



Prevalence, perception and attitude of dental students towards academic dishonesty and ways to overcome cheating behaviors

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Abstract

Background: The aim was to assess the attitude, perception and prevalence of cheating behavior by dental students and to determine various methods they used to commit the dishonest act and ways to create an environment to reduce the malpractice.

Materials and Methods: Closed-ended questionnaire was designed and distributed to 200 undergraduate students in various colleges of Dental Institution in India. The data were analyzed for percentage proportions.

Results: About 76% of students confessed to having participated in the act of cheating and 60% respondents strongly agreed to cheat owing to the pressure and workload that the dental college curriculum includes. Most common methods used to cheat were to directly peep into other people's paper. Getting professional patients during clinical exams were not considered as a serious issue by many respondents. Majority of the students strongly agreed for raising the awareness of ethics and invigilators to be instructed to strictly monitor the examination hall.

Conclusion: Academic dishonesty is a serious concern among dental students because of the career they will embark on as health care professionals. Hence, it's exceptionally crucial for us as mentors to consider the issue seriously and work on it by considering measures to reduce the pressure and workload of students and to undertake vital steps to reduce cheating behavior.

Introduction

Academic integrity in general and cheating in particular are current concerns of academics with responsibilities of student's assessment and the assurance of standards. There is a general consensus regarding the value of reinforcing and modeling ethical behaviors, including academic integrity early in professional courses such as dentistry. There is an expectation and indeed a requirement that health care professionals are ethical, honest, and responsible.^[1]

Integrity can be defined as being truthful. Academic dishonesty is any type of cheating or malpractice in relation to a formal academic exercise. Cheating is any attempt to give or obtain assistance in a formal academic exercise (like an examination) without due acknowledgement. Dental school

students are not immune to problems associated with ethical behavior.^[2]

A previous research conducted in all 4 years of dental students at one institution showed that, 43% of students cheated while in dental school and 94% claimed their classmates had cheated.^[3]

Academic integrity violation and cheating have been shown to be prevalent in dental schools.^[4] Academic dishonesty is a serious concern among dental students because of the career they will embark on as health care professionals.^[3]

Thus, the aim of this study was to investigate the undergraduate dental student's perception and attitudes toward the seriousness of cheating behaviors and to determine the methods they implied for malpractice and penalty they would

like to be imposed upon cheating and the atmosphere that will aid in preventing cheating by the dental colleges.

Materials and Methods

The study was carried out in a Dental Institution in India. Close-ended multiple choice questionnaire was distributed by the authors to 200 undergraduate students who were in the second to 4th year and internship of the curriculum. Students were requested to complete the Questionnaire. Questions were designed based on the work of various authors^[2-4] along with present authors view. The questionnaire was pilot tested. All the students participated voluntarily, and responses were anonymous as students did not write their names or any identifying number on the questionnaire. The students indicated their gender and year of study.

Simple random sampling method was followed. Questionnaire contained combination of single and multiple response items such as "Yes/No" and Likert-type scale questions like "strongly agree" "agree," "disagree" and "strongly disagree" to assess their perception and attitude towards cheating. Few questions were rated as "serious," "very serious" and "not serious" for various methods used for malpractice. Students were also asked to choose what kind of penalties they would like to be imposed upon when found guilty from the list of questions related.

Table 1: Responses of student's participation in act of cheating

Statement	Yes (%)	No (%)
I have participated in cheating	152 (76)	48 (24)

Table 2: Opinion about students who said they never copied

Statement	Yes (%)	No (%)
Did you help others copy	38 (79.2)	10 (20.8)
Do you think the students who copy gets better marks than you?	45 (93.8)	3 (6.3)
Do you think people who copy should be punished	7 (14.6)	41 (85.4)
Ever complained against those who cheat	0	48 (100)

Table 3: Student's perception and attitude toward cheating behavior

Statement	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Not marked (%)
Cheating is a part of life today	24 (15.8)	87 (57.2)	36 (23.7)	5 (3.3)	0
Certain amount of cheating is okay to get through dental college	39 (25.7)	79 (52)	12 (7.9)	22 (14.5)	0
You inform the concerned staff if your friend is cheating	10 (6.6)	24 (15.8)	73 (48)	45 (29.6)	0
You feel compelled to help your friend in cheating	12 (7.9)	82 (53.9)	32 (21.1)	10 (6.6)	16 (10.5)
Faculty fails to monitor properly so you get a chance to do it	28 (18.4)	74 (48.7)	21 (13.8)	15 (9.9)	14 (9.2)
You think cheating does not make much difference in long run	19 (12.5)	89 (58.6)	36 (23.7)	2 (1.3)	6 (3.9)
If you are not caught, you don't mind doing it again	6 (3.9)	103 (67.8)	30 (19.7)	10 (6.6)	3 (2)
Faculty warns and ignores if found cheating	120 (79)	30 (20)	2 (1)	0	0

Those students who agreed for never participating in malpractice in examinations were given a different set of questions, which included their attitude about those who cheat and if they had tried to complain against those who cheated. The questionnaire also included various suggestion students preferred to reduce the incidence of cheating. The data was analyzed for percentage proportions.

Results

The questioner answered by all the 200 students, yielding a response of 100%.

Table 1 shows the participation response of students in cheating. About 76% of students confessed to having participated in the act of cheating. Table 2 indicates 24% of students responding as never indulged in cheating.

Regarding response to the list of questions related to their perception and attitude towards the act of cheating, 60% of students responded as strongly agree and agree that it was part and parcel of daily life and almost everybody does it. More than half of the respondents agreed they don't mind repeating it again if not caught in the act. Whereas, 48% of students strongly disagreed when asked if they would inform the staff if their friend was cheating and 79% of students responded as the faculty members just warn and ignore so they tend to repeat [Table 3].

Table 4 shows responses for the set of questions to what motivates one to cheat. 60% respondents agreed to mere pressure and work load that the dental college curriculum has and 40% of students agreed and strongly agreed that they indulged in the act of cheating to avoid failing and embarrassment in examinations.

Tables 5 and 6 show responses to questions related to methods that the students adopted to cheat. 61.8% of students confessed sometimes to peep into other people's paper directly and 38% of students responded as not serious if one uses single tooth by many people in preclinical laboratory for approval. 62% student's responded as "not serious" to get a professional patient and do the same treatment during clinical exams.

Tables 7 and 8 shows the list of questions related to choice

Table 4: Student's response towards motivations in cheating behavior

Statement	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree
Pressure and workload	50 (32.9)	92 (60.5)	8 (5.3)	2 (1.3)
Faculty expects more from you	22 (14.5)	49 (32.2)	77 (50.7)	4 (2.6)
Is language a barrier in understanding the subject	10 (6.6)	45 (29.6)	93 (61.2)	4 (2.6)
You don't understand the faculty's way of teaching	20 (13.2)	40 (26.3)	90 (59.2)	2 (1.3)
Fear of failure and embarrassment	62 (40.8)	78 (51.3)	8 (5.3)	4 (2.6)

Table 5: Responses of methods implemented in malpractice

Statement	Never (%)	Rarely (%)	Sometimes (%)	Always (%)	Not marked (%)
Chits	65 (42.8)	22 (14.5)	34 (22.4)	26 (17.1)	5 (3.3)
Notes written on cloths or body parts	73 (48)	32 (21.1)	38 (25)	6 (3.9)	3 (2)
Directly copying answers from text books	108 (71.1)	21 (13.8)	15 (9.9)	0	8 (5.3)
Answers written in shoes, top of bags, belts and benches	101 (66.4)	19 (12.5)	22 (14.5)	0	10 (6.6)
Trying to peep into other people's paper	18 (11.8)	23 (15.1)	94 (61.8)	15 (9.9)	2 (1.3)
Cell phones	79 (52)	30 (19.7)	43 (28.3)	0	0
Asking invigilators	58 (38.2)	35 (23)	46 (30.3)	10 (6.6)	3 (2)
Micro xerox	90 (59.2)	22 (14.5)	15 (9.9)	15 (9.9)	10 (6.6)

Table 6: Responses for methods of cheating behavior implicated in preclinical and clinical environment

Statement	Serious (%)	Very serious (%)	Not serious (%)	Not marked (%)
Cheating by paying others either within college or outside of it to do the work?	55 (36)	55 (36)	38 (25)	4 (3)
Obtain a wax carved tooth from his/her friend to submit for approval	60 (39)	35 (23)	55 (36)	2 (1)
Do others lab work for money	75 (49)	32 (21)	45 (30)	0
Cheat on projects by signing of an each other's project/record using faculty's signature	50 (33)	61 (40)	41 (27)	0
Using single tooth by many people in preclinical-lab	67 (44)	25 (16)	58 (38)	2 (1)
Leaking spotters during practical exams	60 (39)	38 (25)	54 (36)	0
Using cell phones and taking photos of spotters	63 (41)	31 (20)	53 (35)	5 (3)
Performing unnecessary procedures on patients	40 (26)	60 (39)	52 (34)	0
Delay procedures until a future class just to meet clinical requirement	62 (41)	32 (21)	56 (37)	2 (1)
Admitting patient is not co-operating when you are unable to perform the required job	68 (45)	30 (20)	52 (34)	2 (1)
Getting professional patients (i.e. patient who has already undergone similar treatment)	38 (25)	20 (13)	94 (62)	0
Modifying patients history by asking the patient to deny various symptoms	66 (43)	40 (26)	43 (28)	3 (2)

Table 7: Responses for choice of punishment when indulged in cheating

Statement	Yes (%)	No (%)	Not marked (%)
No action should be taken	112 (74)	30 (20)	10 (7)
Suspended from classes	61 (40)	88 (58)	3 (2)
Not allowed to take up exams	15 (10)	135 (89)	2 (1)
Occurrence is referred to the university/college registrar where record is kept	20 (13)	120 (79)	15 (7)
Suspension/expulsion from the university/college	6 (4)	140 (92)	6 (4)

of punishment the students would want to be imposed upon cheating and the strategy to control it. 74% of students responded as no action to be taken when caught during malpractice and the most common form of punishment the respondents agreed for was suspension from classes and with the least form being expulsion from college. Further for the strategies to be undertaken to control cheating, majority of the students strongly agreed for raising the awareness of ethics in dental colleges and 51% of students strongly agreed for instructing the invigilators to strictly monitor the examination hall.

Few of the respondents did not answer some questions, and those were considered as not marked.

Table 8: Responses for strategies to control cheating behavior

Statement	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Not marked (%)
Raise awareness of ethics	115 (76)	35 (23)	2 (1)	0	0
Large class rooms	74 (49)	47 (31)	30 (20)	1 (1)	0
Change seating arrangements every day during exams	36 (24)	92 (61)	19 (13)	2 (1)	3 (2)
Exam rooms being videotaped	46 (30)	70 (46)	32 (21)	3 (2)	1 (1)
Students should be encouraged to report anonymously via website and video tape acting as witness	66 (43)	68 (45)	12 (8)	6 (4)	0
Invigilators being instructed to strictly monitor	78 (51)	57 (38)	15 (10)	2 (1)	0

Discussion

The present study was undertaken to evaluate the participation, perception and attitude of dental students towards academic dishonesty. 76% of students agreed to have participated in the act of cheating and 24% of students stated they never indulged in the act. Our results were inconsistent with the surveys conducted by Baldwin *et al.* and other authors wherein more than two-thirds of students admitted to cheating.^[3,5]

Regarding response to the list of questions related to their perception and attitude towards the act of cheating, 57% of students agreed and strongly agreed that cheating was part and parcel of daily life and almost everybody does it to get through the dental college and 67% of respondents agreed they do not mind repeating it again if not caught in the act. This has partly been explained by the perception that “Everybody does it.” This justification appears to stem from an old adage, “Everyone is doing it; why shouldn’t I.”^[1,2]

When asked the motivation in the wake of mal-practicing, 60% of respondents strongly agreed and agreed to the pressure, stress and workload included in the curriculum. 51% of students strongly agreed they would cheat due to fear of failure and embarrassment similar results were analyzed by various authors.^[1-4]

When questions related to methods they used to cheat were asked, the most common means the respondents cited was the traditional way of cheating i.e. directly peeping into other people’s paper or asking the invigilators and other students. Our findings were similar to the study conducted by Monica *et al.* This method implied could be due to the lesser risk associated in being caught and probably a very easier way too.^[4]

28% of students agreed to cheat via contemporary methods such as cell phones. Our study results were inconsistent with study conducted by Michelle *et al.* wherein the recent technology has created easier and simpler way of cheating.^[6]

The cheating behavior that dental students felt as most unethical in preclinical laboratory was signing of each other’s record/projects using faculty’s signature. Our results were in accordance with Al-Dwairi *et al.*^[7]

In addition, doing others laboratory work for money was also considered as a serious issue by the respondents in our study. Whereas, leaking spotters during practical exams and exchanging

a single wax carved tooth was not considered as a serious offence by the respondents. These results were similar to Andrews *et al.* where in the students believed it as just a helpful act in overly stressful situation.^[2]

More than half of the students responded as very serious to performing unnecessary procedures on patients and 43% of students also considered manipulating patients history by asking the patient to deny various symptoms as a serious issue. Our results were inconsistent with other surveys.^[7] On the other hand, getting professional patients who have already undergone similar treatment was considered to be not serious by majority of respondents. No other study in the literature could be traced, which has addressed this issue.

Various studies have been reported that health care students who cheat in the classrooms are more likely to fabricate clinical data as health care professionals. They makeup laboratory values, patient histories and physical examination results and may report a finding as normal without obtaining a full history.^[8]

For the list of questions listed related to their attitude when they are caught while cheating, 79% of students responded as the faculty members just warn and ignore. Our results were in accordance to reports stated by McCabe and Donald. The plain explanation for the faculty’s ignorance could be due to the administration and technical procedures and the time that one needs to go through the entire issue. Let us presume that even if the faculty member decides to go through the proper channel to identify the problematic student; often he/she is disappointed due to the lack of administrative action. Many a times even if the students are called by the administration regarding cheating behavior they are seldom punished. Yes, it hits bull’s eye!!! Students tend to take home a wrong message that their dishonest act was not that egregious enough for punishment by dental schools.^[9]

For the list of questions related to the choice of punishment the respondents would like to be imposed upon cheating, 74% of students stated as no action to be taken and 40% of them agreed for suspension from classes. On the other hand 85% of students who did not indulge in cheating said no action should be taken on those who cheat and indeed all of them stated that they would not complain against someone who cheated. Our results were inconsistent with the findings of Rabi *et al.* and Monica *et al.* These results purely epitomize two things: The

lack of professionalism in classrooms and such students may in future turn out to be those dental professionals who are unable to report colleagues who are participating in negative behavior. Second, the respondent's opinions may be due to mere outcome of peer pressure rather than a profession.^[3,4]

For the list of questions related to Strategies that could be used to control cheating, majority of them strongly agreed for raising awareness of ethics in dental colleges, followed by instructing the invigilators to strictly monitor the examination hall and hall being videotaped.

Various dental schools have used code of ethics within their programs. The students should be well educated regarding the professional behavior and consequences associated with unethical behavior. A dental school that attempts to graduate highly moral and ethical professionals should also value the importance of encouragement and reward. Rewards should be given to students who, for example, have perfect attendance, make a vast improvement in their grade point averages, volunteer community settings, and so on. All too often in dental schools these small but nevertheless important achievements are overlooked.^[9,10]

Conclusion

A present study result identifies various factors that contribute to cheating behaviors and confers a strong indication that the student's perception and attitude are very casual and informal. Hence, we as faculty members should take initiative steps to guide the students and be very approachable. One can even try to develop and implement various policies on academic integrity or to modify the existing core curriculum thus assuring the standards of dental students to be trained as ethical health care professionals.

References

1. Ford PJ, Hughes C. Academic integrity and plagiarism: Perceptions and experience of staff and students in a school of dentistry: A situational analysis of staff and student perspectives. *Eur J Dent Educ* 2012;16:e180-6.
2. Andrews KG, Smith LA, Henzi D, Demps E. Faculty and student perceptions of academic integrity at U.S. and Canadian dental schools. *J Dent Educ* 2007;71:1027-39.
3. Rabi SM, Patton LR, Fjortoft N, Zgarrick DP. Characteristics, prevalence, attitudes, and perceptions of academic dishonesty among pharmacy students. *Am J Pharm Educ* 2006;70:73.
4. Monica M, Ankola AV, Ashokkumar BR, Hebbal I. Attitude and tendency of cheating behaviours amongst undergraduate students in a Dental Institution of India. *Eur J Dent Educ* 2010;14:79-83.
5. Baldwin DC Jr, Daugherty SR, Rowley BD, Schwarz MD. Cheating in medical school: A survey of second-year students at 31 schools. *Acad Med* 1996;71:267-73.
6. Michelle W, Nancy M, Candace HL. Undergraduate and academic dishonesty. *Int J Bus Soc Sci* 2012;3:76-85.
7. Al-Dwairi ZN, Al-Waheidi EM. Cheating behaviors of dental students. *J Dent Educ* 2004;68:1192-5.
8. Hilbert GA. Involvement of nursing students in unethical classroom and clinical behaviors. *J Prof Nurs* 1985;1:230-4.
9. McCabe D. Cheating: Why students do it and how we can help them stop. *Am Educ* 2001;24:38-43.
10. Acharya S. The ethical climate in academic dentistry in India: Faculty and student perceptions. *J Dent Educ* 2005;69:671-80.

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