it scores the value of the assignment and additional characteristics, such as the deliberate attempt to plagiarise. Based on this data, the penalties are drawn up in a table based on the points scored. For instance, a post-registration nurse caught plagiarising on a dissertation for the first time, with over 50% of

the work plagiarised would score 500 points, which would result in the assignment award 0% with no opportunity to re-sit (Tennant and Duggan, 2008).

Plagiarism is clearly a serious issue for all students, including those in nurse training and post graduate nurses, where honesty, integrity and trustworthiness are paramount to the nurse-patient relationship. It is essential that nurse educators contribute to building a culture of integrity and professionalism within the university setting. Selwyn (2008) suggested that if a nursing student plagiarises during their nurse training, they are almost certain to continue this behaviour in their working lives. This was also confirmed in the research of Rennie and Crosby (2001) who addressed plagiarism in medical students. This could lead to someone being unsafe to practice.

The temptation to cheat, whether as an academic or a student, is increased, not only by the ease of copying, cutting and pasting and downloading, but also through the emergence of certain web sites which, for a minimal payment, offer to provide an assignment (Alexander, 1998). These websites are plentiful when searching the web and are on the increase due to market demand. A lot of these sites do not condone plagiarism, but will include disclaimers to that effect (Hawley, 2004). The problems that universities have with these online essays are that they are not detected by anti-plagiarism software because the assignment is customised and written especially for each student. So potentially, a student could become a qualified nurse without ever having written an assignment. Plagiarism is a global problem, which needs to be dealt with at both national and university level in the UK. In response to the problem, the National Plagiarism Advisory Service has been established by the Joint Information Systems Committee to provide general advice for institutions and staff and advise students on writing essays and plagiarism (Joint Information Systems Committee,

2002). In addition, the JISC (2002) has introduced a national detection service to help universities identify online plagiarism.

Whilst plagiarism is a national problem, it is more practical to spend more time preventing students plagiarising, rather than concentrate on the consequences of students plagiarising. The prevention and detection of plagiarism is important as cheating and stealing should be no more acceptable in university, as it would be on a hospital ward (Hilbert, 1988).

In conclusion, a lot of literature has been written on plagiarism related to different disciplines within the university context, including pre-registration nursing, but very little on post-registration nursing. The reason for this could be that it is expected that post-registration nurses are professional and are not expected to act unprofessionally in anything they do, including stealing other people's work, or copying another person's competency document. You would also expect that once a post-registration nurse has gone through three years of a student nurse programme that they would have grasped the concept of plagiarism and referencing. Therefore, any plagiarism that takes place post registration must be intentional and carrying out any research may produce inaccurate results. This cannot be substantiated, as there is no supporting evidence.

**The Following Themes Have Emerged from the Literature Review:**

1. There is a tension between nursing having a reputation for honesty, high academic and ethical standards following the NMC Code of Professional Practice and the lack of adherence by some registrants.
2. There is little research that has been carried out on plagiarism and professional misconduct.

3. Student nurses who plagiarise whether an assignment or a competency document, are acting unethically. There is a positive association between academic dishonesty and unethical behaviour both in the classroom and clinical setting. No research exists to verify whether the same is applicable to post-registration nurses.

4. The literature shows that some nurses have been called to defend themselves in front of the NMC Fitness to Practise Panel for plagiarism, such as the plagiarism of a prescribing module at university, demonstrating the potential for non-maleficence.

5. Existing literature has focused on the reasons why pre-registration nursing students plagiarise, exploring the role of university study, placements, part time work, family and time constraints; unintentional plagiarism and a lack of understanding. The other major issue to emerge from the literature is that pre-registration students plagiarise because they think 'they can always get away with it'.

6. Although limited, research has explored reasons underlying lecturers' plagiarising and the impact it has on students, highlighting issues relating to the undermining of professional trust. There is evidence of lecturers being suspended for plagiarism and the impact that has on the students. Some universities are now writing policies on plagiarism for staff, as well as students.

7. The literature has discussed a range of sanctions for plagiarism, but also suggested that many of the lecturers do not want to go through the extensive administrative

procedures involved in referring students to university plagiarism panels. Some of the literature discusses, using a generic system of sanctions applicable to all students across the board for plagiarism, thus ensuring continuity of practice.

### **Chapter 3: METHODOLOGY**

The following chapter examines the paradigm within which the study is situated followed by the research design. It also addresses the research questions, pilot study, sample, data collection questionnaires and interviews, bias, validity and reliability, ethical considerations, informed consent, anonymity and confidentiality.

#### **3.1 Research Paradigm**

Paradigms are defined as patterns of beliefs and practices that regulate research within a discipline by providing frames and processes through which investigation is accomplished (Carr, 1994; Appleton, 1997).

The study undertaken is framed by the constructivist paradigm, which adopts an opposition approach, involving the theory of interpretation of understanding the significance of human actions. The implications are that the participants will have different views and as a researcher, you want and respect their views, and the researcher needs to hold their own views back (Wahyuni, 2012). Constructivism refers to the process by which human beings actively make sense of the world around them (Wiske, 1998). The constructivist will approach, focusing on understanding the actions and meanings of individuals and the subjective knowledge created by these individuals around various subjects (Wainwright, 1997).

A constructivist inquiry should be stimulated through the experience, interest and knowledge of the researcher, with the researcher's personal and intuitive knowledge of the field informing and guiding the process. The basic assumptions guiding the constructivist paradigm are that researchers should attempt to understand the complex world of human experience from the point of view of those who live it (Cohen, Manion and Morrison, 2011).

The research undertaken aims to elicit and understand how the research participants construct their individual and shared meanings around the area of plagiarism.

Constructivism has much to offer this research, as it is studying 'real-life' nursing issues offering a robust and practical framework for undertaking research inquiry (Appleton, 1997). The paradigm represents a major alternative approach to conducting research in nursing compared to the positive paradigm. For the constructivist researcher, reality is not a fixed entity, but rather a construction of the individuals participating. This is based on two assumptions: firstly, that people cannot be separated or removed from the physical, social and cultural elements of the environment. Secondly, it is not possible to interpret behaviour by observation alone, because this does not uncover personal meanings and perspectives that guide a person's behaviour within a given environment (Wahyuni, 2012).

In accordance with the constructivist paradigm in which realities are multiple, constructed and holistic (Mertens, 2009), this research aims to identify the reality of the individual nurses or group of nurses being studied. Gathering and interpreting data about the perceptions of each individual participant; how their perceptions are formed and how the resulting knowledge is used in practice, all conform to the constructivist paradigm. In contrast, an attempt to see knowledge as objective, separate and independent of the knower, as required by the positivist, paradigm will be inappropriate to research within this context because perceptions and thoughts were collected, rather than theory tested (Wahyuni, 2012). An additional element is that the researcher and participant might be interactive and inseparable (Wahyuni, 2012).

In accordance with the constructivist paradigm, when studying people's own perceptions of plagiarism, it is necessary to gain an insight into their view of the world. This includes personal perceptions that are based on attitude, beliefs, group affiliation and background

experiences, aspects which are counter to the characteristics of a positivist paradigm (Cohen, Manion and Morrison, 2011). This is supported by Wahyuni (2012) who observes that constructivists also borrow notions of ethics from feminists, in the form of combining theories of caring and justice, in ways that are respectful of the human relations between researcher and participant.

Constructivist theorists, such as Bruner and Vygotsky and Feuerstein argued that researching/learning is an active process in which researchers construct new ideas or concepts based on their current/past knowledge. The value of constructivist methods and qualitative research is that they support attempts to deal with the issue of human complexity by directly exploring it. The constructivist paradigm proposes the inherent complexity of humans with the ability to shape and create their own experiences, and the idea that truth is an amalgamation of realities (Polit and Hungler, 2013). Constructivist research places a heavy emphasis on understanding the human experience as it is lived, generally through careful collection and analysis of narratives. Constructivist researchers tend to emphasise the dynamic, holistic and individual aspects of the human experience and attempt to capture those aspects in their entirety, within the context of those experiencing them. It is proposed that the use of a constructivist approach will result in rich in-depth information, rather than information superficial in content. Wahyuni (2012) proposes there are some limitations to constructive approaches to research.

### **3.2- Positioning of the Researcher within the Study**

I have positioned myself as an insider researcher, within the study, as the research undertaken was carried out with a group that I as the researcher, belonged to, namely that of senior nurses within a given Trust. Bonner and Tolhurst (2012) recognised three key



advantages to insider research comprising: the researcher having a greater understanding of the group being studied; not altering the natural social interaction of the respondents and having an established familiarity with the research group, which promotes the telling and judging of the truth—a point of particular importance bearing in mind the focus of the study. Being an insider researcher brought additional advantages, such as an insight into the politics of the Trust, as well as an understanding of the culture and how decisions were made—knowledge that an outsider researcher might never know. This familiarity with individuals and working practice ensured a degree of trust and personal credibility (Unluer, 2012), important in ensuring that respondents were at ease whilst being interviewed, allowing them to discuss issues surrounding plagiarism without feeling uncomfortable (Unluer, 2012).

The potential disadvantages of being an insider researcher are acknowledged, for example, where familiarity can lead to a loss of objectivity; instinctively making wrong assumptions about the research process based on the researcher's prior knowledge and thereby introducing bias (Unluer, 2012). However this research was concerned with nurses and their behaviour and thoughts involving a selection of respondents who brought to the research a wide range of perspectives. As an insider, there was a risk that the researcher did not receive or see important information. Therefore, to conduct credible research, it was important that I had an unambiguous awareness of the possible effects of bias on data collection and analysis; respect the ethical issues relating to anonymity and ensure that the researcher did not coerce and was compliant with the privileged information given at each stage of the research (Smyth and Holian, 2008).

Logistically, it was an advantage having access to a large group of nurses who could be involved in the questionnaire stage of the research and it was easy to arrange interviews

with respondents and arrange rooms that met timing and location preferences of the interviewees, conducting them at short notice, if necessary, within the working day.

### **3.3 – Research Question**

The overarching research question was:

**RQ: How do senior nurses perceive plagiarism in the context of professionalism and patient care?**

This question was addressed via a specifically designed qualitative questionnaire. The analysis of which was examined in greater depth within the interviews.

The following section examines the research design comprised of: the pilot study, description of the sample and data collection methods for questionnaires and interviews

### **3.4 – Pilot Study**

A pilot study (n=15) comprised a purposive sample of band 6 and 7 nurses, based in the researcher's clinical area, was carried out to test the questionnaire and data analysis prior to the main study taking place, in order to improve its quality and efficiency, thus increasing the validity and reliability (Denscombe, 2003). Validity and reliability are discussed in detail in section 3.13. Participants involved in the pilot study were excluded from the main study. A decision was made to use a paper questionnaire—rather than an electronic one—within the pilot study. Because of logistical considerations, including recognition of the staffs' complex shift patterns, it could be completed in a maximum of five minutes and a pre-addressed envelope was supplied for its return.

The results of the pilot study identified three areas of interest, which resulted in major changes to the questionnaire used in the main study.

The use of closed questions failed to provide sufficient detail, in response to the questions given. Based on this, a decision was taken to change the original pilot study, which was made up of seven closed questions only and additional comments to seven closed questions and 11 open questions, to allow respondents perceptions to be explored. The pilot study was carried out to improve the validity and reliability in the main questionnaire.

The paper format, although expedient, for the pilot study was not felt to be appropriate for the main survey. A decision was made to use an electronic survey distributed by a third person who would address the issues of anonymity and logistics of surveying large numbers of people.

Although the pilot study was restricted to a single clinical area, this gave me the confidence to extend the research in the main project to all clinical areas, even though it was more the banding of the nurses, rather than the clinical area, which was of interest.

Importantly, the pilot study answered a very valuable question, namely that nurses were happy to answer questions on plagiarism. This gave me the confidence to continue with the research on plagiarism, knowing that nurses would be willing to engage in discussing ethical questions surrounding plagiarism. (Refer to appendix 1 for a copy of the pilot study questionnaire).

### **3.5 - Description of the Sample for the Main Study**

The sample for this study was drawn from approximately two hundred senior nurses (band 7 and above) working in one London-based NHS Trust. Purposive sampling was used to ensure that there was access to 'knowledgeable people', with an in-depth knowledge about

the subject (Cohen, Manion and Morrison, 2011). All band 7 (or above) nurses working within the Trust were included in the study, providing they met the following criteria: they had a degree or had undertaken a post qualifying course at degree level and that they had a teaching element in their role. Inclusions criteria are required within purposeful sampling to ensure the sample have the relevant experience to being addressed in the study (Russell and Gregory, 2003).

The Trust requires all band 7 nurses to have a first degree or be working towards a Master's degree. Those at band 8 should have their Master's degree or be within 12 months of completing it—the demographic data in the questionnaire showed this was not the case.

The sample included one consultant nurse and one consultant midwife, one of whom was a joint appointment with a university and 40 clinical nurse specialists. In addition, 13 ward managers were included because of their involvement in mentoring staff and again should have a good working knowledge of plagiarism. The sample also included six clinical practice facilitators who were involved in the education of staff and may have been asked to read post-graduate nursing assignments.

Even though there are no firmly established criteria for the sample size in qualitative research, sample size needs to be considered in relation to the purposed of the inquiry, the quality of the participant and the type of sampling strategy used (Russell and Gregory, 2003). Once the questionnaires had been returned, I had a sample size of 68. Using the sample size of 68 senior nurses allowed me to gain a range of views from this staff group within an NHS Trust. I chose the sample of senior nurses as they were more likely to have been involved in university study; have a greater awareness of plagiarism and the potential impact on professional practice. Also, they were more likely to have undertaken academic study and potentially mentoring lower band nurses on courses.

### **3.6 - Data Collection Methods - Questionnaires**

Both questionnaires and interviews have been used in this study with nurses from clinical areas including paediatrics; maternity; surgical; medical; education and neurology. The use of qualitative research, in terms of in-depth interviews following on from the qualitative questionnaires was used to enable nurses to articulate their perceptions, experiences and the subjective meanings they used to explain the process of decision making and actions. When looking at interviews versus questionnaires, it was necessary to consider the different skills and considerations needed for each type of method of data collection. Large numbers of questionnaires can be sent out with minimal cost of time and because they will be anonymous, there is potential that the questions will be answered honestly and without bias (Polit and Hungler, 2013). In contrast, Interviews conducted face to face can allow for a good response rate, since there is prior agreement by interviewees to participate. Additionally, interviews are less prone to misinterpretation by the participants because the interviewer is present (to clarify any questions or issues) (Cohen, Manion and Morrison, 2011).

Research methods are the instruments by which the data is actually collected (Cohen, Manion and Morrison, 2011). This is a two-stage process, which requires the most appropriate instrument be identified and then designed in order to elicit the sort of data required to address the main aim of the research.

The questionnaire is a widely-applied tool used for collecting quality data anonymously (Wilson and McLean, 1994). This questionnaire was designed to collect a small amount of demographic data with closed questionnaires. The main part of the questionnaire contained 11 open questions to elicit qualitative data. This, therefore, allowed the participant to respond, in relation to the issues within plagiarism and its relationship to professionalism

and patient care. This can be construed as investigation into a complex and ethical issues. Attitudes on a subject could be misguided and wrong, but this is hardly relevant, since it is perceptions which count. The attitudes which people have are central to decision making and action so cannot be discounted.

It is important to acknowledge that in terms of questionnaire design, some participants might view open-ended questions as onerous and time-consuming, the questionnaire design gave participants the option to write as much or as little as they wanted. The questionnaire was specifically designed to reflect issues arising from the literature to gain opinions and basic beliefs on these areas.

Research carried out by Dunn, Jordan and Croft (2002) found that the structure of questionnaires, particularly the order of the questions themselves affected the results. This influenced the sequence of questions within the questionnaire in that closed questions presented at the outset followed by open questions to allow factual information to be gathered, prior to questions which allowed respondents to present their views and experience.

Wilson and McLean (1994) discuss the range of question types available to the researcher noting that open-ended questions enabled respondents to make honest and personal comments, placing the ownership of the data in their hands. This was seen as an appropriate and was used in the questionnaire design.

One advantage of writing open questions within the questionnaire was that it allowed the participants to express their views in their own terms, explain and qualify their responses and avoid the limitations of pre-set responses on questions (Wilson and McLean, 1994). It is acknowledged that the use of open-ended questions can raise potential difficulties in drawing comparisons between respondents as there may be little in common to compare.

This was handled in this study by examining responses to each question individually then setting them out on a spreadsheet, which allowed for an easier comparison of opinions.

The questionnaire used was designed to achieve the largest amount of information, without having to take too long to complete each question in detail. This was done by ensuring that questions could be answered with either a short reply or a longer reply if the respondent had more to say.

The questionnaire could be completed in as little as ten minutes to over an hour, depending on the detail of the responses submitted and was detailed as the time taken was recorded on the questionnaire. It is acknowledged that a questionnaire can be an intrusion into the life of the respondent in terms of time taken to complete and the sensitivity of the questions. Moreover, it was important to ensure that the respondents were not coerced into completing the questionnaire, therefore the questionnaire was linked to an E-mail, which was sent out by a third person. This person was not linked to the study or the researcher ensuring that the anonymity of the nurses was protected and their responding to the questionnaire enhanced (Cohen, Manion and Morrison, 2011). The frequency with which questionnaires are used to gather data in the modern world can make them difficult to design, in terms of layout, the type of question used, readability, overall length, all of which impact on the completion rate.

### **3.7 - The Use of Questionnaires in this Study**

The questionnaire was e-mailed to the participants by the third person (Administrator) together with the participants' leaflet and the researcher's contact details. Online questionnaire *Smart Survey* was selected as the mode of delivery as this allowed the researcher to design the questionnaire and for the nurses to complete it easily. The

advantage of the *Online Survey* website is that it allows for anonymity, as the participants do not e-mail the researcher directly but communicate via an online link ensuring confidentiality. Furthermore, the website collated results allowing the researcher to view the numbers of questionnaires returned by each group of nurses.

Nurses were only identified by a number and the researcher was unaware as to whom the number referred. A follow up E-mail was sent by the administrator to all senior nurses, after two weeks thanking the staff who had completed the questionnaire and reminding other staff that there was still time to complete the questionnaire. A third E-mail was sent two weeks later. The questionnaire was closed after a six-week period, which gave the participants a substantial amount of time in which they could complete the questionnaire (For a copy of the questionnaire see appendix 2).

Aside from seemingly higher response rates electronic questionnaires have other inherent advantages. E-mail questionnaires cost considerably less to administer, both in terms of money and time. As it is possible to send the same E-mail to multiple addresses in one action, a large 'mail-shot' of subjects is relatively straightforward. (Denscombe, 2010).

However, there are corresponding features of E-mail, which are less compatible with sending E-mail questionnaires (Denscombe, 2010). Although it is virtually impossible to guarantee respondent anonymity, as their name (or at least their E-mail address) is automatically included in their reply, the use of a third party helped to address this issue.

### **3.8 - Data Collection Method – Interviews**

There are three main types of interviews—fully structured, semi structured and unstructured, (Cohen, Manion and Morrison, 2011). Each type is used in circumstances determined by the degree to which questions are restricted and breadth of response



required by the researcher. Fully-structured interviews offer the least freedom through the use of tightly controlled questions that are very focused on the topic being discussed. The fully-structured interview ensures that each respondent is asked the same questions in the same order and is very similar to questionnaires, even though it does allow for more open responses. Unfortunately, this method does not support any changing of the order or wording of questions to aid the flow of the interview and may not support readily the development of points raised by the respondents and so was not considered appropriate for this study (Miles and Huberman, 1994).

In contrast, an un-structured interview has few very open-ended questions based on the main theme of the research and the respondents are asked to talk freely about that.

Semi-structured interviews were seen as the most appropriate for this study as they centred on a clear list of questions and issues to be addressed in the interview. This allowed a degree of flexibility to alter the order of the questions in response to the interviewee's answers so increasing the flow of conversation, and allowing the researcher to explore points raised by the respondent more fully, should they wish to (Cohen, Manion and Morrison, 2011).

Cohen, Manion and Morrison (2011) note that interviews are a robust adaptable way of data collection, enabling the different channels of verbal, non-verbal, spoken and listening to be used. When the decision was made to carry out interviews, the main concern was that not many nurses would agree to be interviewed because agreement would require them to take an hour out of their busy schedules. The nurses who offered to be interviewed far exceeded the amount originally asked for with interviewees taking time from their schedules; therefore a selection of single representatives from each group was made on the basis of the first response being sent. The use of semi-structured interviews enabled the

exact wording and sequence of questions to be determined in advance basing the questions around the themes that had been drawn out from the questionnaires.

The interviews took place in a quiet room at the convenience of the participant and assured that anything the participant discussed remained confidential. All participants were E-mailed the interview's participant leaflet and consent form. The consent forms were signed before the beginning of the interview and the participant was reminded that they could stop the interview at any time. The interviews were recorded and the participants were reassured that all data would be anonymised during the write up. Once the interview was over, the participant was identified only by a number and job title. The interviews were transcribed by an external transcription company specialising in transcribing medical and research data, which was bound by a confidentiality clause. I had to revisit the interviews and carry out further two interviews with senior nurses who had teaching responsibilities following on from the comments made from the first respondent. I needed reassurance that the comments made by the consultant nurse, who was also an honorary lecturer at a London university, were their personal thoughts and didn't represent those of the university. I planned to carry out seven in-depth interviews but carried out nine in total.

### **3.9 - The Use of Interviews in This Study**

Interviews following the questionnaire analysis were used in the design because it provided an opportunity to elicit information about attitudes and opinions, perspectives and meanings, which could not be gained from the questionnaire.

There was an initial introduction at the interview prior to explaining what the research study was about. Once rapport had been established, the respondents seemed to discuss freely

their views in the subject. During the interview, a number of questioning techniques, proposed by Hannon (2007), was used to help the participants express their views.

- Asking for clarification ('What do you mean by...?')
- 'Can you say a little more about...?' 'In what way?' 'Can you give me some examples?')
- Playing the Devil's advocate ('An opposing argument might run...! 'What would you say to the criticism that...?') Hannon (2007)

The last point was used with one of the interviewees when I was trying to check the robustness of her answers.

It was important that the researcher engaged in 'active' listening, which showed the participant that close attention was being paid to what they said. It also allowed the researcher to keep the participant focused on the subject, as unobtrusively as possible (Cohen, Manion and Morrison, 2011).

The interviews were audio-recorded and transcribed verbatim to ensure all the views of the participants were captured, providing rich data for analysis.

The following section will address the data analysis for both the questionnaires and the interviews. It will look at the bias in the research and also the validity and reliability. Lastly, it will address the ethical considerations especially informed consent, anonymity and confidentiality.

### **3.10 – Data Analysis for Questionnaires**

The questionnaires were analysed by taking each response per question, from all the questionnaires, reading them in turn and coding the data as key concepts/issues. These

codes were then grouped together to identify a set of themes per question (Cohen, Manion and Morrison, 2011). These themes were not difficult to find, as the data from the questionnaires was very rich. The themes for the questionnaires can be found in section 4.3. The questionnaire had a lot of open ended questions, which could potentially carry problems of data handling and analysis. It is not possible to convert opinions into numbers if rating scales are not being used. Using open-ended questions means that the respondent's answers are likely to be dissimilar to each other making it difficult for analysis. There is also difficulty in analysis, as it is difficult to make a comparison between respondents' answers (Cohen, Manion and Morrison, 2011). Using the online software programme allowed for the questionnaire answers to be presented question by question which made coding much easier.

### **3.11 – Data Analysis for Interviews**

The Miles and Huberman (1994) approach of data analysis was used for the analysis of the interviews. They suggest that qualitative data analysis consists of three procedures:

1. Data reduction – where the irrelevant information is discarded, but kept for accessing if necessary;
2. Data display – to draw conclusions from the mass of data. This is a continual process, rather than just one to be carried out at the end of the data collection;
3. Conclusion drawing / verification – this is where the analysis should allow you to begin to develop themes from the data.

According to Miles and Huberman (1994), the following was carried out: Firstly, the codes needed to be valid and accurately reflect what was being researched. Secondly, they needed

to be distinct with no overlapping and exhaustive to allow all relevant data to fit into the code.

This took place by reading the data and assigning a code, which were then noted and each relevant statement was highlighted with the code written next to it. This was stage 1 of the coding process.

Using the codes developed in stage 1, the data was re-read where axial codes were developed. Once both stages had taken place, patterns and explanations in the codes were sought. Codes were joined together and looked at sequentially. The fourth stage of the coding was selective coding, where the data was re-read for cases that explain the concepts; this was looking for contradictory and confirmatory data to avoid conformation bias.

Once the data was coded, patterns and regularities were sought after within each code, key words and phrases were highlighted along with statements that supported the research questions but also refuted them within the codes. A comprehensive picture was built of each topic within the codes.

Once the questionnaires had been analysed, the interviews took place and the responses transcribed. The Trust paid for interviews to be professionally transcribed by a medical secretary who was familiar with health terminology and who was bound by a confidentiality clause, and the recordings were listened to a multitude of times separately, prior to commencing the analysis process.

### **3.12 – Bias in the Research**

Addressing issues of rigor is of paramount importance in all stages of the research process and being aware of potential biasing factors is one of the fundamental considerations

(Denscombe, 2003). It was also important to establish trustworthiness of qualitative research.

It was important that the research participants were independent and treated with respect, so that they were protected from exploitation. This ensured that participants were not selected based on a desire to prove a specific research objective. It was important during the interview to avoid becoming focused on one viewpoint when listening to participants, as this could endanger the impartiality of the research.

When it came to bias in the questionnaire, by allowing the participants enough time to complete the questionnaires by sending them the link to the online questionnaire, they could freely complete it at any computer at work or home. It was also important to be aware that some participants could have been reluctant to give some answers in their interview because they feared being judged and they also may have been concerned that their registration could have been compromised (Polit and Hungler 2013).

### **3.13 – Validity and Reliability**

Maxwell (2010) argues that reliability is a precondition for validity. Reliability refers to the dependency and consistency with which a tool measures the same concept at more than one point, while validity refers to the accuracy with which the findings reflect the purpose and content of the study (Maxwell, 2010).

To confirm that I ensured validity and reliability, it was imperative that the concepts in the questionnaires were drawn from the literature. It was important to checking to see if there were any other questionnaires that were appropriate to use. The issue here is also to check that the researcher can demonstrate that their data is both accurate and reliable. Lincoln and Guba (1985) made the point that it is impossible for a qualitative researcher to prove

that they have 'got it right'. It is, therefore, important to show that the data is reasonably likely to be accurate and appropriate. There needs to be reassurances that the data has been produced and checked in accord with good practice and that it is on this basis that conclusions can be made about the validity of the data. This is carried out following the fact that the findings have been grounded extensively in the questionnaires and the interviews, this has, therefore, built a detailed analysis of the text. This, in turn, provided a solid foundation for the conclusion based on the data and supported the credibility of the research (Denscombe, 2010).

When addressing reliability, the researcher tends to be closely bound up with the research instrument, and the researcher becomes almost a part of the data collecting technique. As a result, the question of reliability addresses whether the research instrument would produce the same research results is important. Piloting the questionnaire, in the first instance, would add to reliability.

For this research, the reliability will be quite high in that if the research instruments were to be used again in the same context, they would hopefully be quite high and could elicit the same responses relating to the perceptions held. That may be true in theory, but there would be certain differences, such as if a different researcher carried out the research using semi-structured interviews, it would not be guaranteed that the additional conversation would not be the same, but I would expect the concept from the participants to be roughly the same. As there is very minimal research on this subject, there is nothing that I can compare my investigation to. Therefore, making this research, in this particular field, using senior nurses, is original especially in the UK. Additionally the methodology and research instruments could be used with other institutions using other groups of nurses, thereby addressing the lack of research in this area.

The validity of the research according to Denscombe (2010) and the data obtained related to how far the data reflects the reality, or truth, of the situation being investigated. Also where the data is directly relevant to the research question, the validity will be strengthened by clearly stating the research aim and focus and devising an instrument that adequately reflects this. It is not possible to entirely avoid the researcher's bias, although every attempt is made to do so, by keeping my personal thoughts and opinions to myself.

By clearly stating the researcher's position throughout the research, and identifying any areas where personal experiences and beliefs may have had a stronger influence than others, it was anticipated that the data obtained and analysed is as valid and reasonable and seen to be an honest portrayal of the data collection and finding (Cohen, Manion and Morrison, 2011). When looking at the questionnaires, it could be stated that they often lack validity for a number of reasons. For instance, participants may lie or even give answers that they think the researcher wants to hear. Therefore, the trustworthiness of the participants cannot always be guaranteed. Relying on the fact that the respondents were all professional nurses and that the questionnaires were anonymised has given a chance to the respondents to feel compelled to be truthful (Cohen, Manion and Morrison, 2011).

### **3.14 – Ethical Considerations**

This study has been undertaken with full approval from the University Research Committee, the NHS Research Ethics Committee and the informed consent of those being interviewed at a London NHS Trust.

(For a copy of the letter giving ethical approval see appendix 3).

All participants in research have the right to expect protection from physical, psychological, social, legal and economic harm at all times, during the investigation (Resnik and Dinse,



2012). Potential participants could exercise their right not to take part in the study by not completing or returning the questionnaire. The participants, who expressed an interest to be interviewed, on the questionnaire, also had the right to change their mind and not be interviewed by cancelling the meeting or withdrawing from that process at any time as stated on the consent form.

Participants were fully informed in advance and protected against any, stressful or uncomfortable contexts. This was done by sending the participant's leaflet and consent form to all potential participants prior to interview. It was important that the participant's leaflet stated that the research was looking at perceptions of plagiarism and not whether the participant has plagiarised themselves. The Ethics committee stipulated that if any participant divulged that they had plagiarised, either currently or in the past, they were to be reported to the NMC 'Fitness to Practise' Panel by the researcher. This piece of information was sent out in all information sent/given to participants and it was understood that inclusion in the study was indicative of their agreement to this stipulation.

All participants had the right to expect that the information supplied by them, either through the questionnaire or interview would be treated as confidential and was protected as such. It was of paramount importance that the participants knew, especially in the interview, that their thoughts and feelings were reported as anonymous data.

All data recordings (voice and text) were stored without names, using unique numbers as identifiers for analysis purposes. As no personal data was to be retained on an electronic data base, or as a hard copy, there were no implications under the Data Protection Act 1998 for the data collection, analysis or thesis.

### **3.15 – Informed Consent, Confidentiality and Anonymity**

Freely given informed consent is at the heart of ethical research, and the national and international governance frameworks – including the World Health Association, Declaration of Helsinki (2008) – state that researchers must make appropriate arrangements to obtain informed consent from research participants (RCN, 2011).

Participants were provided with as much information as possible about the research to enable them to make an informed decision about their possible involvement, this was done by the researcher writing about the research in quite a lot of detail on an E-mail message, which was then forwarded by a third party to all of the potential respondents. Informed consent was achieved via the questionnaire by providing participants with a separate participant information sheet on an attachment to the original E-mail message. This had the link to the online questionnaire, thus allowing the participant to read the participant's leaflet in their own time before making an informed decision to complete the questionnaire or not.

Furthermore, consent forms were signed by participants before the start of the interview, indicating that they were giving their informed consent to participate in the research. There was no issue on the ability to gain consent or the participant losing their capacity, as the participants were nurses working within a large London Trust. Consent was also obtained for the sharing of research data as appropriate and for the publication of findings on the assurance of anonymity. Participants were advised on how the data would be stored, used and accessed, including details of how confidentiality would be maintained. Participants were provided with a copy of their signed consent form. Confidentiality and anonymity were assured for all participants. Confidentiality is seen as an assurance of the fact that none of the identities of participants in the research will be revealed to anyone else and that the

information that participants provide in interviews will not be publicly divulged and ascribed to a named individual. All individuals within the research undertaken were labelled as Senior Nurse 1; Senior Nurse 2 etc. (Rebar *et al*, 2011).

The assurance of anonymity, especially with the use of questionnaires, enables the identity of a participant involved in research to be unidentifiable, so that no one, including the researcher, can link responses to a particular individual. Normally, this is done through the use of a third party or a web link, so that the researcher is not in direct contact with potential respondents as in the case of this study, where a third person was used to send out the link to the questionnaire. The questionnaires that were completed by participants were anonymous, as they were completed online and the researcher had no access to the origin of individual questionnaires or their computer IP Address. The identity of each interviewee was kept anonymous, ensuring that questions could be answered in an honest manner, without the individual being identified. The research data excluded the job descriptions of the participants, particularly where they could potentially be identified by the rarity of the positions in the Trust.

According to the Ethical Guidelines for Educational Research (British Educational Research Association BERA, 2011), the confidential and anonymous treatment of participants must be the 'norm' in the conduct of the research. Researchers need to ensure that they recognise the participant's entitlement to confidentiality and anonymity, including if the research is published. In terms of disclosure surrounding the issue of confidentiality and anonymity, should a participant admit to illegal, unethical or unprofessional behaviour, the researcher needs to consider disclosure to the appropriate authorities.

Confidential research cannot be conducted; researchers have a duty to report on the findings of their research, and they cannot do so if the data they collect is confidential (i.e. cannot be revealed) (Wiles *et al*, 2006). What researchers must do is ensure they do not disclose identifiable information about people, clinical areas and organisations, as well as protect the identity of the participants through the research processes (Wiles *et al*, 2006).

The privacy of each participant was protected when they completed the questionnaire and was interviewed. This right to privacy continued throughout the research. The participants have the right to expect that any data collected during the course of the research will be kept in strictest confidence. This was achieved by retaining anonymity throughout the questionnaire and interviews. Throughout the process, the participants were not asked to divulge their names or the NHS Trust they worked for. As the questionnaires only asked for the participant's job description, the researcher was unable to identify the participants. Although the identities of staff interviewed were known to the researcher, each participant was reassured that even though they would be quoted in the findings and discussion, their anonymity would be assured with participants referred to only by senior nurse 1, senior nurse 2 etc.

### **3.16 – Response Rate**

My questionnaires were sent out via E-mail by a third person with a covering E-mail that had been written by the researcher—an obvious application for electronic mail that was used as a replacement for the conventional postal questionnaire. Early quantitative studies seem to indicate that 'electronic' questionnaires had a very favourable response rate when compared to the typical 20-50% response rates usually achieved by conventional mail surveys (Frankfort-Nachmias and Nachmias 1995). Mehta and Sivadas' (1995) found that

the E-mail response rate increased if an initial E-mail was sent requesting participation in the study.

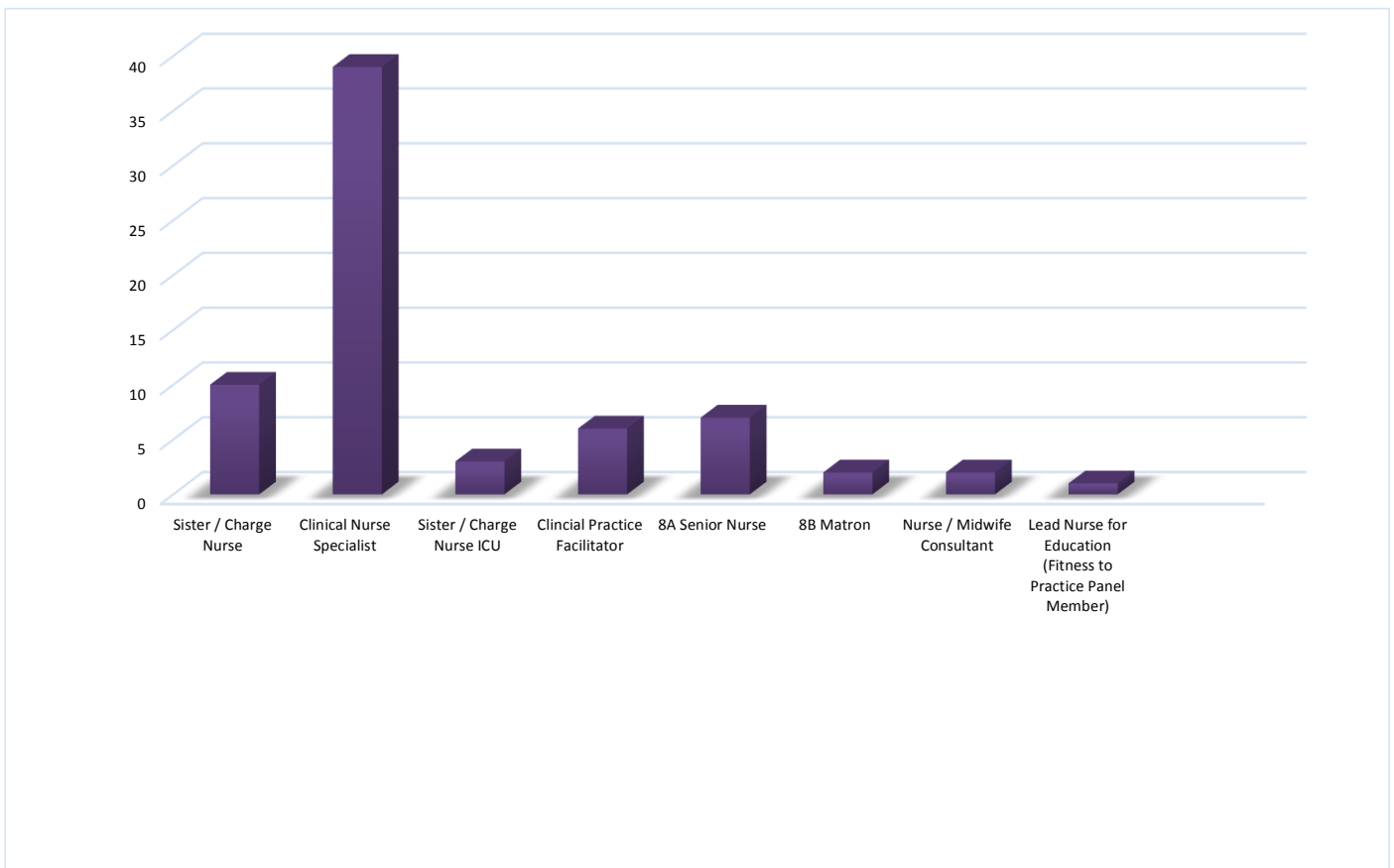
## **Chapter 4 : Findings and Discussion**

### **Introduction**

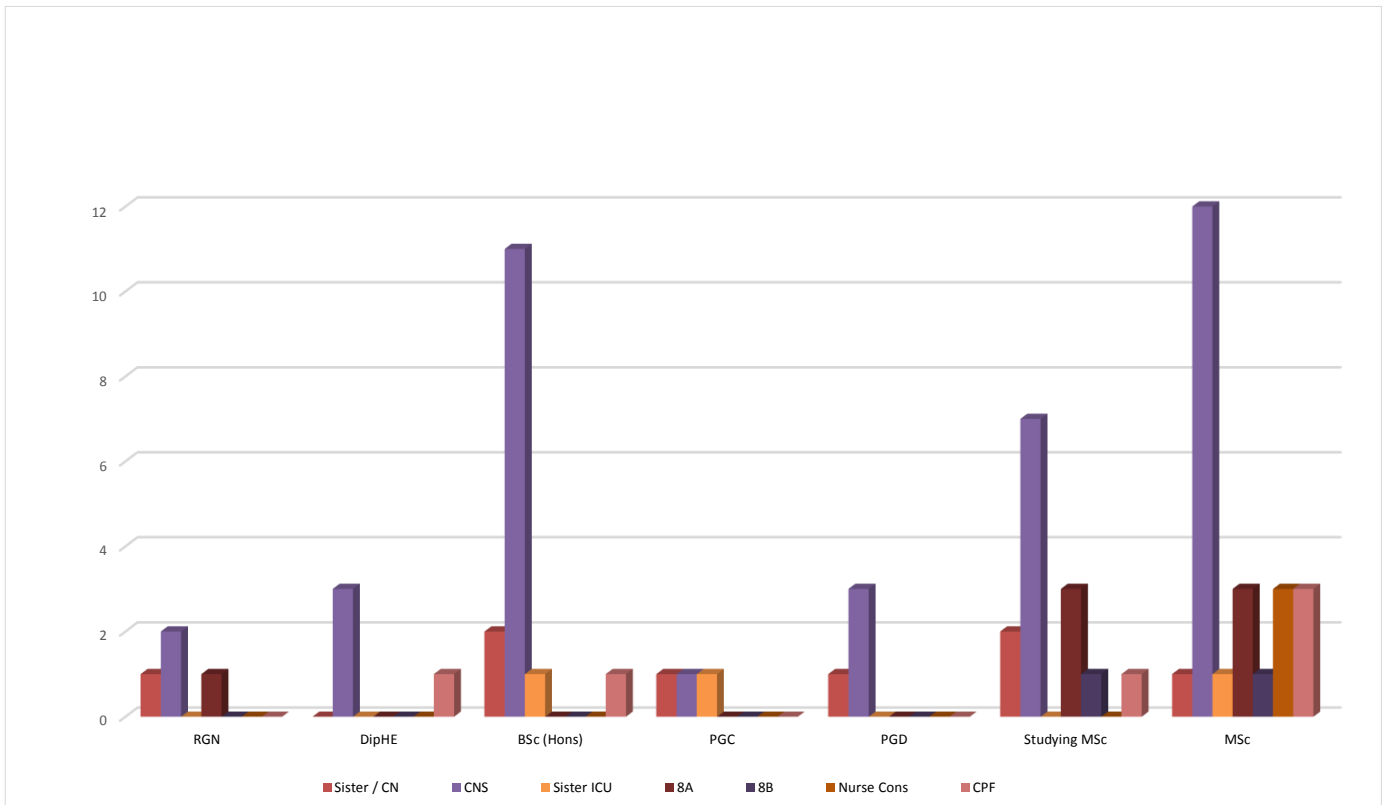
This chapter presents the findings that emerge from the research undertaken presenting a description of the sample, looking at the response rate and discussing the research question.

### **4.1 – Description of Sample**

The following figure (4.1) shows the number of respondents who took part in the research by their occupation. Figure (4.2) shows the highest qualification each respondent has by occupation.



**Figure 4.1 – Respondents for Questionnaires by Job Description**



**Figure 4.2 – The Highest Qualification Each Respondent Has in the Research**

#### **4.2-Response Rate**

When the questionnaires were sent out (200 in total), a 30% return was anticipated, but the survey achieved a 34% return (n= 68). There is a wide variety of response rates from other research, such as 41% from Donelan *et al's* (2010) research on Health reform and 55.1% response rate on Gilmore, Scott and Huntington's research (2007). Mehta and Sivadas (1995) states that the average response rate to paper surveys is around 8%, while web-based surveys have an average response rate that is under 20%. It is proposed that one reason for the low response rate could have been the reluctance of people to respond due to the nature of the research.

The questionnaires asked 17 questions in total, and the questionnaire could either take a total of 15 minutes if the questions were promptly answered or up to two hours if the participant had a lot to say. On average, approximately three-quarters of an hour was taken to complete a questionnaire. This, potentially, was a long time out of a nurse's shift, and it made me think that those who answered the questionnaire had quite a lot to say, and it was interesting to note that few respondents answered the open questions with a line or two (For a copy of a completed anonymised questionnaire see appendix 3). I felt it was important to find out the band of the nurse and their occupation so I could see how many nurses from each group had answered the questionnaire. The majority (56%, n=39) of replies came from clinical nurse specialists. No respondents held a doctorate, even though there were nurses within the Trust with this qualification. This was interesting, as the Trust in which the research was carried out, does have minimum educational criteria for band 7 posts or higher, in terms of these posts holders having at least a first degree in nursing or a related subject and be either working towards, or have completed, a Master's degree. However, one 8a nurse did not have any level of degree and additionally there were many clinical nurse specialists who did not hold a degree, even though they were in a band 7 position. These nurses had been employed in a band 7 capacity for a long period of time and had not furthered their education and professional development. The implications of which will be discussed later in this study. For the interviews I chose one nurse from each category, so there was fair representation from each group of nurses.

Due to confidentiality, the senior nurses who were interviewed will only be identified by a number, from Senior Nurse 1 through to Senior Nurse 9.



A decision was made to use the thoughts of Senior Nurse 6, Senior Nurse 7 and Senior Nurse 8 to examine whether they held a similar understanding, since although they are all employed by the Trust, one, Senior Nurse 6 is paid by the Trust for her teaching at the university and two, Senior Nurse 7 and Senior Nurse 8 contribute as unpaid sessional staff at the university.

#### **4.3 – Findings from Questionnaires and Interviews in Relation to Research Question**

##### **What are the perceptions of senior nurses, in relation to plagiarism, in the context of professionalism and patient care?**

According to the questionnaire data, senior nurses perceive that plagiarism is unethical, unprofessional and shows a lack of integrity. From the data 65 (n= 95.59%) respondents stated that plagiarism is also intellectual theft and dishonest if done intentionally. The effects of plagiarising an assignment compared to a practice document are very different according to the data. The data indicated that 63 (n= 92.65%) of the respondents felt that assignments were solely academic, university-based and unrelated to clinical practice, and were unable to see the association between theory and practice. In contrast, plagiarising of a practice documents was recognised as fraudulent carrying very serious punishment.

When the respondents were asked whether plagiarising an assignment or practice document could potentially impact on patient care and cause patient harm, the result was very close. 46% of the respondents answered 'yes, plagiarising an assignment or practice document could potentially impact on patient care and could potentially cause patient harm', while 43% felt it would not.

A number of respondents (n=8) had written "it depends on....". Those who responded "no" were quite adamant with many answers being that if someone commits plagiarism that is

not enough to judge them as unsafe in practice. The emergent theme was the theory-practice gap, such as when respondent 21 stated:

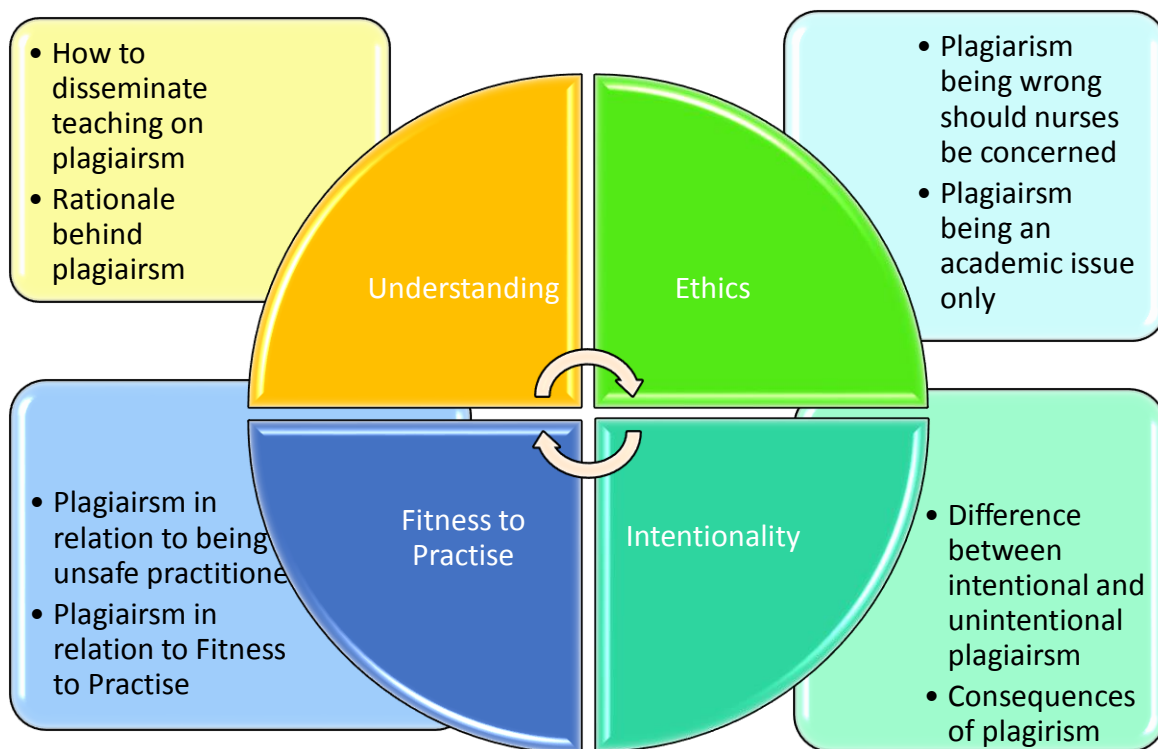
*Nurses need to be aware that what they learn in theory is going to influence their practice. Without learning the theory, there is a big divide between theory in practice, which could mean the nurses does not have the theory to back up their practice. (Respondent 21)*

Within the interview data, there was consensus by all interviewees that a nurse who intentionally plagiarises cannot be deemed professional, and were not following the NMC Code of Conduct (NMC, 2008). They also stated that if a nurse was to plagiarise, then this could potentially impact on patient care.

The findings in stage 1 have been drawn from questions 9, 10, 11, 12, 13, and 14 in the questionnaire, and in stage 2 from the following questions asked at interview 6, 7, 8, 9, 10, 11 and 12.

When looking at the coding that came out of the questionnaires, there were originally eight codes, which were highlighted from the data, after re-reading the data, these codes could be drawn together into 4 main codes.

The following table shows the codes that were drawn from the questionnaire data:



**Table 4.1 – Coding from Questionnaires**

The listed codes were both appropriate and realistic, as they would be relatively easy to assign to text from the interview transcripts. By using the codes, I identified the data that was directly relevant to the research by presenting the views held by the respondents. There was a concern that using the codes that were derived from the data analysis of the questionnaire, could potentially limit the ability to find issues that emerged from the interview data, but this did not occur, as the codes matched very closely to the issues that had been discussed through the interviews.

The main themes to have come out of the questionnaires are shown in Table 4.2 with the over-arching themes above the arrows:

## Fitness to Practise

Should any plagiarism cases be referred to Fitness to Practise?  
Could plagiarism potentially lead to patient harm?

## Ethics

Plagiarism related to professionalism and integrity  
Should nurses be concerned about plagiarism?

## Understanding

There being little association between plagiarism in academia and clinical practice.  
Reasons why nurses plagiarise and how to reduce the prevalence of plagiarism.

### **Table 4.2 – Themes to Come out of the Questionnaires (Inside the Arrows)**

(Please note that these themes are not ranked in any order)

These themes were used to structure the interviews to gain a deeper insight and understanding into the issues raised and the findings presented in section 4.2.1, which follows.

From the questionnaires, six key themes were identified which were identified as worthy of further examination in the interviews.

#### **4.3.1- Questions Asked Related to Plagiarism**

Five basic questions were asked in the questionnaire related to plagiarism in order to uncover underlying attitudes, from these three themes emerged.

#### **4.3.2 – Being Informed about Plagiarism**

Out of the 68 respondents who returned a questionnaire, 95% (n=66) of the nurses stated that they had been told by the university what plagiarism was. The other respondents, who had not been told by their university, were both clinical nurse specialists and one of them had completed a Master's degree, this was respondent 28.

Most of the respondents had been told what plagiarism was in the years between school and university. Respondent 8 stated that they had read about it at school but had never been taught what it was. Out of the respondents, 85% (n=59) stated they had been taught about plagiarism when they were a student nurse at university, and 11% (n=8) stated they were never taught about what plagiarism was until they undertook a post-registration course. This could be explained, in part, by some of these nurses being from overseas, where perceptions of plagiarism can be different from the UK. Pennycock (1996) established that for Chinese students, using another author's words is a form of respect and not a form of cheating, and it may be problematic to overcome this cultural practice. Furthermore, overseas students could be disadvantaged, in some cases, due to their lack of experience in essay writing, resulting in unintentional plagiarism whereas had assessment been in the form of examinations, they would not have the opportunity to plagiarise (Carroll and Appleton, 2001).

A five-year qualitative study in the United Kingdom by Newstead (1996) found that plagiarism was more common in coursework than in examinations, and that it appears to start in school, where coursework is an important component of GCSEs. As universities have replaced examinations with assignment-based assessment, it is likely that the prevalence of plagiarism is going to increase, as well. With colleagues being on the same course 'helping each other', this may also lead to an increase in the level of plagiarism.

Out of the respondents 60% (n=41) stated they had received a briefing topic on plagiarism and that was as a lecture or part of a lecture at university, whilst they were on a course. Therefore, 40% (n=27) either had not or did not comment. As this question was very similar to “have you been told what plagiarism is?”, it is likely that the respondents didn’t feel the need to answer a very similar question.

There was a high degree of similarity in the respondents views on what plagiarism was with phrases, such as stealing, fraud and copying someone else’s work and not acknowledging it being commonly used. For example:

*“To steal and pass off the ideas.....its fraud and theft.”* (Respondent 35)

*“Using others research, findings, figures and teachings and passing them off as their own.”* (Respondent 42)

Others also addressed the following:

*“To pass off someone else’s work as your own work in whole or in part. Examples: not referencing published work, submitting an essay downloaded from the internet or getting someone else to write it for you.”*  
(Respondent 60)

All respondents bar one stated within the questionnaire that plagiarism was wrong for a range of reasons, such as unethical, unprofessional or against the NMC code of practice for example. A lot of the respondents mentioned that plagiarism was literary theft and fraud. There was a lot of passion written within the answers, and you could see that the respondents strongly felt about plagiarism being wrong and had taken some time to answer the questions:

*“One needs to be respectful of another’s professional work.”* (Respondent 34)

It was also identified that:

*“It is incorrect to use the work of others and not acknowledge the source and it is dishonest to pass it as one’s own ideas, work. It is therefore wrong in academia and will be unprofessional in clinical practice as one’s professional integrity becomes*

*questionable and likewise, patient care could be compromised if based on these principles.” (Respondent 66)*

The respondents had highlighted that plagiarism is erroneous, as it denies the writer the opportunity to receive honest feedback on how to improve their skills and performance, and that it also invites peers to question your integrity and performance. It is also committing deception and questions your integrity and professionalism. Lastly, it shows disrespect for your peers who have completed their work without having to plagiarise.

Most of the respondents had been informed about plagiarism at different times through their studies and the general consensus that most respondents understood the basics of what plagiarism was.

#### **4.3.3 – Consequences of Plagiarism**

In relation to the consequences of plagiarising, there was a variation of consequences given from resubmit assignment to be disciplined by the Trust.

*“If a member of staff was found to be plagiarising this should put in doubt their credibility, honesty, reliability and their knowledge base.” (Respondent 30)*

*“If a qualified nurse was to plagiarise their supporting statement on a job application , this would definitely challenge their fitness to practise. Employers would question the trust the patients and the public would have in him/her.” (Respondent 58)*

#### **4.3.4 – Ambivalent Attitude towards Plagiarism**

Respondent 28 stated that it was not an issue for the NMC to be concerned about, and they do not consider any form of plagiarism potentially impacting patient care. Furthermore, it was something the nursing profession should not be concerned about. This nurse’s answers reflected their personal attitudes, which showed that they perceived the act of plagiarism to be of little consequence, reflecting in addition cognitive beliefs that plagiarism was both not

an issue in their eyes, and potentially that they were not concerned with what other people, such as colleagues or peers thought (Ajzen and Fishbein, 2005). This is something that needs to be considered in the respect that this was the view of one nurse out of 68, just how many more could hold that opinion in a Trust with over 3,000 nurses?

When asked whether they thought plagiarism was wrong, only one respondent thought plagiarism was not really wrong and that was respondent 28.

Respondent 28 perceived it as:

*“Not really wrong”*

#### **4.4 - Stage 1 – Questionnaires**

##### **Theme 1 – Nurses perceptions of plagiarism: Unintentional versus intentional plagiarism**

There were many reasons given in the questionnaires as to why nurses plagiarise. This was explored in more detail within the interviews. I felt it was important to find out why nurses plagiarise to see if it was something that could be changed.

Senior Nurse 2 stated that:

*“There’s no excuse for it (plagiarism).” (SN2)*

When I asked her (especially as she was from the Philippines) about people using race and culture as a reason for not understanding plagiarism, her answer was:

*“I don’t think that’s an excuse. Race and culture shouldn’t be an excuse for plagiarism.” (SN2)*

Whereas the Senior Nurse 3 was appalled over some of the answers given in the questionnaire when she was quoted as saying:

*“To further your career, I think that is appalling and that should be very heavily punished. I think that’s unacceptable personally. Lazy, well I think that is a problem with character and I think that nurses shouldn’t ever be lazy, there’s no room for*



*nurses to be lazy, and it's one of those professions that I don't think you can have a lazy character. And if you are a lazy character then you shouldn't be furthering your education, just keep to the basics, go to work, do it well and go home again and stay at that level."* (SN3)

When addressing the issue surrounding plagiarism and nurses not understanding the concept no nurse mentioned the word paraphrasing, but words, such as stealing, cheating and fraud were used repeatedly in the answers that were provided. Eight respondents (8 out of 68 n=12%) felt that plagiarism was something that the nursing profession shouldn't be concerned about, which was of particular concern. At this point, it was unclear whether this view was based on ignorance as to what plagiarism was or whether it was seen as an academic issue. Consequently, this point was picked up and explored in more detail in the subsequent interviews. Interestingly, even though these respondents thought we should not be concerned about plagiarism, they all spoke about it being ethically wrong to plagiarise a written essay or practice document. This ambivalent response raises questions as to whether they actually understood what plagiarism was.

When a nurse qualifies from university they then become a professional and their profession career is governed by the NMC Code of Conduct, when asked whether there are any professional issues arising from a qualified nurse plagiarising, some respondents felt there was not an issue surrounding their professionalism, as they could not relate plagiarism to their clinical practice, viewing it only as part of academic study. This is of concern, since under the NMC Code of Conduct (2008), all nurses have to be open and honest, and uphold the integrity of the profession, but in the case of these eight nurses, the concept of plagiarism is not placed within their understanding of the Code of Conduct.

The questionnaires had allowed a brief insight into the way that the senior nurses thought about plagiarism. As no research had been carried out on the subject, it was not clear what the answers would be to the questionnaires.

**Table 4.6 Shows Some of the Opinions from the Questionnaires**

Lack an understanding of plagiarism especially when some of them have studied to Master's degree level.
Even though plagiarism is seen as a small part of post-registration studying, which needs to be avoided, it does not seem to be very high on some nurse's agenda when studying at university.
Many of the respondents were unsure what their linked university's position was on plagiarism even though all had studied at university as a post registration nurse.
Those who did know recognised that it was unacceptable with the threat of failing the course and even expulsion.
Some respondents spoke about plagiarism policies in place and handbooks given out to all students on starting courses.
Some respondents stated that it had never been communicated to them by the universities and they just assumed it was forbidden
With another stating that they could not remember reading anything specific 'but there was probably something in the information that was sent' to them (Respondent 45).

## **Theme 2 – The impact of plagiarism in the nurse-student mentoring relationship**

There was a high level of agreement (81% n=55) that plagiarism was something the nursing profession should be concerned with only 19% (n=12) replying that it was not.

When asked to explain, many of the respondents wrote strongly about their thoughts:

*“Nurses are supposed to be professional and set an example, if a nurse steals someone else’s work then I don’t think that is acting in a professional way and breaks the NMC Code of Conduct.” (Respondent 1)*

Respondent 1 was not the only nurse to mention upholding the reputation of the nursing profession:

*“All academic disciplines do not allow plagiarism, if the nursing profession wishes to be well regarded by a jury of their peers this issue must be taken seriously.” (Respondent 7)*

Another respondent stated:

*“To be seen and respected as a profession, we need to act accordingly. We will never be recognised as a profession if we are sloppy about everything we do.” (Respondent 8)*

Many other respondents shared the same view on professionalism, maintaining standards and ensuring the public trust in what we do:

*“These research questions have made me more mindful of the fact that it is dishonesty in action and this does not meet with the level of integrity expected of a nurse.” (Respondent 29)*

Looking at the comments from the 19% who felt plagiarism was not something we needed to be concerned about as a profession, the following view was typical of the responses given:

*“No, I feel managers and mentors in the hospital setting need to address the more complex working dynamics and identify issues in the work place. Completing an assignment by plagiarising is sneaky, cheating and immoral but this may not be the case in the work place.”* (Respondent 4)

Respondent 10 brought up the issue of plagiarism being dealt with by the university only, and therefore not be something nurses should be concerned about, with respondent 14 stating that both nurses and universities should be concerned. The following respondent gave an astonishing view:

*“We need to ensure that pieces of work are original but when you find an excellent article it is very difficult not to plagiarise it.”* (Respondent 45)

The responses vary from one extreme to the other. Some of the respondents are unfamiliar with the concept of plagiarism with comments such as:

*“I am not aware it has become a problem”* (Respondent 20)

Contrasted with the views of these respondents who state:

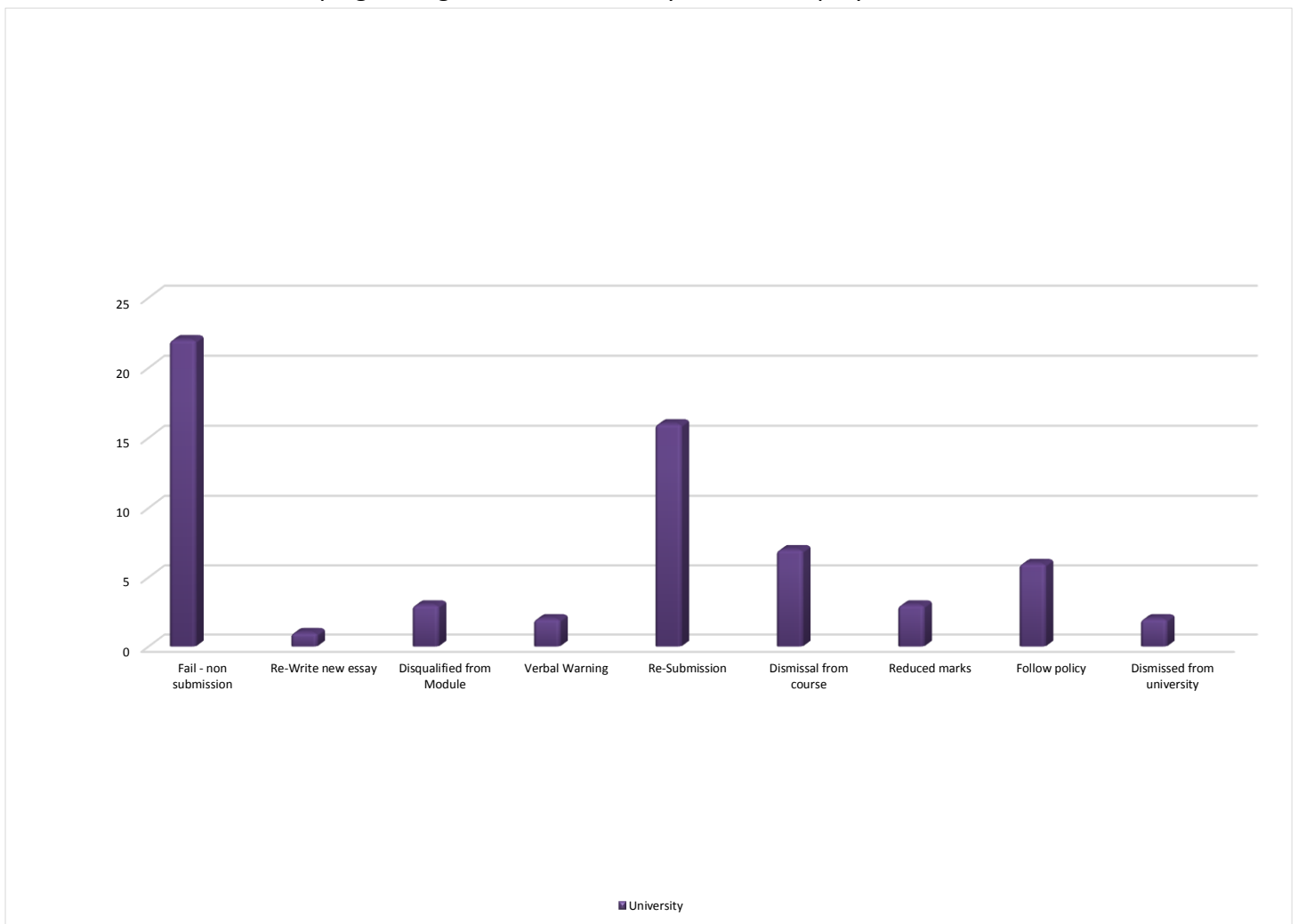
*“Some nurses plagiarise to acquire qualifications or be signed off in skills that they are not competent in and unable to perform. This poses a risk to the general public.”* (Respondent 25)

*“These research questions have made me more mindful of the fact that it is dishonesty in action and that this does not meet with the level of integrity expected of a nurse.”* (Respondent 29)

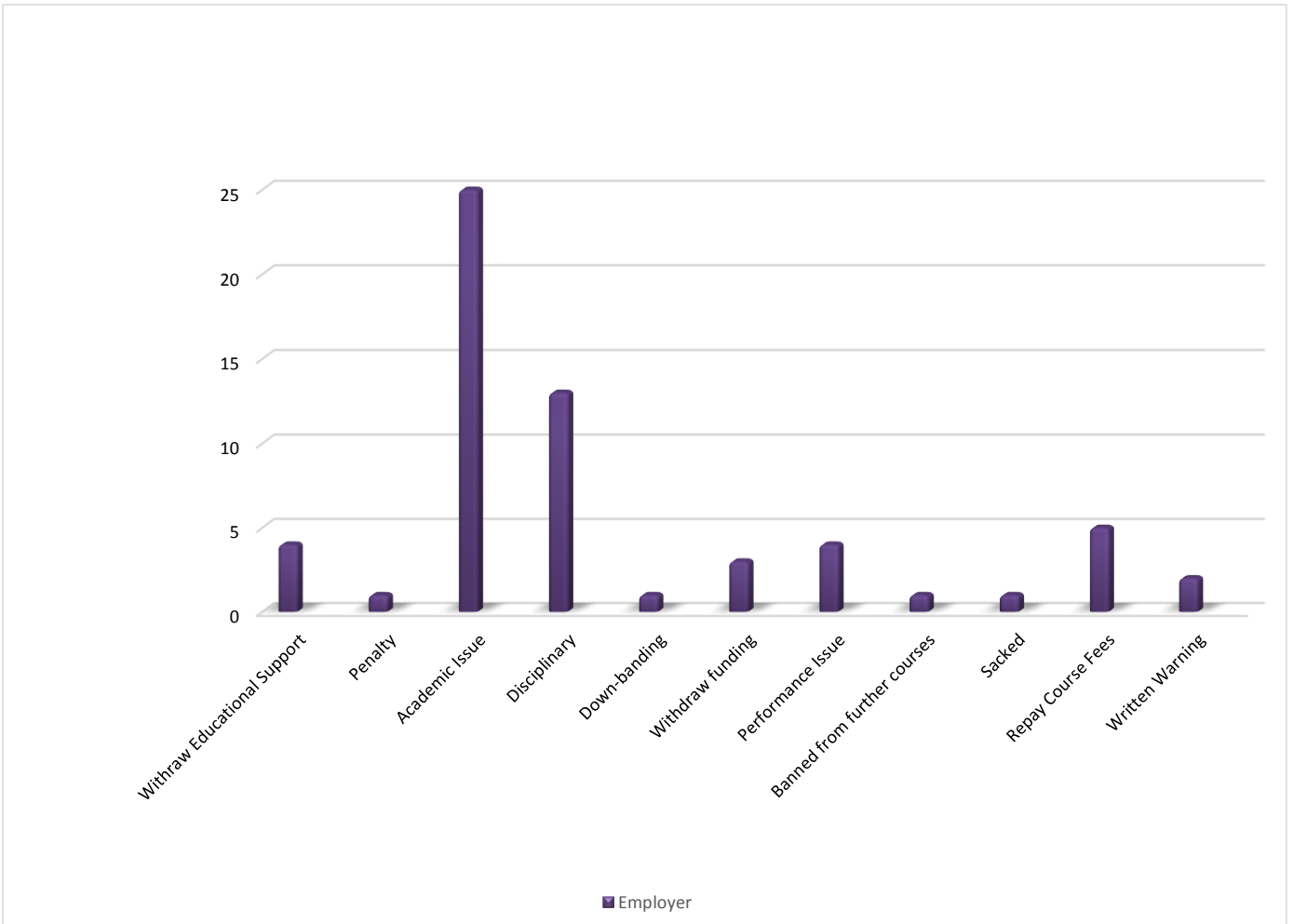
Many of the respondents reflected on the issue of professional integrity and how plagiarism compromised this. They also raised the concern that nurses are seen as professionals who are trustworthy who would not condone unsafe practice.

The same question was asked looking at the consequences from the university perspective. The data revealed a wide range of consequences for plagiarising in written assignments from receiving a verbal warning to expulsion from the university and disciplinary action at work.

The following figures, 4.3 and 4.4 show the consequences the respondents felt the nurses should receive for plagiarising from the university and the employer.



**Figure 4.3 - The consequences the respondents felt nurses should get for plagiarising from the University (some respondents answered more than one) (in number of respondents)**



**Figure 4.4 – The consequences the respondents felt nurses should get for Plagiarising from the Employer (in number of respondents)**  
 (Some respondents chose more than one answer)

The results shown in figure 4.3 were unforeseen in the respect that “fail without resubmission” was the highest result, followed by “re-submission”. This shows that 32.35% (n=22) respondents take plagiarism seriously as an academic issue and feel strongly that if a student is caught plagiarising they should be punished quite severely. But it also shows that 23.5% (n=16) of the respondents also felt that the student should be allowed to resubmit the assignment without any further follow up.

The results of figure 4.5 were also unanticipated when 36.76% (n=25) of the respondents felt that the employer should not be involved in students plagiarising, and it is an academic issue where as 19.12% (n=13) of respondents felt students should be disciplined within their workplace. Only 14.71% (n=10) respondents mentioned the difference between intentional and unintentional plagiarism when looking at the consequences for plagiarising.

It is evident that respondents perceived that the level of consequences should relate to whether the plagiarism was intentional or not. Respondent 5 addressed the fact that the course content should be reviewed to ensure that students are adequately informed and offered academic support in the first instance, and that these standards are monitored if incidents of plagiarism are rising. On closer examination of the questionnaires, it was evident that other respondents felt strongly enough to state that the student should be failed and not be able to reapply for the module if they were found to have intentionally plagiarised. This would have major implications for the student if the module failed was part of a specialised course, such as an intensive care course or neuroscience course since the nurse would not be able to progress further in their career in that specialist area of practice, within that particular Trust, and possibly in future Trusts if this failure was mentioned in future references.

The following respondent suggested a slightly more moderate approach stating that the nurse should:

*“Re-write the essay, be given a warning never to do it again or they will be terminated from the course, and to write an essay on plagiarism.”*  
(Respondent 22)

In contrast, Respondent 52 suggested that some plagiarism was acceptable, stating:

*“If it judged to be over the accepted amount, then the essay should fail and the re-sit should only be judged as a pass.”* (Respondent 52)

Only six of the respondents mentioned the university had a policy on plagiarism. The reason for this could have been that the students were not aware that a policy was in place or was not aware of how to access it.

The question about looking at the consequences if a nurse was to have plagiarised a written assignment from the employer was one that was concerning, as it was one of the questions that highlighted that the nurses who had answered my questionnaire saw academic study and clinical practice as two completely separate issues. They did not see any association between the two, as they felt the employer should not have any input in the problem. Twenty five per-cent of the respondents stated within their replies that plagiarism of assignments was an academic issue and responsibility and the employer did not need to get involved. Some respondents highlighted the fact that the employer had provided funding for the cost of the course. Therefore, the nurse should be made to pay back the cost of course or module.

The following stated:

*“There is a presumption that if a person is employed as a nurse they will have graduated from college and are (or should be) aware of plagiarism and its consequences. Therefore the relative seriousness of proven plagiarism at this level is of an increased magnitude of severity. Disciplinary action should be taken against the guilty party.”* (Respondent 8)

Whereas another respondent went on to say:

*“Question the person’s integrity and investigate. If a professional is dishonest within her written work what reason does the person have not to be dishonest in their clinical work, too.”* (Respondent 44)

This was also supported by another who wrote:

*“The employer should be informed as they are the ones funding the course – this also calls into question their reliability and validity of other work, how honest is the*



*nurse... will she 'cheat' on her documentation of assessments and vital signs?"*  
(Respondent 50)

The cost of a module at university is well over a thousand pounds and each year when commissioning money is released to each clinical area, there is competition for places at university for courses and modules.

In contrast, the view of another respondent was that:

*"The employer should do 'nothing – I don't think this makes someone a bad nurse that can't work professionally or at a high standard."* (Respondent 51)

The following was expressed that the employer:

*"need not be involved – academic responsibility."* (Respondent 6)

When considering if a qualified nurse was found to have plagiarised in a written assignment and the consequences given by the NMC if appropriate, again the data revealed a range of NMC-related consequences, including that it was not an NMC issue. Whilst some respondents thought the consequences should depend on the severity of the plagiarism including up to the loss of their registration. The following was written:

*"I think if it is plagiarism in a written assignment then action by the university would be sufficient, I don't believe the NMC would need to be involved."*  
(Respondent 3)

The following comment seems to address that the NMC does not need to be involved in plagiarism cases unless the work is so plagiarised it risks practice and safety.

*"I don't think this is an issue for the NMC, unless if the work plagiarised is so incorrect and a risk to, for instance, good practice and safety. Then the issue is not plagiarism but practice."* (Respondent 10)

The following respondent's observation was surprising because they were unaware of the role of the NMC:

*“I don’t know what the NMC does now”* (Respondent 16)

With the next respondent stating that plagiarism its self should be mentioned in the code of conduct:

*“It should be mentioned in the code of conduct.”* (Respondent 41)

This last comment is stating that plagiarism is considered important enough to be included within guidance from the professional body. However, part of the NMC (2008) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives states that a nurse *“must be open and honest, act with integrity and uphold the reputation of the profession.”* Intentional plagiarising can be seen as being in direct opposition to those principles.

Other respondents stated that it depended on the seriousness of the plagiarism offence.

The following respondent stated that:

*“It depends on what is plagiarised – if recurrent raises issues of honesty, possible removal from register.”* (Respondent 7)

This was backed up with:

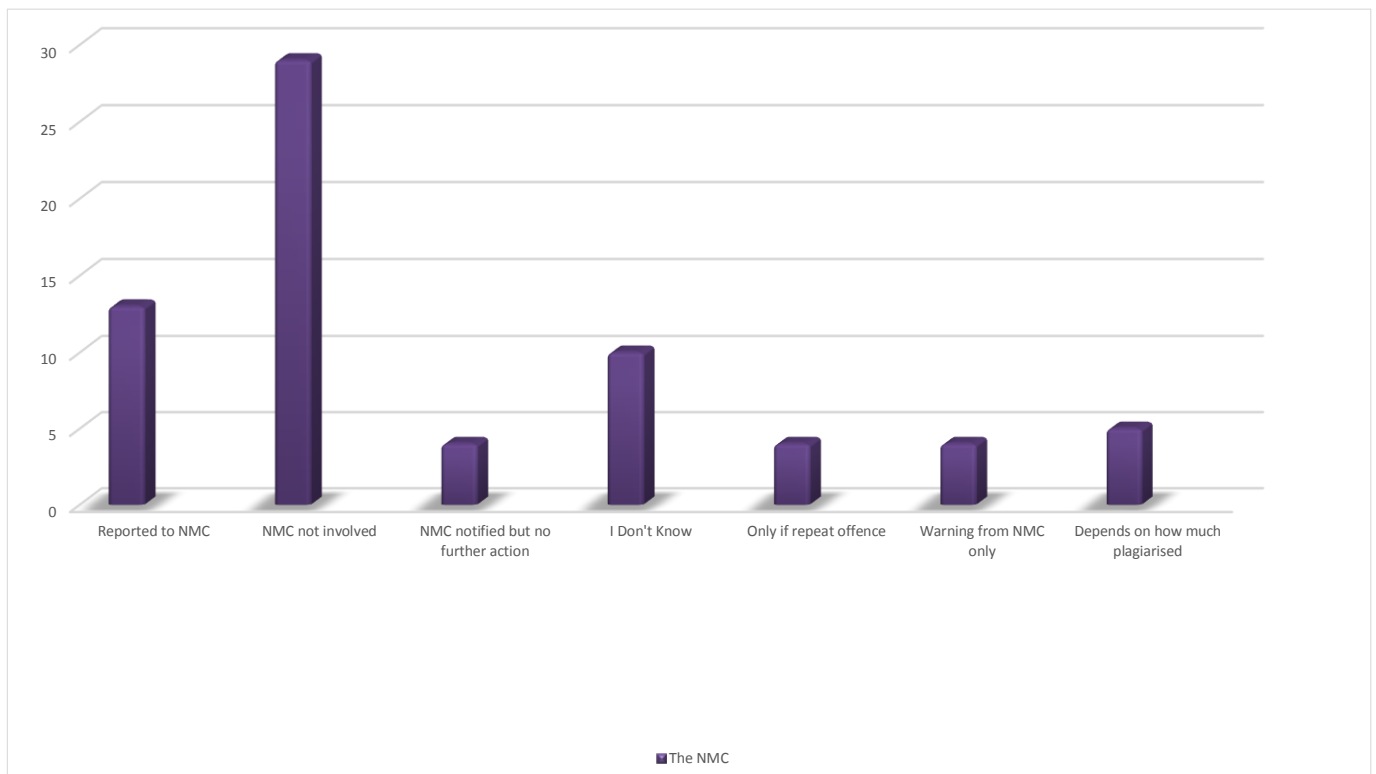
*“It would have to be very serious before getting to this stage, e.g. using the whole of someone else’s work as own, rather than lazy student behaviour.”*  
(Respondent 37)

Some of the respondents perceived that the nurses should be disciplined by the NMC with the following respondents stating the nurse should be:

*“struck off”, or have “supervised practice for 1 year to ascertain they are safe.”*  
(Respondent 29)

Within the questionnaire, the respondents were asked for their thoughts on the consequences of plagiarism in relation to the NMC Fitness to Practise Panel. The data highlighted that plagiarism could present as a fitness to practise issue, because of the potential for dishonesty within it.

Figure 4.6 shows the consequences that the respondents felt should happen to the nurses that plagiarised from the NMC



**Figure 4.5 - The consequences the respondents felt nurses should get for plagiarising from the NMC (in number of respondents) (some respondents answered more than once)**

The strength of feeling in the data was typified in this statement from:

*“I cannot think of a single issue of plagiarism affecting Fitness to Practice. Plagiarism is wrong, unfair and disrespectful but must be kept in proportion. Is the person a good nurse, caring, knowledgeable and up to date? I would not like nursing to be draconian and instilling fear of losing our registration over every misdemeanour.”*  
 (Respondent 9)

In contrast, respondent 11 wrote:

*“this survey has made me think about the relationship between plagiarism and fitness to practise – I had not necessarily transferred the concept to someone’s ability to be fit for practice in a clinical sense (despite having a fairly clear sense that plagiarism is wrong).” (Respondent 11)*

This comment goes to show that one respondent has spoken about their lack of clarity between plagiarism and fitness to practice and many more nurses may feel the same.

Other issues that arose from the data were trustworthiness; dishonesty; sense of morality; ethics; lack of competence; intellectual theft and unsafe clinical practice.

*“The NMC should be notified of incidents of plagiarism and the nurse’s record should reflect a proven event.” (Respondent 8)*

*“Supervised practice for one year to ascertain they are safe.” (Respondent 35)*

One of the themes that emerged from this question was that 5 (n=7.35%) of the nurses felt that there could be very good nurses even if they were not very academic and that justified their plagiarising. In contrast, others felt that if a nurse plagiarised, they were therefore dishonest and unprofessional, and that was not the reputation a nurse wanted. They also felt that potentially if a nurse plagiarised work they may not have an understanding clinically.

According to Semple, Kendre and Achilles (2004), part of being fit to practise is having the right knowledge, skills, attitude and values. The NMC is concerned that nurses are deemed competent, safe practitioners and are able to meet the standards laid out in its Code (NMC, 2008).

Registration as a qualified nurse represents an endorsement of the nurse’s honesty and trustworthiness. At the completion of pre-registration training, the Head of the School is required to sign a Declaration of Good Character for each individual student, to enable each student to register with the NMC. Schools of Nursing have to have robust systems in place

to monitor student's honesty and integrity to ensure that they can feel confident in their endorsement of a student's good character (Semple, Kendre and Achilles, 2004).

It is important to consider that if the newly qualified nurse is registered with the NMC, the employer will take that nurse's honesty and integrity for granted. They will expect that nurse to be capable of carrying out their duties described in their contract of employment (Roberts and Ousey, 2011).

Only 36 of the 68 nurses gave an example regarding what should be referred to the NMC Fitness to Practise and most tended to give answers of an academic nature, such as plagiarising a thesis or assignment. Some of the data revealed strong views:

*"Cheating an assignment has not killed anyone, but not having the mathematical skills to calculate drugs to give to a patient can have detrimental effects."*  
(Respondent 4)

The nurses at the Trust where this study took place are given a drug competency book to complete as part of their induction into their clinical areas. Within the drug competency book, there are drug calculations that have to be correct for the nurse to be deemed competent to give drugs. Anyone who plagiarises these competency books are being dealt with locally rather than Trust-wide. The following quote is written by respondent 10 showed that one of the nurses was not aware of the role of the NMC when they wrote:

*"I have just answered this survey cold. I haven't looked up 'Fitness to Practise specifically.'" (Respondent 10)*

This was surprising because for a nurse not to know what fitness to practise entailed was problematic, especially as this is their governing body. This raises the question as to what else this nurse was unaware of, in relation to their governing body.

Some nurses gave some examples, which would be relevant to their practice, for example the following spoke about nurse prescribing:

*“The nurse may be in a position to prescribe medication which had side-effects that could endanger the patient.”* (Respondent 19)

It was also pointed out that:

*“A nurse may pass an assignment but be unable to translate this knowledge into clinical practice, e.g. provide scientific evidence on the principles of basic life support but not be able to apply this to practice.”* (Respondent 27)

Some nurses, such as respondent 34 said that:

*“Plagiarism of a research project was worse than plagiarism of an essay.”*  
(Respondent 34)

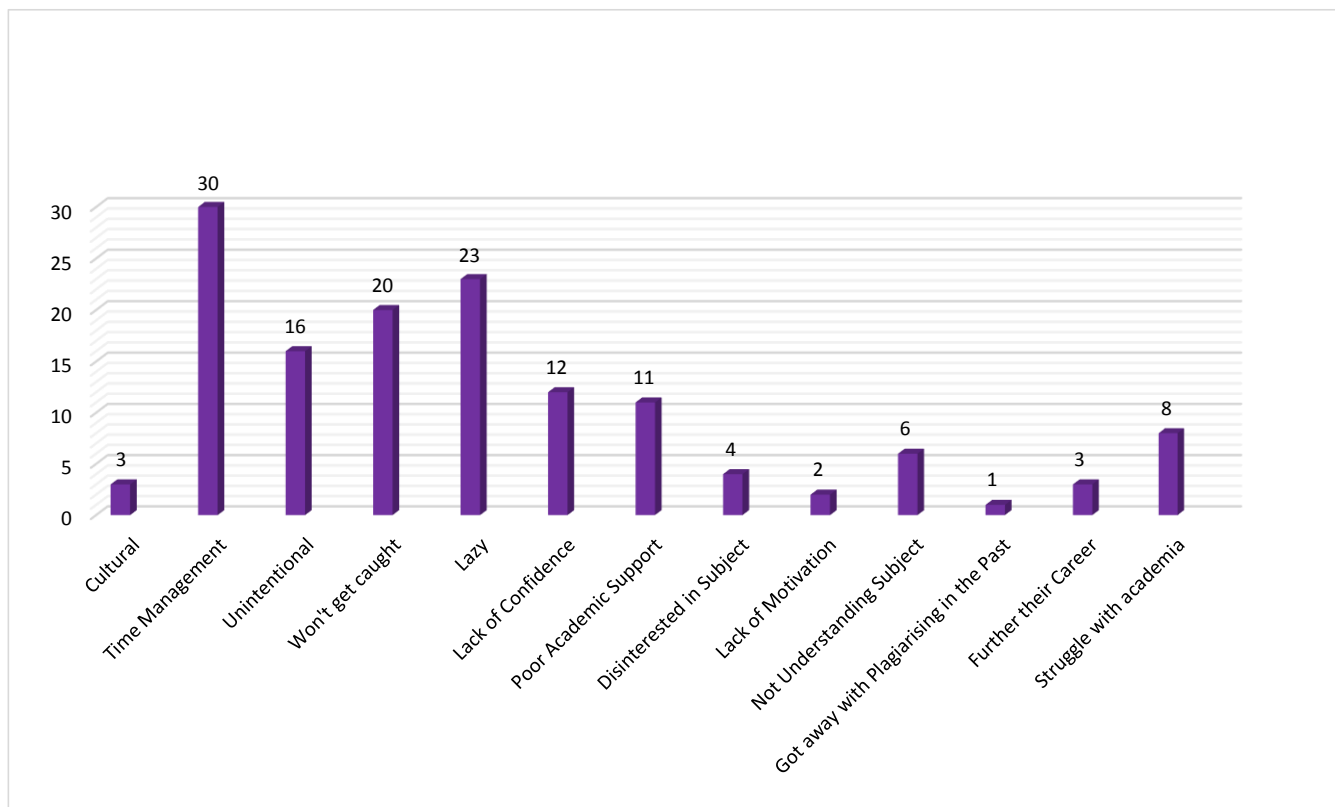
Respondent 36 even used an example of plagiarism being a fitness to practice issue:

*“If a nurse plagiarised a supporting statement on a job application, it would call into question the trust patients and public would have in them and could call their fitness to practice into question, as well.”*

(Respondent 36)

Figure 4.7 details the range of reasons given as to why they thought qualified nurses plagiarised. The results indicate that most of the nurses who answered the questionnaires felt that time management was the biggest issue responsible for why nurses plagiarise, with nurses having to complete courses and modules with no or little study leave whilst working full-time with maybe family commitments. Thinking they would not get caught and laziness were the next two highest reasons given by senior nurses as to why they thought post registration nurses plagiarise.

Figure 4.7 shows the reasons the respondents in the questionnaires thought students plagiarised - there was a wide range of reasons given.



**Figure 4.7 - Reasons given as to why respondents thought qualified nurses plagiarised**  
**(Number of respondents)** (Some respondents chose more than 1 answer)

When addressing the issues surrounding mentoring students and plagiarism the majority of respondents reported that they had mentored a post registration nurse within the last two years, some stated they had never mentored a post-registration student ever. This was an unforeseen aspect, as my expectation was that all senior nurses would have mentored another post-registration nurse at least once in their career. The respondents were asked whether those who were mentors had received any guidance from the university in relation to plagiarism. Seventy two per-cent (n=49) of the respondents stated they had never been given any guidance by the university in relation to plagiarism compared to 27% (n=19) who had.

The following respondent highlighted good practice when they stated:

*“The OU gave comprehensive guidance when I worked for them.”*  
 (Respondent 21)

It emerged that even though it was not the responsibility of the mentor to necessarily look at the content of the assignment, as that is the role of the tutor they did tend to check for grammar, spelling and referencing. This was illustrated by the following respondent who although has not been any guidance by the university, nevertheless took on that responsibility:

*“No – when proofreading people’s assignments, I always go through the referencing with them, though.”* (Respondent 44)

The universities were not consistently incorporating plagiarism into a lecture at the beginning of term but merely expected the students to read the handbook illustrating that not all the respondents were being told what plagiarism was. This resulted in a lack of clarity, in terms of the rules of plagiarism and referencing at the beginning of their course or module.

The most typical response by nurses when asked to define plagiarism was:

*“Taking someone else’s work and passing it off as your own.”*

### **Theme 3 – lack of association between theory and practice: impact on practice**

Respondent 22 saw a division between the practice document in clinical practice and the essay in academia when they wrote:

*“In practice documents it could be dangerous to patient care and in written essays, it is just cheating and has nothing to do with practice.”* (Respondent 22)

Comments, such as these highlighted the division between academic and clinical practice, where plagiarism was directly related to academic work but was not to clinical practice.



The following respondent commented on the fact that patient care could be compromised when they stated:

*“Because this person will not have appropriate knowledge of her own in the subject. As a nurse, it is a danger to care for the sick people with limited knowledge.”*  
(Respondent 67)

Another respondent felt differently when they wrote:

*“...it is not the same as stealing a patient’s purse in clinical practice, however, if using someone else’s work a lot then that is wrong.”* (Respondent 38)

The respondents were starting to think about the vulnerabilities of caring for patients, without the theory to corroborate the practice.

When addressing whether the respondents thought there were any professional issues for them as students if they plagiarise their work 96% (n=65) thought there were, whereas 4% (n=3) thought differently.

A typical response given by a number (n=10) of respondents was the following;

*“How valuable would my qualification be if it did not arise from my own efforts?”*  
(Respondent 3)

A different point was put forward:

*“It’s wrong and could be potentially used to bolster someone’s apparent qualifications without them actually having that level of understanding or knowledge.”* (Respondent 14)

Whereas respondent 17 was very firm in their response:

*“It demonstrates a lack of understanding of academic processes and poor professionalism. Deliberate plagiarism should result in disciplinary action.”*  
(Respondent 17)

Over 25% of the respondents strongly stated that the students chosen career should be called in to question if they plagiarised.

When the respondents were asked to consider whether there were any professional issues that arose from them plagiarising their work, there was consensus that there were, and included a question on the value of someone's qualifications, does not demonstrate personal synthesis, misleading their ability and understanding and lacks an understanding of academic process along with poor professionalism. None of the respondents had suggested that the nurse may not have the theory to underpin the practice. Considering that nursing practice should be evidence-based, this is very problematic, if not negligent, to practice without having the theory and potentially even more dangerous to pretend to have the theory, since this could lead to unsafe practice putting patients at risk and also contravening the NMC (2008) Code, with the following being written about what a respondent feels plagiarism does:

*"Misleading future employers as to abilities, untrustworthiness to colleagues"*  
(Respondent 7)

This was echoed in other respondent's comments, as well as many were making the point of patient safety, even using words such as dangerous:

*"...dangerous. Why copy other information? Against professional conduct"*  
(Respondent 22)

The following respondent reflected issues raised by other respondents:

*"...against plagiarism is dishonesty and can lead to unsafe practice. It is not a professional characteristic expected of a professional nurse. The main issue here is that a nurse can go and work fooling everybody they are competent and have the knowledge to safely practice their profession when in fact they do not as they just copied someone's work and pretended it to be their own."* (Respondent 25)

This was reinforced by the observation:

*“Plagiarism indicates the willingness to compromise professional integrity in patient care and working with colleagues. It calls into question one’s credibility as a professional and ultimately the professional status of nursing.” (Respondent 62)*

When looking at whether there is a link between plagiarism and the nurse being an unsafe practitioner, the question on the questionnaire as to whether a nurse who had plagiarised an assignment or practice document could be deemed an unsafe practitioner drew the most unexpected result. The data showed that 47% (n=32) of the respondents said yes and 44% (n=30) said no (6 respondents didn’t answer the question). This ambivalent response shows that the respondents could perceive plagiarism as an academic problem and not related to clinical issues.

The following comments are representative of views by respondents who ascertained that a nurse could be deemed unsafe:

*“They may not have the knowledge to back up the practice, which could potentially cause harm to patients.” (Respondent 1)*

*“If a nurse knowingly took someone else’s work, as their own, you would have to question whether they were trustworthy in regards to all other aspects of their practice.” (Respondent 37)*

*“If they are passing work off as their own, they may not have fully understood it or its implications in practice”. (Respondent 15)*

*“Because there is evidence of dishonesty in plagiarism, this can lead to unsafe practice pretending to be good, knowledgeable and competent in something they are not as they just copied from someone.” (Respondent 23)*

*“We are well-informed that plagiarism is not acceptable. Anyone who ignores this could be unsafe in other areas of practice.” (Respondent 26)*

*“Do they know and understand what they are doing? They are not safe.” (Respondent 31)*

*“If you don’t understand what you are doing and why this makes you unsafe.” (Respondent 46)*

The following examples were from respondents who were unable to give a definite 'yes' or 'no' answer.

*"Not automatically - it depends on their knowledge and understanding of plagiarism and whether the act was deliberate."* (Respondent 17)

*"Depends on the length of plagiarism, the practitioner may not understand the topic."* Respondent 6)

*"It would have to be put into context, perhaps, depends on the degree of the offence. Depends on what they plagiarise and how many times they have done it."* (Respondent 19)

*"Not sure as compassionate skills and actual operator skills have nothing to do with assignments."* (Respondent 24)

The last set of comments was from those respondents who disagreed that a nurse could be deemed an unsafe practitioner if they plagiarised:

*"No, but it might mean they have completed their assignment without putting much time and effort into their assignment and I might question their motivation, honesty, how genuine they were, what motivates they had for this, loyalty to others, and why they would take credit themselves for another's work rather than their competence or ability to be a nurse. I am sure they may have other qualities as an individual and a nurse."* (Respondent 5)

*"No option for 'it depends' – especially regarding practice documents – may have just taken the best from several documents, producing a tailor made and excellent document so certainly not an unsafe practitioner – just should have credited the sources properly."* (Respondent 10)

*"I don't think the world is that simplistic?"* (Respondent 18)

*"Not about patient care - does not make her a bad practitioner just not a good academic."* (Respondent 14)

*"It does not necessarily demonstrate that they are clinically unsafe but action should be taken by the university over the plagiarism".* (Respondent 50)

*"Dishonest, but not necessarily unsafe, assuming that the work has been plagiarised from work that has been well researched."* (Respondent 30)

*"I don't feel it is a big offence and beyond being pointed out to the person, I would go no further!"* (Respondent 55)

#### **Theme 4 – The role of professionalism in the reduction of plagiarism**

One of the questions looked at the ethics surrounding plagiarising an essay or practice document, and even though only one respondent stated that it was not ethically wrong, a lot of the respondents seemed to struggle with the concept of ethics.

The following was specified:

*“That ethics is too strong for the issue of plagiarism.”* (Respondent 10)

This was backed up with:

*“If an individual is aware of plagiarism then it is ethically wrong. I think it is also ethically wrong to submit work that it not your own.”* (Respondent 21)

The following respondent strongly stated that:

*“It is ethically wrong for anyone to steal someone else’s work or ideas. I think for nurses and others in a position of trust who work with vulnerable people dishonesty is not a desirable character trait.”* (Respondent 42)

Whereas the following respondent felt differently when they commented:

*“It is rather extreme to consider it (plagiarism) ethically wrong.”*  
(Respondent 10)

The subsequent respondent was very clear in their summing up when they wrote:

*“To be ethically wrong there has to be a degree of dishonesty and intent to deceive which is how I define plagiarism.”* (Respondent 30)

Respondent 10 fits in with the TRA (Ajzen and Fishbein, 2005), as they cannot see plagiarism to be ethically wrong; however, it is not possible to make a judgement concerning their prediction of behavioural intention or their prediction of attitude.

If the respondents do not see plagiarism as an ethical issue, then their attitude may lead to the behaviour of plagiarism under the TRA, where the nurse may make a conscious decision to plagiarise if they do not feel it is unethical. Once the nurse has made a conscious decision

to plagiarise for one reason or another, ethical integrity and professionalism is not in the forefront of the students mind.

Although the data suggested that these senior nurses felt they needed to justify how ethically wrong plagiarism is, it was not known whether this was a 'true' belief or based on the acknowledgement that plagiarism could compromise the professional status of their nursing. This is contrary to Faucher and Caves (2009) findings, which suggest some contemporary students view plagiarism as acceptable, and hold a more 'fluid notion' of what is unethical than students in the past.

A range of words was used by nurses to describe why plagiarism was wrong, including dishonesty and untrustworthiness.

*"It's unethical, unprofessional and plainly dishonest."* (Respondent 41)

*"You cannot possibly trust a nurse who plagiarises, what else could they be copying?"*  
(Respondent 66)

#### **4.5 - Summary of Findings from the Questionnaires**

**The key elements that emerged from the questionnaire data comprised:**

1. Professionalism and integrity: Plagiarism was ethically wrong, which linked in with it also being unprofessional to plagiarise as a student in any circumstance, especially due to the chosen profession.
2. Implication of lack of knowledge: Lack of underpinning theory could potentially make a nurse an unsafe practitioner within clinical practice.

3. Consequences for plagiarism were explored from the perspectives of the university, employer and the Nursing and Midwifery Council.
4. The link between plagiarism and whether the nurse who plagiarises could be deemed an unsafe practitioner was explored through the questionnaires and interviews.
5. The questionnaires addressed the question how plagiarism could impact on mentorship, ranging from the nurse mentor not understanding the concept of plagiarism to how much information the university gives to mentors on plagiarism.
6. Not all nurses could fully understand the concept of plagiarism from the answers in the questionnaires.

#### **4.6 - Stage 2 – Interviews**

##### **Theme 1 – Nurses perceptions of plagiarism: Unintentional versus intentional**

Another element that was addressed at interview was whether there was a difference between intentional and unintentional plagiarism. Senior Nurse 1 agreed that there is a difference between intentional and unintentional plagiarism when he stated the following:

*“There is a difference because does that nurse, understand what plagiarism is and it’s very easy for nurses to unintentionally copy and then not appreciate what the learning is behind it. So there is, to me a difference what the learning is behind it. So there is, to me a difference for actually fraudulently going to somebody’s piece of work and using it as your own and, it’s a very misguided, unaware process of copying, or trying to learn by copying, which I can appreciate that some people may feel they learn that way”. (SN1)*

Senior Nurse 2's comment on the subjects was:

*"How would you prove unintentional and intentional plagiarism?" (SN2)*

When asked, Senior Nurse 3 stated that she felt there was a difference between Intentional and unintentional plagiarism and gave the following explanation:

*"I think there are some subtleties.... You might be trying to build things so there might be key words which are referenced but I think there are some subtleties where it could potentially be unintentional. Whether it is motivated by panic, fear, time pressure, lack of confidence, lack of direction, poor facilitation, poor support, feeling on your own, there are so many things that could motivate that, that I think for the most part is intentional. I think people's instinct would tell them that actually this is not." (SN3)*

Senior Nurse 6 also agreed that there is a difference between intentional and unintentional plagiarism, which was surprising:

*"I think there is a big difference between intentional and unintentional plagiarism."*

Senior Nurse 7 and Senior Nurse 8 disagreed that there was a difference, with regards to intention, as according to the University handbook:

- There is NO excuse for unintentional plagiarism.
- You are responsible for knowing what constitutes plagiarism and how to avoid it.

(Designated HEI Library Services, 2012:2)

Senior Nurse 5 agreed, stating that she felt there was also a difference, but she saw it not quite so cut and dry and more subtle. She observed:

*"I think there is a difference, I think it I hard to know if it's truly unintentional sometimes. If it's on an academic course, I think you put in rules in a perimeter don't you and you've got to abide by them." (SN5)*

This question gave rise to mixed answers in the questionnaire and the interviews, with most respondents observing that it is unprofessional and goes against the integrity of the



profession to plagiarise an assignment or practice document. It has also been highlighted from the data that there is an immense division between academic and clinical practice whether it be an assignment or any other form of university study.

There were many reasons given in the questionnaires as to why nurses plagiarise. This was explored in more detail within the interviews. I felt it was important to find out why nurses plagiarise to see if it was something that could be changed.

Senior Nurse 2 stated that:

*“There’s no excuse for it (plagiarism).” (SN2)*

When I asked her (especially as she was from the Philippines) about people using race and culture as a reason for not understanding plagiarism, her answer was:

*“I don’t think that’s an excuse. Race and culture shouldn’t be an excuse for plagiarism.” (SN2)*

Whereas the Senior Nurse 3 was appalled over some of the answers given in the questionnaire when she was quoted as saying:

*“To further your career, I think that is appalling and that should be very heavily punished. I think that’s unacceptable personally. Lazy, well I think that is a problem with character and I think that nurses shouldn’t ever be lazy, there’s no room for nurses to be lazy, and it’s one of those professions that I don’t think you can have a lazy character. And if you are a lazy character then you shouldn’t be furthering your education, just keep to the basics, go to work, do it well and go home again and stay at that level.” (SN3)*

## **Theme 2 – The impact of plagiarism in the nurse-student mentoring relationship**

When addressing whether any plagiarism case should be referred to the NMC ‘Fitness to Practise’, the theme of consequences emerged. The answers were quite mixed with some participants thinking it was too harsh and others agreeing that nurses should be referred to

the Nursing and Midwifery Council for plagiarism if they broke the code. There have been cases of nurses referred to the NMC 'Fitness to Practise' panel for plagiarism and some have even had their registration revoked for a period of time for being deemed unfit to practise (NMC Fitness and Practise, 2012). Within the interviews, it was important to ascertain what the participants thought and felt about this and see whether they knew that plagiarism could result in the loss of registration and was deemed a serious offence.

When Senior Nurse 1 was asked for his opinion on the findings from the questionnaire that not all nurses felt that all plagiarism should be seen as a fitness to practise issue, he observed:

*"To be honest I don't know how they can say that it's not a Fitness to Practise issue, I would suggest to those nurses they go back and read the NMC code of conduct, because it's for exactly those reasons, we are meant to be an open, honest profession, we are meant to be a highly skilled profession."(SN1)*

The above comment was the start of many comments following in the same vein.

Senior Nurse 2 also agreed with the comment from when she stated:

*"If you're breaking the code of conduct, yes, I think it could be because you are not honest, there's not a real excuse for you to do plagiarism and it would be a mark on your name that you did plagiarise as a nurse, then you've lost that trust."(SN2)*

Senior Nurse 3 was less specific when she stated:

*"Again, I think its degrees, but then I go back to the point if it was intentional or unintentional. No wonder you are doing a doctorate on this, if I got my degree and the hospital had employed me thinking that I'd gone through university, read widely, learned thoroughly and could care for my patients properly, and then somebody found out that I hadn't done a sod and I'd just brought papers, then I think it is a Fitness to Practice issue." (SN3)*

On prompting she continued:

*"If it's unintentional plagiarism, and again that's a completely different argument how can you prove that, then I don't think it is a Fitness to Practise issue." (SN3)*

*"I don't think you want to strike off a fully competent nurse on an unintentional misdemeanour." (SN3)*

Senior Nurse 6 was very clear in her views when asked whether she thought plagiarism should be a 'Fitness to Practise' issue, stating:

*"I don't think it is a Fitness to Practise issue. Usually, I won't say never, because there are some people who are just bad, that what they're doing is bad, it is very intentionally, they know exactly what they are doing, and will use it to make their way." (SN3)*

Whereas Senior Nurse 7 stated:

*"A nurse should be referred to the NMC Fitness to Practise for Plagiarism when their fitness to practise has been impaired." (SN7)*

Senior Nurse 8 supported this view with:

*"Fitness to Practise should be the last resort for the worst cases of plagiarism." (SN8)*

Senior Nurse 5 had had some experience of midwives being suspended from practice, which she stated was always hard to deal with, and she went on to say:

*"Being suspended from practice is a pretty effective method to get people to think rather deeply about what has happened ... a suspension for anything devastates people". (SN5)*

When Senior Nurse 4 was asked about whether she understood plagiarism to be Fitness to Practise issue, she states:

*"I guess it goes back to that polarised view of that of their academic world and it has no bearing on their professional role and professional self and I think if you found in your questionnaires those kind of quite polarised views on that, I guess that response would go back to that really." (SN4)*

Senior Nurse 5 gave an example of where her work had been plagiarised and the impact it had on her as a professional. She stated how deeply hurt and upset she felt when she found

out that someone had plagiarised her work, when she had put many hours in to produce the pathway she talks about. She gave two examples of work that had been plagiarised:

*“I developed a care pathway, over the last eighteen months, which has been adopted but the \*\*\*\* Maternity Network and I didn’t know. Nobody said anything. I had put a lot of work into developing it, to test it, it wasn’t perfect yet, and it was actually a very senior doctor that took it, and never saw fit to say we’re looking at your work.”*

*“A colleague of mine who does a lot of work in public health was not invited to sit on the NCL Network for maternity care ... and she was telephoned and they just said can we take it, we want to use it. She said no, you haven’t invited me on this, what you want to do, exactly how it to be used is. Because it is out there, any midwife, doctor can use it and reframe it. There is this feeling that whatever is out there, we can have, it’s ours, and we’ll take it.” (SN5)*

These examples not only illustrate plagiarism, but the lack of respect and issues of power within the profession and are of particular concern. Senior Nurse 5 is now very wary of people plagiarising her work.

Whether nurses should be concerned about plagiarism was a theme that was highlighted through the questionnaires and this theme required more in-depth examination at the interview.

It was interesting that Senior Nurse 5 felt the level of study had an impact on whether the nurses had an understanding of plagiarism, which would impact on whether nurses were aware of what plagiarism was or not, she stated the following when asked at interview:

*“I think that it is not very well understood, (plagiarism).....we have eighteen month courses and we have a three year direct course, and even in the eighteen month course, if the nurses are not degree level, I think their understanding of it (plagiarism) is less, which would be I suppose, pretty normal.” (SN5)*

Senior Nurse 2 had strong opinions about plagiarism, but being a nurse from the Philippines, she had been taught about plagiarism when she was in the equivalent of primary school and had been taught from a young age that copying was wrong.

She went on to say:

*“You send them [a nurse] to a course to learn more but then, if they copy someone else, how will they learn and they will then apply what they learn into practice if they just copied it. Everyone should be aware of this.” (SN2)*

Senior Nurse 3 looked at the fact that a nurse could be suspended for plagiarism and gave that as the reason why they needed to be aware of what plagiarism is:

*“I think it’s important but I think that if you’re going to be penalised for plagiarism, both in at work in your career development and through your registering body and university, maybe there is a little difference in the severity of the punishment. That is why all nurses need to be aware of plagiarism when they are studying at university.” (SN3)*

When Senior Nurse 6 was asked for her opinion in the interviews regarding whether nurses should be concerned about plagiarism, her answer was:

*“Should they be concerned about it? I think that, from the point of view of what is expected of a nurse by the NMC, which is basically, be honest, then it is an ethical concern. I’ve a feeling – I can’t even remember what I said now (in the questionnaire) – but I think I said no, at the time, because I don’t think plagiarism is the same as stealing a purse. And, just because somebody would take someone else’s work, especially when they are not academics, and they just want to get the bloody essay in, and get on with it, and return to the business of life, which isn’t this.” (SN6)*

Senior Nurse 7 and Senior Nurse 8 did not agree with the views of senior Nurse 6, stating that all nurses who studied, or had studied or were mentoring students at university needed to be aware of what plagiarism was.

Senior Nurse 9 stated that plagiarism was something that all nurses needed to be aware of when she said that:

*“I would say that actually I think it’s about people’s confidence and knowledge around what it is that they’re doing. I think and also we we’ve got to think in the context of which we work, there could be incredibly significant and fatal consequences in terms of thinking about it in clinical practice. So I think it’s the degrees of nurses being aware of plagiarism and I think that’s probably why there is such a strong sense that it’s wrong.” (SN9)*

It appears that the majority of nurses, when asked in the interview feel that plagiarism is something that all should be aware of; in the respect that plagiarism is deemed unethical and unprofessional. The view is that, as a profession, we need to support research and acknowledge the work that other members of our profession contribute. We cannot uphold standards and retain professional credibility if we plagiarise and we cannot retain the trust of the patients if we are seen as being unprofessional in academia, documentation and clinical practice.

### **Theme 3 – Lack of association between theory and practice: the impact on practice**

Within the interviews, one of the most unanticipated themes to have come out of the research was the detachment between academia and clinical practice. It was very thought-provoking to see how so many respondents thought that plagiarism was only relevant in academic practice, and did not relate it to their everyday clinical practice.

The experience of Senior Nurse 1 as an educator with a commitment to evidenced-based practice was apparent. He observed:

*“Education is both academic and hands-on, on the job training, is new, everything we do comes from education, so to say it’s just an academic issue is to me quite worrying”. (SN1)*

Senior Nurse 2 was also in agreement with Senior Nurse 1, she works in a highly specialised area where her staff must have the theory to back up the clinical practice to ensure patient safety. She stated the following:

*“Yes it could be possible (the nurse may not have the theory to back up the clinical practice if they plagiarised their theory) because they just copied the assignment. So, possibly they don’t have enough knowledge...”(SN2)*

Senior Nurse 3’s answer was very short with:

*"I think it depends what you are writing about when it comes to relating theory to practice." (SN3)*

The view of the Senior Nurse 6 in relation to the association between academic work and clinical practice was as follows:

*"If we're worried that people plagiarise because they don't understand stuff they can't translate into their own words, and, therefore, that, when it comes to looking after their patients they don't know what the hell they're doing - I think that's a big jump...I judge the two separately." (SN6)*

*"I'd like to see what somebody's performance is with patients and, to tell you the truth, if they can look after the patients okay, and if they can tell me why they're doing something, and that would be fine with me. I think that the bottom line is, do you know what you are doing, and can you point to the evidence about why it's being done? (SN6)*

Senior Nurse 6 (Joint appointment with the university) who was originally interviewed made comments within the interview, which were highly individual and did not appear to be representative of the guidance offered by the university. Senior Nurse 7 and Senior Nurse 8 (Honorary lecturers) were subsequently interviewed (to cross reference the views of Senior Nurse 6 as to university guidance on plagiarism). Her view was singular and was in contrast to the other two interviewees of Senior Nurse 7 and Senior Nurse 8 who held views more in line with the policies and protocols of the university that they taught at.

Both Senior Nurse 8 and Senior Nurse 7 felt that there needed to be more of a relationship between academia and clinical practice and their views coincided:

*"Everything we do as nurses within clinical practice is backed up by theory and evidence based practice. By following evidence based practice it aims to stop bad practice and ensures patient safety. " (SN7)*

Senior Nurse 4 also agreed with Senior Nurse 7 and Senior Nurse 8. She went on to say:

*“I cannot remember how I responded [in the questionnaire] but I would imagine that I would see the two integrated...there has to be a connection. It is all part of your integrity as a nurse.” (SN4)*

Senior Nurse 5 (SN5) summed up her feelings very well and put her thoughts into perspective, through her questioning of her staff to ensure they do not pick up bad habits, stating:

*“when the newly qualified are coming up, I said, look at this piece of research because that’s you, when you come here there will be bad practice, not underpinned by any form of evidence... so, until I think we’ve got more people like practice facilitators, who are educated at that level but have a foothold in practice, I think that’s the start of bridging the gap, but it doesn’t surprise me one jot that people that you’ve asked, if they are band eight, and they’ve gone through the ordinary management structure that they just see education as over there, practice over here and never shall they ever meet again.” (SN5)*

The final sentence from Senior Nurse 5 sums this theme up and her insight that once nurses and midwives start moving up the management structure and come out of the clinical area or stop running teams of nurses they start seeing a gap in the theory and clinical practice.

Senior Nurse 9 (SN9) was again asked the question about nurses not relating theory to practice and her first comment was: *“At all?”*

She then went on to say:

*“I think it’s the terminology actually, because plagiarism in my own and more generally from working with people both in academia and clinical settings, plagiarism tends to be associated with copying work, and in clinical, it can be referred to around record keeping and documentation. So, although they do interlink and cross I think it’s the terminology and maybe giving people examples to understand...”(SN9)*

As a group of nurses, it is imperative that the theory practice gap is bridged to ensure that all nurses understand that without the knowledge, there can be gaps in our practice, which without challenge and questioning could potentially impact on the care that is given to patients. Plagiarising a competency document or assignment may suggest that a nurse



possesses knowledge, which in reality they do not, and could make them potentially an unsafe practitioner.

Senior Nurse 9 is someone who sits on NMC Fitness to Practise Panels, which hears plagiarism cases, so she actually had quite a lot to say on the matter. She started off by answering the question with the following answer:

*“The quality of statements that are produced a lot of the time at the fitness to practice hearings are incredibly poor and that relates back in my mind to how much people feel the severity or the consequence of actually plagiarising whether it be an academic piece of work and it’s not just about the actual clinical consequences.”(SN9)*

*“This is a major issue that needs to be addressed now...” (SN9)*

The nurses who took part in the interviews, on the whole, shared strong opinions in the dialogues, that in some cases, they felt there could be an association between plagiarism and potential patient harm. The problems again stems from the academic and clinical practice gap. Where nurses are not involved in the education of new nurses and are not aware of or familiar with what documentation can potentially be plagiarised, it is vital that educators lead the way in ensuring that this issue is dealt addressed at a Trust-wide level.

When the question “Do you think that a nurse who has plagiarised an assignment or practice document could be deemed an unsafe practitioner?” was asked on the questionnaires, there was nearly a 50-50 split with 47% (n=32) of respondents stating yes it could impact on patient care and 43% (n=30) stating no. This I felt required more in-depth questioning at interview.

Senior Nurse 1 strongly felt about the results in the questionnaire, especially as he works in education and clinical practice, stating:

*“It is shocking, as someone who’s studying for their degree and can understand that plagiarism can impact on patient care, in the sense from my own experience, I’ve had*

*a few of the competency books that have been copied or plagiarised and when questioned, when verbally questioning the nurse, they didn't really understand what they had written, so It's not even if they, copied they understand, or plagiarising what they understand."*

*"You will see observation charts with respiratory charts with respiratory rates that's all the way across the near enough the same number until something goes horribly wrong or same with GCS, as well. I think because particularly with these two things, we're not relying on machines to do, your relying on your professional skill as such, to measure those things. So yeah, that is plagiarism in the sense that you've just copied the person before you and not actually done it and, obviously that has huge implications for patients." (SN1)*

Senior Nurse 2 felt it could potentially be a big issue, as she works in a highly specialised area where she is required to give patients drugs in emergency situations and her nurses have to be competent in drug calculations. If one of her nurses was unsure on the calculations and had copied someone else's drug calculation, the results could be catastrophic. She stated the following:

*"It could just be a work book ... which could be a big, big problem. For me, that would be a very big issue." (SN2)*

Senior Nurse 1 goes on to say when asked if it makes a difference as he works in education:

*"It could be, in a sense that because I'm sitting there and I'm marking the workbooks and I'm seeing the issues... and then see the impact that it can have on patient care, which is something very close to my heart, is nurses doing it safely." (SN1)*

Senior Nurse 4 who was interviewed was educated to Master's degree level and was thinking about embarking on her PhD. She stated that she wanted to be interviewed, as the questionnaire had made her think about the whole subject in a different light and she felt it was something she wanted to explore in more detail. She stated the following about plagiarism and the impact on patient care:

*"I remember reflecting on that [integrity] when I completed your survey and it is about understanding and that again goes back to some nurses being encouraged or being expected to undertake academic pathways of study when they are out of their depth, and perhaps they are not facilitated or supported in the right way, they then*

*turn to plagiarism perhaps and they don't know, they are not able to assimilate what is being taught or what they are reading and yes it would then translate for them to be unsafe practitioners." (SN4)*

In contrast, the Senior Nurse 6 stated the following:

*"But these are two different things here - one was about plagiarising, and one was falsifying (practice documents). But those are two completely different things. People who are falsifying practice documents, I'll be absolutely hard line about that, because that is absolute fraud, and that is deliberate, because you cannot pretend you didn't know that. That is fraud, and if it was somebody I caught doing that, I would be really, come down on, because I think you're untrustworthy." (SN6)*

When asked whether she thought the same about plagiarism, the answer was as follows:

*"I do, but I don't think it is the same with the plagiarism, I think they are different." (SN6)*

When asked about whether a nurse should be deemed an unsafe practitioner if they plagiarised, the reply was as follows:

*"Not necessarily. You see, that's the thing, I'd want to see what their practice was like. But if someone was falsifying a practice document, the implication is that they're not competent at what they're doing, nursing is about being able to, doing the knowledge, so I think they are two different things." (SN6)*

When the same questions were put to Senior Nurse 7, they stated:

*"Because there is evidence of dishonesty in plagiarism, this can lead to unsafe practice pretending to be good, knowledgeable and competent in something they are not as they may not have fully understood the theory behind the practice." (SN7)*

Senior Nurse 8 supported this, observing:

*"They may have the skills to undertake the procedure but do they fully understand and if they took short cuts in their understanding with an assignment or practice document do they try short cuts in anything else and what could this potentially lead too?" (SN8)*

When asked about patient safety and what made a good nurse, Senior Nurse 6 stated:

*"I'm getting more and more worried about the standard of nursing of people that are on courses, and I think what can happen is that practice and the universities are trying to cover their own backs, which is fair enough, and it's very easy to blame in both directions. And, I think, my own experience is that, as somebody from the*

*university who's also in practice, saying the reason they're not passing is because they're s\*\*t, and if I were you, I'd be really worried about what they're doing to those patients in real life. It is much easier to blame the people that are teaching, as well, as not all teachers are great." (SN6)*

When the same question was asked to Senior Nurse 7 and Senior Nurse 8, the following responses were recorded to show again that Senior Nurse 6 had a singular view not shared by the university that she was a member of staff at:

*"Plagiarism demonstrates a lack of understanding of academic progress and poor professionalism and should result in disciplinary action due to the potential harm it could cause a patient if there are gaps in the nurse's theory." (SN7)*

*"Plagiarism will not teach post registration students anything but dishonesty that could lead to unsafe practice as a professional." (SN8)*

Senior Nurse 6 went on to say:

*"I'm really concerned here, because of what seems to be going on in practice, and these people are pitiful...you're the one that passed them, and you're the ones with clinical practice that let them through." (SN6)*

Senior Nurse 5 reflected on the relationship between core values and plagiarism, stating:

*"Safety is linked to your inner beliefs and values and if you're inner beliefs and values don't take you to a level where you'd recognise plagiarism then perhaps that needs a bit of work." (SN5)*

Senior Nurse 5 went on to talk about the impact of plagiarism, in relation to the public and the damage plagiarism could do when she responded:

*"I think it's because they haven't really experienced what the impact could be in terms of poor practice, and in terms of people developing practice...getting people to understand that if you plagiarise in terms of say those drug calculations, you could be heading for a much worse situation and you're going to damage the public. Our first concern is that we do good by the public." (SN5)*

When the Senior Nurse 3 was asked about the results of the questionnaire and the near 50-50 split, they answered the following:

*“When one considers something, one considers it in relation to other things. If you are considering it in relation to - is it serious as not knowing how to resuscitate someone in ICU, is it as serious as that? One life at stake or we have an assignment at stake. If that assignment was then going to change practice because you are going to publish it, well then yeah it’s quite a different kettle of fish. So if that why we’re half/half because half of us are thinking about getting through an assignment, and half of us are thinking about improving practice.” (SN3)*

This illustrates that not all senior nurses understand the concept behind plagiarism and the impact of plagiarism in clinical practice.

#### **Theme 4 – The role of professionalism in the reduction of plagiarism**

Plagiarism and professionalism (in nursing) do not belong together when it comes to nursing as nurses are considered highly professional individuals who do not copy, steal or cheat at anything nursing-based whether in practice or in academia. All interviewees commented on how wrong it was for nurses to plagiarise, as it was unprofessional and brought the profession into disrepute.

Senior Nurse 1 strongly felt about plagiarism, possibly due to the fact that he worked in education and had first-hand experience of finding staff that had plagiarised stating:

*“It [plagiarism] can have professional implications to their honesty, to their professional practice....” (SN1)*

Senior Nurse 2 also stated the same summing up her feeling in the following sentence:

*“It’s not good [plagiarism in relation to professionalism] the nurse plagiarising, it is not professional” (SN2)*

Senior Nurse 3 spoke about a nurse’s integrity in relation to intentional plagiarism. Even though she would not have had much if any experience dealing with post-graduate nurses on courses as CNS’s work independently and did not manage a team or any other staff, so

would be unlikely to have been involved in reading any other nurse's assignment. Her view was that:

*"If they are willingly plagiarising because they can't be bothered to write it in their own words or whatever, then yeah one has to question their integrity." (SN3)*

Senior Nurse 4 is very clear on her understanding of professionalism in her role as it had impacted on her work and academic study:

*"We are in a professional role and that transcends our role of how we are employed in the organisations...I have a responsibility for my conduct beyond my finite role that I am employed to do and so of course my academic pathway of studying has a bearing on my role and I think a key part of our professional self is working with integrity." (SN4)*

Adding, that as nurses, we must:

*"Uphold the reputation of the profession." (SN4)*

The interview with Senior Nurse 9 looked at the issue of plagiarism in relation to professionalism and nurses' confidence and her view was:

*"I think it's about people's confidence and knowledge around what it is they're doing that they don't just copy. I think we've got to think in the context of which we work, there could be incredible significant and fatal consequences in terms of thinking of it in clinical practice. So, I think it's the degrees of it and I think that's probably why there is such a strong sense that (plagiarism) it is wrong and unprofessional."(SN9)*

One of the last themes that emerged and was addressed within the interviews explored what could be done to reduce the prevalence of plagiarism within the healthcare profession and who should be involved especially as there was this theory-practice gap.

Senior Nurse 1 stated:

*"I feel that it has to be taken from both the universities but using things like Turnitin and having more freely available information to people starting their courses etc., both verbally in lectures and available on their internet sites etc." (SN1)*

Senior Nurse 2 felt that plagiarism could be reduced with a lecture at the beginning of the course and ensuring that the correct members of staff were sent on the course. This could be achieved by interviewing the staff and ensuring the staff are motivated and want to attend the course for their personal development.

Senior Nurse 3 felt it was the responsibility of the student, observing:

*“It is your responsibility to either approach your university because there are facilities for that, or to approach your employer if there are facilities for that, to enable you a bit more time to complete things in the way you are expected to. And you can’t be proud of something that you’ve copied off someone else even if the subject is boring.” (SN3)*

Senior Nurse 4 had a different stance on the question when she answered:

*“I think there has to be some kind of partnership between education leads in Trusts like in ours and the academic institution that we work with, to bridge that gap really, for there to be some known relationship and to enhance, as I have said before, people’s academic pathways of study and their working roles, so maybe people’s line managers, without being indiscreet to have some sense of where people are.”*

*I think going back to revisiting and redefining plagiarism for people at the commencement of courses, one to one meetings with personal tutor prior to commencement of courses, one to one meetings with personal tutors prior to submitting assignments so it is not just a one off at the beginning of the course.” (SN4)*

Senior Nurse 6 thought using plagiarism software was a way to stop plagiarism, noting:

*“Using the software is part of it, because it wakes people up, apart from anything else. I suppose it is like any law, isn’t it? ... Some people won’t break the law because they won’t break the law and some people won’t break the law because they think they’ll get caught.” (SN6)*

This fits in with the concept of TRA, where people will weigh up the consequences of being caught and the potential outcome and use this reasoning to decide whether to plagiarise. If the student has plagiarised before in the past and has not been caught, then their behaviour will be reinforced and potentially they may do it again.

Senior Nurse 5 also thought that the starting point lay with the universities, stating:

*“I think it should start with the Universities, because that’s where our education base is now, but I don’t think it’s reinforced enough, I’m not convinced that it’s a big issues in Universities and I think if it was more of an issue then it would over spill more into the practice mind... if it was linked to clinical safety then people may understand and sit up and listen. It’s just oh, I’ve been penalised in my last assignment oh so what, because that is laziness. I think there is an element of laziness in it and a lack of interest...” (SN5)*

It appears that we need to work in partnership with the universities to reduce the prevalence of plagiarism and the hospital Trusts need to ensure that they send the right nurses onto the right courses.

#### **4.7 - Summary of Findings from the Interviews**

##### **The Key Elements that Emerged from the Interview Data**

1. Should nurses be concerned about plagiarism? Nurses should be concerned about plagiarism; it is something that all nurses should be aware of and it something that is important enough that all nurses should be concerned about.
2. Why do nurses plagiarise? Nurses plagiarise for a number of reasons, ranging from laziness to lack of time. Some nurses do not understand the concept of plagiarism and plagiarise unintentionally. Therefore, this could be due to a lack of understanding on the part of the student or the university.
3. How to reduce the prevalence of plagiarism: Various ideas were proposed on how to reduce the prevalence of plagiarism from bridging the gap between the Trust and university to ensuring all assignments are passed through Turnitin software.



4. Intentionality: Those who were interviewed feel there is a difference between intentional and unintentional plagiarism.

#### **4.8 – Overall Summary of Findings in Relation to Research Question:**

**RQ: How do senior nurses perceive plagiarism in the context of professionalism and patient care?**

The findings of this study have established from the data that senior nurses' perception of plagiarism does have an impact on professionalism, especially as we are governed by a Code of Conduct (NMC, 2008). Cases of plagiarism and failure to admit or accept that it has taken place may lead to a nurse being referred to the NMC with their Fitness to Practise being called into question with consequences far worse than any of those that a University can action, such as removal from a course. The NMC Fitness to Practise Panel can give a member a supervision order or even a suspension or loss of registration so they are unable to practice.

The outcomes have also shown that within the questionnaires half of the nurses feel that potentially plagiarism could theoretically impact patient care, whereas all the nurses interviewed felt there was a positive association between plagiarism and the potential to cause patients harm.

The findings have also shown that plagiarism is something that all nurses need to be aware of, especially the association between academic and clinical practice. All practice carried out by nurses is underpinned by theory, which is learnt in university and clinical practice based on evidence-based care, which is derived from research findings. The findings also show that even though there is not any research, this data shows that some senior nurses

feel that patients' care could be impacted on if a nurse has plagiarised an assignment at university; a practice document or competency book.

According to Hilbert (1988) the incidence of research that has been carried out on student nurses plagiarising is much less than other professions, which could be the result of the reputation of the profession. With such high ethical expectations of the profession, there is less research written on student nurse than other professions.

The results of this research shows there is very little research on plagiarism especially in nursing and a few short paragraphs mentioned in research papers on post-registration nurses. The data this research has generated is very thought-provoking. Some of the answers to the questionnaires allowed for the themes to be drawn out for the interview questions. This allowed for more in-depth questioning to take place in the interviews.

When looking at the subject of plagiarism, most nurses had been told what it was, but it was interesting that no one within the questionnaire used the word paraphrasing when asked to describe what plagiarism was. It was also interesting to see that not all respondents had been told what plagiarism was at University. There seems to be a lot of inconsistencies as to when students are taught about plagiarism with some students not having been taught what it was until attending a post-registration course. One rationale could be down to the fact that some of these nurses could have been overseas nurses where plagiarism is seen as something different. Pennycock (1996) showed that using another author's words is a form of respect, and it is hard for these students to change this cultural practice. Furthermore, overseas students are also disadvantaged in some cases when asked to write essays, as they may plagiarise either intentionally or unintentionally due to their lack of experience in essay writing, as many Eastern countries rely purely on examinations for assessment (Carroll and Appleton, 2001).

Park, Park and Jang (2013) wrote about the fact that cheating had not been investigated in South Korean Nursing Students until the mid-1990s, where the possible effects of academic cheating was looked at in relation to the student's future, as qualified nurses and the patients in their care, as well as the increased attention to academic integrity. The results showed that 78% of the students committed assignment cheating where the student nurses perceived cheating as less serious than student nurses in other countries.

In conclusion, senior nurses identified that it was unprofessional to plagiarise and bring the reputation of the profession into disrepute. There was divided opinion within the questionnaires as to whether plagiarism of an assignment or practice document could potentially impact on patient care, but within the interviews, all the interviewees could see that in theory if a nurse did not have the theory and principles from writing an assignment or had plagiarised a practice document then, they could potentially they could harm a patient.

## **Chapter 5: Conclusions and Recommendations**

This chapter draws together the findings from stage one (Questionnaires) and stage two (Interviews) then uses these to answer the research question. Four overarching themes have been identified:

**Theme 1 – Nurses’ perception of plagiarism: Unintentional versus intentional**

**Theme 2 – The impact of plagiarism in the nurse-student mentoring relationship**

**Theme 3 – Lack of association between theory and practice: Impact on practice**

**Theme 4 – The role of professionalism in reduction of plagiarism**

**5.1 – Research Question – How do senior nurses perceive plagiarism in the context of professionalism and patient care?**

**Theme 1 – Nurses perception of plagiarism: Unintentional versus intentional**

The highest reason given by respondents about why they thought nurses plagiarised was time management. Within the Trust on which this research was based, there is an ongoing debate about the amount of time allocated to nurses to attend statutory and mandatory training, as well as study time for attending university courses. Some nurses get paid study time to attend university courses, while others have to attend within their own time and are not given any paid time off to attend. Where nurses are required to attend university courses within their own time, it necessitates their taking a day out of their personal time, which could have an impact on time management especially where there are external factors such as a second job or family. Larkham and Manns (2002) stated that there were issues that arose for post-registration nurse students who seek to advance their career through further study as most hospital Trusts appear not to provide any study time for their

staff. According to Logue (2004), students have to meet the rigorous academic requirements of their course at the same time as working—a factor that can sometimes lead to the temptation to take short cuts to save time and effort and lead to plagiarism.

The next highest reason for nurses plagiarising was that the participants thought they were lazy. It was surprising that this came so high up the list, as nursing is not considered a lazy profession by other nurses. This was followed by the belief that they felt they would not get caught. This has been highlighted in lots of research on nursing students and cited as one of the key reasons why students plagiarise. This fits with Fishbein and Ajzen's (1980) Theory of Reasoned Action, where people behave the way they do because they don't think they will get caught or are not concerned about the consequences if they are caught.

The initial argument proposed using the Theory of Reasoned Action, is that an awareness of plagiarism is fundamental to determining whether the behaviour is intentional or not. If a student has plagiarised but found to be genuinely unaware of the nature of plagiarism and what constitutes plagiarism or purposefully setting out to plagiarise, then it will be assumed that the action was unintentional. Within the Theory of Reasoned Action a student's intention to plagiarise is influenced by their attitude towards the act of plagiarism. Langbridge, Sheeran and Connolly (2007) propose that for students to develop a 'positive' attitude towards engagement in plagiarism they must first be aware of what constitutes plagiarism but also recognise that the action is considered undesirable within a Higher Education setting.

A student's attitude to plagiarism will evolve through their beliefs about plagiarism and the values they assign to it. Beliefs about behaviour are developed by associating that behaviour with particular characteristics, events or outcomes. In addition, attitudes become associated with behaviours where the characteristic, event or outcome that the student

associates with the behaviour is considered to have a positive or negative value attached to it (such as being able to 'get away with it', or feeling that the behaviour is risky because there is a high likelihood of being detected) (Jaccard, 2012).

In addition to attitudes, subjective norms and perceptions of control used by students to justify the action or practice of plagiarism, Granitz and Lowey (2007) identify six key elements as part of a theory of ethical reasoning to explain why students plagiarise: Utilitarianism; situational ethics; deontology; rational self-interest; Machiavellianism and cultural relativism. The identification of a theoretical rationale for plagiaristic behaviour was cited in their study as critical to the development of a plan for plagiarism prevention. Few studies have been based on accepted theoretical models of behaviour. Most academic-integrity research to date has relied on demographic, situational and personality variables to predict and explain violations of academic integrity (Stowe, Jawahar and Kisamore, 2010).

The final element that contributes to behaviour and the values held by students is that of students' innate personality traits together with the opportunities offered by the context at the time they plagiarise. Having proposed how a student may develop a particular attitude to plagiarism, it is important to consider the relationship between attitude, intentions and behaviour which can be explained using the Theory of Reasoned Action.

The Theory of Reasoned Action has developed a means of understanding the process of plagiarism from the development of a student's awareness of, and attitude towards plagiarism through to the to the establishment of an intention to plagiarise, and the role of peer influences, as well as a student's perception and judgement of risk in carrying out the behaviour. The model establishes a theoretical framework which can be used to establish plausible rationales for the occurrence of plagiarism and to develop an understanding of

how universities may implement strategies to minimise the incidence of its occurrence (Coren, 2012).

If a university does not punish their students for plagiarising then the students may not worry so much about plagiarising, whereas if the student realises that the sanction will be from their course and disciplined by the university and/or the Trust and/or the NMC, their response may be a quite different matter. An important point emerged from the interviews, namely that the majority of the interviewees thought there was no excuse for plagiarising, as there are enough people to support the nurses if they are having a hard time, either academically or personally.

### **Theme 2: The impact of plagiarism in the nurse-student mentoring relationship**

Again, there are two elements to this theme - the first being intentionality. Intentional and unintentional plagiarism was mentioned sporadically throughout the data, through the questionnaires and interviews. The general consensus was that those students who plagiarised unintentionally should be allowed another chance to complete their assignment without penalty, whereas those who plagiarise intentionally should be disciplined. This is a very difficult issue in the respect that if the students were taught at the beginning of each module or course what plagiarism was, then there would not be any unintentional plagiarism. If a student was told what plagiarism was and they still chose to 'take the risk', will they just say they did not understand? The second element to this theme is the consequences of plagiarism, which is related to intentionality.

When asked about the consequences of plagiarising and the view of the Nursing and Midwifery Council's Fitness to Practise Panel, 28 (n=41%) of the respondents claimed that the NMC were not involved, as this was an academic issue only, clearly indicating a

separation between academic and clinical practice. There were 13% (n=9) respondents in the research who were unsure about the consequences for plagiarising from the NMC's Fitness to Practise perspective. Some agreed that the NMC should become involved, but others felt that it should be dealt with on a case specific basis. The level of confusion and ignorance ranged from respondents being unaware that nurses could be referred to the NMC's Fitness to Practise Panel for plagiarism, with some thinking that individuals could be referred for plagiarising a paragraph in a short module essay, rather than cut and paste a Master's thesis or a complete practice document. According to Semple, Kendre and Achilles (2004), 'Fit to Practise' is defined by the possession of the right knowledge, skills, attitudes and values and competent, safe practitioners are restricted to those able to meet the standards laid out in its Code of Professional Conduct (NMC, 2008).

When looking at whether senior nurses are involved with mentoring post-registration nurses, there was a difference within the results. Some nurses have mentored nurses through post-registration, whereas others stated that they have either never mentored a post-registration nurse or that they have, but not for a long time.

Within nursing, when moving up the career ladder and through the bands, the senior nurses will be less involved in mentoring post-registration nurses. Some senior nurses, such as Senior Nurse 3 may never mentor post-registration nurses, as some work independently. A question was asked within the questionnaire asking those who mentored students what they thought the universities stance was on plagiarism, 33% (n=23), stated they didn't know. This did not fit in with the 98% of respondents (n=67) who knew that plagiarism was wrong. Within the Questionnaire most of the nurses thought that plagiarism was something we should be aware of, but that didn't imply that anything should be done to address this.



Nurses that understand the concept of plagiarism seem to be the ones who also link it to practice and the ones who think that we need to be concerned about it. When I was questioned about what my research was about, a lot of the nurses were surprised that I chose to examine the topic of plagiarism, as that was something that was dealt with by universities and wasn't really anything to do with nursing. However, the results of the questionnaires showed that 81% (n=55) of nurses believed that this was something we should be concerned about. This was particularly interesting in that nearly half of the respondents thought that plagiarism did not have an impact on the nursing profession in general and didn't impact on patient care, but was nevertheless something "we should be concerned about". The answers seemed to focus mainly on the professionalism and integrity of the nurse as a whole.

Those respondents who didn't feel it was something nurses should be concerned about must feel something else takes priority, rather than plagiarism. The response to this is whether they would feel the same if a member of their team had given the patient the wrong dose of medication, as they were not sure of the drug calculations, as they had plagiarised their drug competency book from their colleague and were unsure on how to calculate a specific drug.

Other participants raised the issues of it being dealt with by the universities and not being an issue that nurses needed to be concerned about. I am not sure whether the nurse would feel the same if she knew a practicing nurse had been promoted through the bands, through plagiarising their assignments and having passed a course, through submitting a plagiarised assignment.

Even though no respondents actually admitted to plagiarising throughout the research, there was one comment that concerned me where one nurse stated:

*“We need to ensure that pieces of work are original, but when you find an excellent article it is very difficult not to plagiarise it”. (Respondent 18)*

Robert Clarke, Professor at Birmingham City University when interviewed by the BBC News regarding plagiarism stated ‘Who would want to be treated by a nurse who’s cheated on their assignment? Would you like go for a job and be piped to the post by someone who has cheated in their degree? (Chakrabati, 2012).

The temptation to plagiarise is increased not only with the ease of cutting and pasting from the Internet or downloading text and hiding the true source of the writing, but also by the emergence of websites, which for a fee, will provide an assignment of even a thesis by a ghost writer. These services are gaining in response to market demand. Some websites will sell access to pre-written assignments, such as private sellers selling their past nursing essays on E-Bay or sites that offer to write your assignment, which is guaranteed to be plagiarism free. When supplying these essays, they are written as an essay example only and not as an essay to submit, therefore protecting these websites from colluding with plagiarism (Logue, 2004). Logue (2004) goes on to explain that plagiarism is a problem both at university and national level in the UK, and even though the Joint Information Systems Committee (JISC) wrote the Turnitin programme in 2002, it is still not being used in all universities for post-graduate study.

### **Theme 3 – Lack of association between theory and practice: impact on practice**

There are two elements within this theme. The first element is that the respondents did not know what plagiarism was.

When the respondents were asked what plagiarism was, many answered the same with ‘copying someone else’s work’. No one within the questionnaires mentioned the word

'paraphrasing'. There was no reference of plagiarising anything other than an assignment— it was all theory based. There was no indication of plagiarising any other nursing documentation.

The second element is that because the respondents do not understand the concept of plagiarism, they are unable to make the association between theory and practice, as plagiarism is seen as an academic issue only.

This theme that emerged was the dislocation between academic study and clinical practice. The research both through the questionnaires and partially through the interviews showed that 85% (n=58) of the nurses felt that plagiarism was something that students carried out at university and was restricted to written assignments. Part of this could be due to the unfamiliarity of some of the nurses' understanding of plagiarism, and that it is in fact an umbrella term covering a lot of different areas including assignments; all nursing documentation; practice documents; observation charts and competency books. Semple, Kenkre and Achilles (2004) looked at the parallel between a student who plagiarises in an assignment and another who plagiarises a practice document/competence document. The essential difference reported was that plagiarising an assignment deceives the audience whether it is a lecturer, colleagues or patients about the level of knowledge, while students who plagiarise practice or competency documents deceive their audience about their level of competence. The question arises as to how long someone can evade demonstrating their lack of knowledge and competence deceiving themselves and their profession.

Achieving qualifications, which demonstrate research in evidence-based practice, is seen as an important feature of post-registration nursing. Maben, Latter and MacLeod Clarke (2006) supports the acquisition of higher order intellectual skills, which can be applied to clinical judgement and decision making, policy implementation, leadership, research and

change management. However, both research skills and higher order intellectual skills are dependent on integrity and professionalism of pre and post-registration nurses for their ethical expression.

The fact that some of the respondents who have moved from clinical areas to management saw the courses they completed as steps towards higher banding rather than developing their clinical skills was of concern. The lack of association between plagiarism in academia and clinical reasoning and practice was thought-provoking. A crucial component of nurses' knowledge and skills in delivering quality up to date healthcare is basing practice on information emerging from the best available evidence (Watt, 2011).

The result from one of the questionnaire items that was of particular concern to the researcher was the ambivalent result giving a split of 47% / 43%. The question asked whether a nurse that plagiarised an assignment or practice document was an unsafe practitioner. This was an unexpected finding and the biggest piece of evidence illustrating the lack of connection between university and clinical practice. This was concerning as the impression given was that lack of knowledge or lack of competence in the clinical area would probably never be attributed to nurses having plagiarised. Those respondents who observed the link spoke about the nurse *"not having the knowledge to back up the practice, which could potentially cause harm to a patient, as they may not have fully understood the theory or its implications in practice"* (Senior Nurse 5). This is true in any aspect of nursing, where a lack of the theory underlying practice compromises competency in managing complex patients, such as those requiring care in any specialised area.

Interestingly, the respondent who thought that plagiarising an assignment or practice document would not impact on patient care felt that it would make the nurse a bad academic, but not a bad practitioner. The point they failed to understand was that if a nurse

plagiarised an assignment on ventilation in a post-operative patient and didn't really understand the concept behind the different types of ventilation, would they have the knowledge to look after a ventilated patient independently and competently alone, knowing that artificial ventilation was what was keeping the patient alive?

All the interviewees agreed that plagiarism could potentially cause harm to a patient in certain circumstances. Kenny (2007) states that plagiarising students who have cheated during their training may not have gained sufficient knowledge to practice competently once qualified. Nurses are required to maintain their professional knowledge and competence and must not undertake practice in which they are not competent. It follows that if a nurse enters a university to undertake a speciality course required for their job that requires them to have enhanced skills, and if they plagiarise assessment work then it could be argued that the nurse is in breach of the NMC Code of Conduct (NMC, 2008). The issue is further compounded where the nurse is deemed competent and expected to facilitate other students in developing the skills, and where their lack of knowledge has a direct impact on the student's learning. This raises a number of professional issues particularly in terms of accountability (Kenny, 2007). According to Roberts and Ousey (2011), in order for nurses to develop and be able to integrate theory into practice and deliver evidence-based care, we need to ensure that skills in searching for literature, locating, analysing and using evidence are achieved. If they are not taught how to gain these skills when they are nursing students, these become perceived as purely academic and a 'hoop' to be jumped through in order to meet the academic outcomes of the course. Whereas where *"skills are integrated into everyday nursing, nurses are more likely to research areas that they are unsure about and know how to find that information easily and importantly have the theory to back up their practice ensuring the patient no harm"*. (Senior Nurse 5)

Being unable to find corroborating evidence from the research literature that demonstrates that plagiarism could potentially lead to patient harm means that my data cannot be backed up by empirical research, but that it presents the views of a small sample of experienced practitioners and is worthy of future research.

The question asking:

'In the questionnaire, the question that asked: do you think that a nurse that has plagiarised an assignment or practice document could be deemed an unsafe practitioner?' had the results of 47% said yes and 43% said no'. This result showed that plagiarism is neither understood, nor important and that it is seen as a priority of something nurses need to be aware of but not understood to be central to practice.

This seemed to be the one that had the greatest impact in interview, as the respondents had a lot to say about it. An example was given by Senior Nurse 1 who spoke within his interview about a drug competency book being plagiarised. When the nurse was questioned on some of the answers she had written, she couldn't clarify or explain further and when asked to complete some further drug calculations, she was unable to complete them accurately. The Senior Nurse had suspicions that the nurse had plagiarised the document and questioned the nurse without portioning blame and accusations and when she was unable to answer his questions, she admitted that she had copied her colleague's book cover to cover and did not know how to carry out the drug calculations. If the interviewee had not been so diligent, the nurse may have been passed and then left to give drugs unsupervised without knowing how to calculate the correct dosage. If she did not check or ask for assistance, the consequences could potentially have been catastrophic for the patients in her care.

Gaberson (1997) carried out research in her doctoral thesis in America on unethical behaviour in nursing students in the classroom and in clinical practice. The behaviours most frequently identified were that of lying, cheating, plagiarising and falsifying information in patient's charts or fabricating home visits. Gaberson (1997) went on to say that there were a lot more far-fetching consequences for a nursing student by cheating than getting a good grade on their assignments. This behaviour has a total disregard for the patient's needs and again could potentially lead to harm to a patient.

Even though no research has been carried out on whether a patient could potentially be harmed if a nurse plagiarises, the fact that some cases of plagiarism have made it as far as the NMC Fitness to Practise Panel shows that, in these cases, nurses' fitness to practise was impaired. If the outcome is suspension, the implication is there is an impending chance to cause harm. Such decisions to suspend nurses from the NMC register are not taken lightly.

#### **Theme 4 – The role of professionalism in reduction of plagiarism**

The theme emerged from responses to a question enquiring whether it was ethically wrong to plagiarise an essay or practice document. All bar one respondent (a practicing nurse) thought it was ethically wrong. Faucher and Caves (2009) state that some student nurses view plagiarism as acceptable, and yet understand more of what is unethical than student nurses in the past. They reported that student nurses who are recently qualified feel more at ease making their own rules on plagiarism, deciding on which rules to ignore and which ones apply to them. Using the TRA (Fishbein and Ajzen, 1980), the determining factor as to whether a behaviour is on intention, should be applied, and if the student chooses to ignore the rules, then their intention is to plagiarise so as to pass.

This goes back to the feelings of trust and not being dishonest and the act of presenting a deceptively glossy image to the public (Semple, Kendre and Achilles, 2004). The literature shows that plagiarism is a very serious issue, where students are being educated to enter a profession where integrity, honesty and trust are paramount to the nurse-patients relationship. It is therefore essential that these students are helped to build a culture of integrity and professionalism by university lecturers from the beginning of their training. Therefore, ensuring this practice continues into their post-registration career (Kenny, 2007).

Hinchliffe (2003) looked at NHS Trusts that had been accused of presenting fraudulent data, indicating their waiting list targets were being met when in fact they were not. Hinchliffe (2003) went on to report that, in a number of cases, the image portrayed by some NHS Trusts was very different to the reality and the Trust had deliberately set out to present a misleading picture, which was dishonest. This is not a one-off example; there are other examples of dishonesty in academic settings, such as research and publication activities (Kenkre and Semple, 2003).

When the respondents from the questionnaire were asked about why they felt it was ethically wrong to plagiarise. They used words, such as 'dishonest', 'unprofessional' and 'cheating'.

According to Mclafferty and Foust (2004), every profession (ones that involve prolonged training) has a 'holy grail' that involves an element of trust necessary for that profession to survive. The issue of academic dishonesty is critical for most professions because it seems to mirror the growing concerns of ethical problems in the professional worlds. It is imperative that academic dishonesty is dealt with because what students learn as acceptable behaviour in the classroom impacts on their expectations of what is acceptable in the professional



world (Nonis and Swift, 2001). This supports the view of Fosbinder (1991) who suggested that there is a link between unethical behaviour in the classroom and unethical behaviour in the clinical area.

The next aspect of the research examined the notion of the nurse as a professional and the impact plagiarism had on them as a professional. Could someone be deemed professional if they plagiarised? Only three respondents thought that there were no professional issues related to plagiarism as a student and two nurses thought it was unethical, but not unprofessional.

As qualified nurses, we are bound by the Nursing and Midwifery Councils Professional Code of Conduct (NMC, 2008). It is our duty to protect the health of the public but also to maintain the reputation of the profession. There are very few papers written which directly relate this to current registered practitioners especially in the UK. The issues of plagiarism in qualified nurses are challenging and uncomfortable (Kenny, 2007). Park (2004) suggests that the issue cannot be ignored as it exhibits inequality to those students whether pre or post-registration who do not plagiarise and who do act with integrity and professionalism in all they do within their role as a nurse. Post-registration nurses should have attained a deep understanding of this concept, inextricably linked with morality is then the ideology of what constitutes professional behaviour (Kenny, 2007).

Saunders' (1993) research on Social Workers identified that honesty was one of the hallmarks of ethical behaviour. When social work students engage in dishonest behaviour within the classroom or in practice dishonoured the academic integrity of the program, the profession, and possibly put their clients in jeopardy. The concepts of accountability, professionalism and integrity need to be embedded into the curriculum of the student nurses to discourage them from engaging in what could be considered unprofessional

behaviour from the very beginning of their training, which should hopefully stop any unprofessional continuing into post-registration study.

The key strategy for reducing the prevalence of plagiarism given by the respondents was for universities to take responsibility and 'put on a lecture at the beginning of the module or course'. It was also suggested that the Trust should ensure that the 'most appropriate nurses' implying that only nurses who were judged by their line manager, as academically competent, should be sent on courses.

### **5.2 - Limitations of Study**

There were four limitations of this study with the central ones being that this research was only carried out using the views of nurses from one large NHS Trust. One of the other main ones was that all the honorary lecturers, used within this study, taught at the same university. The other main issue was the ethical one that was laid down by the NHS Research Ethics Committee who stated that if any interviewee had stated they had plagiarised, they would have to be referred to the NMC Fitness to Practise Panel, so I was obliged to act up to this knowledge. I also used only one panel member from the NMC Fitness to Practice Panel. Therefore, the results of this study have the above limitations in place.

### **5.3 - Personal Reflection**

I have always been interested in plagiarism and the idea that potentially some nurses could have progressed through their career plagiarising various assignments at university level. The fact that could have advanced to a senior level in nursing without actually writing and passing an assignment on their own merit, made me want to look further into the subject.

I have had experience of this in my working situation, in which a senior nurse failed an assignment (through plagiarism), and it was swept under the carpet and kept very quiet. I have been startled and surprised by some of the comments that were made during the questionnaire stage of the study. It even made me stop and think that some nurses really need to think about why they are 'nurses'. To be asked, 'do you think plagiarism is wrong?' and the answer being "Not really", makes me hope that the person who answered that question does not understand the concept of plagiarism when you have got other words being bandied about, such as cheating, intellectual theft, fraud and disrespect.

When looking at ethical issues surrounding plagiarism I looked at whether plagiarism should be regarded as equal to any other ethical issue surrounding nursing, such as issues of consent. One nurse who stated within the questionnaires, "Ethics is too strong for the issue of plagiarism" makes me very concerned that this nurse is not aware of what ethics are. Ethics are such an integral part of nursing and I wonder how she can make any ethical decisions if she does not know what the word 'ethics' means. This also brought in the discussion of intentionality, whereby some nurses argued that plagiarism was wrong if it is intentional, but if it was unintentional, then the nurse should not be punished and should be allowed to resubmit or get a 'second chance'. Unintentional plagiarism if caught was viewed as a mistake, and there appeared a definite divide between intentional and unintentional plagiarism running through both the questionnaires and the interviews.

This dual interpretation would less likely be part of the discussion if all post-graduate courses commenced with a session at the beginning of each module on plagiarism, referencing and the impact on professional practice ensuring a shared understanding. One of the interviewees stated that there is no excuse for unintentional plagiarism if everyone is informed what plagiarism is. This needs to be embedded in all post-graduate education.

There are various recommendations that have come out of the data, which involve both NHS Trusts and universities. Some of these recommendations will be easier to achieve than others and some may not be possible to achieve at all.

This was a very thought-provoking piece of research to carry out, especially as there had been no evidence of prior research on senior nurses' perception of plagiarism in the context of professionalism and patient care. Although the focus of the investigation was not on whether nurses actually plagiarise or not, the starting point was to accept that it could happen theoretically and if so, what the impact could be.

#### **5.4 - Recommendations**

##### **Recommendation 1**

###### **Trust Responsible for Addressing this Outcome**

**Acknowledging the impact on patient care:** According to 43% of the respondents who answered the questionnaire in the study, the belief was that theoretically, plagiarising an assignment or practice document would not have an impact on patient care, whereas 47% thought that it could. As the respondents who answered the questionnaire did it anonymously, I do not know who they were, but I do know that the nurses who answered the questionnaires were band 7 and above. To try to inform some of these nurses on the concept of plagiarism, once this research project comes to an end, I will e-mails all band 7 and above nurses to invite them to read a draft manuscript for publication, the study summary or just the results chapter. For anyone who accepts this offer, he/she may have more clarified information on the impact of plagiarism on professionalism and patient care. This recommendation will be achieved by the researcher.

## **Recommendation 2**

### **University Responsible for Addressing this Outcome**

**Ethics and professionalism:** Throughout the questionnaires and interview, the theme of ethics runs through as a strong theme in relation with professionalism. All student nurses are taught within their study about ethics and professionalism. Within this teaching, the lecturer should touch on plagiarism in relation to professionalism and the seriousness of the potential to lose your registration through the Nursing and Midwifery Council Fitness to Practise Panel. There are examples of the seriousness of plagiarism cases that have gone through the Fitness to Practise Panel, which could be used as examples on the NMC website. This would ensure that the students were aware of the seriousness of the concept of plagiarism and the consequences of plagiarising as a post-graduate nurse. This could also help in the respect that many nurses did not see that plagiarism was an issue that the NMC should be involved in or were involved in, therefore if it was addressed as an issue within pre-registration nursing, then post-registration nurses would be aware of the implications related to the NMC Fitness to Practise.

The universities need to ensure that they embed an understanding of plagiarism and the implications for professionalism into their curriculum lectures on accountability and integrity if they do not already do so. These lectures should use examples of how we as nurses are there to protect the health and safety of the public. Additionally, student nurses also need to have certain skills embedded into their lectures related to the development of clinical judgement; decision making; policy implementation; leadership; research and change management if not already in place. However, this may be difficult to do if we cannot even embed integrity and professionalism to student nurses and qualified nurses cannot quantify what they learn in the classroom into practice. This recommendation will

need to be achieved by the lecturers at the universities that teach student nurses, the researcher is going to liaise with one of the providers of courses at her Trust and see whether this could be implemented into one of the lectures the students have on professionalism or even suggest that the researcher takes the lecture as a visiting lecturer.

### **Recommendation 3**

#### **University Responsible for Addressing this Outcome**

**Bridging the academic-clinical practice divide:** This recommendation involves trying to bridge the gap between academic study and clinical practice. This is going to be difficult to achieve as the data from this research shows that not many of the respondents could see the association. One way to try to achieve this could be by getting students to write a reflective piece on how they have used the knowledge they have learnt in the classroom in their everyday practice, as they would have been sent on a post-registration course relevant to their area of practice. This could then be discussed in the classroom as a group discussion, rather than being a marked piece of work. This would show how much the nurse had learnt whilst on their course, and as it could help towards their written assignment or exam. This will only be achieved if universities agree to implement this into one of their lecturers. This could also be achieved if the student writes a reflective piece, which they then discuss with the practice educator within their clinical area if appropriate.

### **Recommendation 4**

#### **Trust Responsible for Addressing this Outcome**

**Reprimands:** It is recommended that the Trust needs to have a series of levels of reprimands in place for nurses who plagiarise and falsify work in conjunction with the

university to deal with nurses that plagiarise. When it comes to something that does not involve the universities, such as competency documents for drug assessments then the Trust needs to take a stance on dealing with the nurses who plagiarises these. There needs to be continuity across the whole Trust, not just dealt with at local level. If a member of staff copies a drug competency book from a colleague and is deemed competent to give drugs, but is not, then they could potentially make a mistake due to lack of knowledge. At present, the nurse is just spoken to and told to complete the book again. This recommendation will be achieved by involving the lead nurse for education and the practice development forum within the Trust, which involves all the clinical practice facilitators who mark the competency books.

#### **Recommendation 5**

##### **Trust Responsible for Addressing this Outcome**

**Involvement of senior nurses in mentoring post-registration nurses on courses:** It would be agreeable to see more senior nurses mentoring post-registration nurses on courses, but that is not always possible. I believe if senior nurses are to be involved with assisting post-registration ones, then I think it is important they attend an in-house study day, to ensure they are kept up to date with relevant information, such as plagiarism and referencing. This recommendation will be hard to implement, as it is not always relevant for all senior nurses to mentor post-registration nurses. Those where it is relevant should be encouraged to update their knowledge and mentors students where and when it is appropriate.

#### **Recommendation 6**

##### **University Responsible for Addressing this Outcome**

**Lectures on plagiarism for all post-registration courses:** This recommendation is to ensure that all post-registration courses have a lecture or at least part of a lecture on professional issues of plagiarism and referencing at the beginning of any course or module, not just looking at assignments but also any competency documents if it is relevant. It is not appropriate just to tell students to read the student hand book as they are not likely to due to lack of time or for other reasons. If lecturers do not have time within in their lecture to cover plagiarism, then they could, at least, give a hand out on avoiding plagiarism and referencing properly, as students are more likely to read that and use the examples on referencing to ensure that they reference their assignments in the correct manner.

#### **Recommendation 7**

##### **University Responsible for Addressing this Outcome**

**Developing research skills:** To assist pre and post-registration nurses if not already in place for pre-registration nurses, it is important for all nurses to have lectures on gaining skills for searching the literature, locating the literature, analysis and using the literature found. This can be enforced by mentors whilst the student is on placement. In post-registration students, if not already in place, a session should be offered either in the library at University or at the Trust (if possible).

#### **Recommendation 8**

##### **University Responsible for Addressing this Outcome**

**Reviewing assessment practice:** To assist with the reduction of plagiarism, thus reducing further complications in clinical practice would be for universities to change the way students are assessed. If the assessment is to gain knowledge by researching something and



producing an assignment on the subject for every assignment, there is a risk that the student will plagiarise from websites, other online documents or from previous years' assignments. This, therefore, falls to the responsibilities of lecturers when they are setting their assessments, ensuring a range of assessment modes to include presentations; OSCEs; group problem based learning tasks or examinations rather than essays.

Students are more likely to plagiarise if they feel a course or module is unimportant or badly presented. If they feel they cannot understand the purpose of the assessment or believe they are not being asked to create their own ideas, then they may be more inclined to use a cheat site or essay bank (Oxford Brooks University, 2013).

This recommendation will only be achieved if course leaders change the way they assess students, if this is not possible, then the assignment title or exam questions needs to be changed at the very least year on year—this may help in the reduction of plagiarism. Nursing is a profession which holds the highest standards of honesty and trust. As lecturers, it needs to be ensured that this standard is upheld at all levels of teaching, learning and assessment. Therefore, the focus needs to be on prevention of plagiarism and to give the students the strategies to be able to maintain that.

### **Recommendation 9**

#### **Trust Responsible for Addressing this Outcome**

(The following is based on the Trust, where the study was carried out and the universities from which the Trust commissions courses and modules).

**Addressing the issue of time management and study for post-registration staff:** There are many reasons why nurses plagiarise and some of them can be addressed with support from both the university and the clinical educators and ward sisters, within the NHS Trust. Time

management was the biggest reason given when asked in the questionnaires as to why the respondents felt nurses plagiarised. Many nurses who are on courses find it difficult to study whilst working full-time with family commitments, as well which was some of the reasons cited as to why they plagiarise. Unfortunately, the NHS Trust only gives a very limited amount of study time to each individual nurse to complete any educational studying on top of the compulsory statutory and mandatory training which is expected of each nurse to complete each year. This does not leave much time left to attend university courses, revise for exams or write assignments. Some clinical areas do not allow staff paid time off to attend university courses, so the nurses have to attend the courses in their own time or in annual leave.

If a nurse is working shifts, then they need to ensure the ward manager is aware they are on a course, so their shifts will allow them to time to study at home. This could mean not working nights or weekends off for a period of time. The university needs to also be aware that the nurses are going to be working different shifts and they need to ensure there are support services in place. They should speak to the nurses who do not engage in class, which could be due to stress, lack of sleep or taking on too much. These students are more likely to plagiarise, as they do not have enough time to research or to prepare for an exam. This can lead to more support for the nurses from the Trust by ensuring that the clinical educators support these nurses who are studying at university and forging stronger links with the subject lecturers. At present, the only information the university can pass on to the Trust is the student's attendance due to data protection. If we could forge stronger links, we could have a better working relationship to share appropriate information, such as any penalty or achievement. This recommendation involves the lead nurse forging strong links with all the commissioning universities along with the nurses that commission for their clinical areas.

The guidelines on study time need to be followed by all senior nurses when allowing staff to attend courses. Some of the senior nurses meet with the post-registration nurses regularly to ensure that they are up to date on their attendance and are coping with their studies. They ensure they recommend the student speaks to the course tutor for any academic or personal issues that may affect their studies. Some students find it easier to speak to someone they know, rather than a stranger and the Senior Nurse can ensure that students are on track.

### **Recommendation 10**

**Example of good practice:** The Trust where this research was carried out allows me, in conjunction with a large university, to put on a study day— namely, ‘Moving Ahead in Education’—for nurses, returning to university after not studying for a while. This study day prepares nurses who may not have studied for a long period of time to return to education. The day covers subjects, such as plagiarism and how to avoid it. This is put on three times a year at the beginning of each new semester and has received very positive feedback. This could be something that could be replicated in other Trusts or even as a one-day event at universities, in preparation for nurses to return to education.

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