

Academic Integrity in a Student Practice Environment--An Elicitation Study

Jennie Miron
Humber College

ABSTRACT: Higher education offers an environment to acculturate students to the values of academic integrity (AI) [honesty, trust, fairness, respect, responsibility, courage] that align with the core values of most professions. Many professional programs include a practice or service component to the educational experience offering students the opportunity to embody and practice these values in workplace settings. Using the Theory of Planned Behaviour as a theoretical framework, students' common attitudinal, subjective norms, and perceived behavioural controls in adopting AI values in their practice environments was the focus of an Elicitation Study. Thirty senior nursing students reported three major concepts related to their experiences with AI in clinical learning settings: Effects on Professionals, Effects on Students, and Effects on Patients. Respondents described the categories of helpful relationships, respect and trust, benefits and losses, patient safety and care that are connected and contingent on their ability to practice with AI. This paper describes the findings from the Elicitation Study that helped inform the creation of the Miron Academic Integrity Nursing Survey (MAINS) used in a large doctoral study.

Keywords: Academic Integrity, Student Practice, Elicitation Study, Nursing, Theory of Planned Behaviour

RÉSUMÉ: L'enseignement supérieur offre un environnement propice à l'inculturation des valeurs d'intégrité académique (honnêteté, confiance, équité, respect, responsabilité, courage) qui correspondent aux valeurs fondamentales de la plupart des professions. De nombreux programmes professionnels incluent une composante pratique dans l'expérience éducative, offrant aux étudiants la possibilité d'incarner et de mettre en pratique ces valeurs en milieu de travail. Prenant comme cadre théorique la théorie du comportement planifié, une

étude de sollicitation a été menée sur les attitudes communes, les normes subjectives et la perception du comportement des étudiants lors de l'adoption des valeurs de l'IA dans leur environnement de travail. Trente étudiants en sciences infirmières ont rapporté trois concepts majeurs liés à leur expérience de l'IA en milieu d'apprentissage clinique: effets sur les professionnels, effets sur les étudiants et effets sur les patients. Les répondants ont mentionné que le lien entre les relations d'entraide, de respect et de confiance, d'avantages et de pertes, de sécurité des patients et de soins est une condition de leur capacité à pratiquer l'IA. Ce document décrit les résultats de l'étude de sollicitation qui a contribué à la création de l'Enquête sur les soins infirmiers axés sur l'intégrité académique (MAINS) utilisée dans le cadre d'une vaste étude doctorale.

Mots-clés: intégrité académique, pratique des étudiants, étude de sollicitation, soins infirmiers, théorie du comportement planifié

Background

Academic integrity (AI) is the cornerstone to the teaching/learning experience and essential to all academic work (Bertram Gallant, 2008; Christensen Hughes & McCabe, 2006; Fallis, 2004; Misak, 2010). One widely accepted definition for AI is the courageous and unwavering commitment to the values of honesty, trust, fairness, and respect, throughout the academic journey (International Centre for Academic Integrity [ICAI], 2013). Moreover, the courage to act on these values, even in the face of adversity, is particularly important to professions, like nursing, that require a similar commitment to ethical professional practice (Canadian Nurses Association [CNA], 2018). Like many other professions, integrity is also an expectation for self-regulation to the profession (College of Nurses of Ontario [CNO], 2012).

The literature is replete with studies focused on AI within higher education and the traditional bricks and mortar settings. However, less is understood about integrity where learning occurs across different settings that meet specific learning outcomes required of many professional courses of study. That existing gap in the literature served as the starting point for a doctoral research study that set out to understand the experience for senior nursing students (year 3 and 4) in a

student practice environment, specifically the clinical practice setting. In an effort to explore this area of research an Elicitation Study was undertaken that supported the development of a survey tool titled the Miron Academic Integrity Nursing Survey (MAINS) used in the larger doctoral study. Elicitation studies encourage respondents to share their perspectives related to a specific topic and allow the researcher to collect and analyze respondents' ideas and feelings about specific behaviours (Barton, 2015). In turn, elicitation studies are a recommended antecedent to constructing a TPB study (Symons Downs & Hausenblas, 2005). This article discusses the findings from the qualitative Elicitation Study completed as part of a larger doctoral study.

Clinical Education

Many professional courses of study include a practice or field component. The student clinical practice setting as part of the student practice environment in nursing, offers clinical practice and remains a substantial part of the educational experience for undergraduate nursing students. Praxis, or practice grounded in theory and research, serves to support learning focused on critical thinking (analysis), complex problem solving, integration of theory to practice, inter-professional teamwork, communication, psychomotor tasks, and ethical practice. As such, the clinical practice setting serves as an important location to examine intention to behave with integrity and may offer a glimpse into intended future practice (Löfmark & Wikblad, 2001; Swinny & Brady, 2010). The clinical practice setting also provides an apprenticeship opportunity in the field, for socialization to the professional world of nursing and healthcare, with the senior student years playing a critical role for transition to professional roles and workplace settings. As such, the values of AI and their translation to clinical practice settings offer invaluable opportunities to shape the professionalization of future students to safe, ethical practice.

Understanding behaviours consistent with the values of AI are important to consider for their implications to the overall teaching/learning mission of higher education, and the risk of students graduating with deficiencies in their required specialized knowledge about professional, ethical practice. Such knowledge gaps jeopardize the delivery of safe, ethical, healthcare to the public. Understanding whether the clinical practice setting serves as a location to learn the values and behaviours consistent with the values of AI is important. The

acculturation of students to the values of AI supports the development of a core learning foundation for nursing graduates. It positions them to continue to be honest, trustworthy, fair, responsible, respectful, and courageous lifelong learners and practitioners that in turn are essential for success in rapidly changing, highly technological, and complex healthcare systems. Understanding the intention to act with AI in student clinical practice settings therefore carries great relevance to members in the profession and the public.

Theoretical Framework — The Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) served as the framework for a larger doctoral study, that included the Elicitation Study. Intention to behave in a specific way is the central tenet of the TPB and encompasses motivational factors (Figure 1). Ajzen (2005) describes intention as the effort an individual demonstrates to complete a target behaviour and notes that intention is subject to an individual's volitional control over the behaviour. The construct of intention for this study was defined as an individual's plan or aim to complete the targeted behaviour of behaving with integrity within the clinical student practice setting.

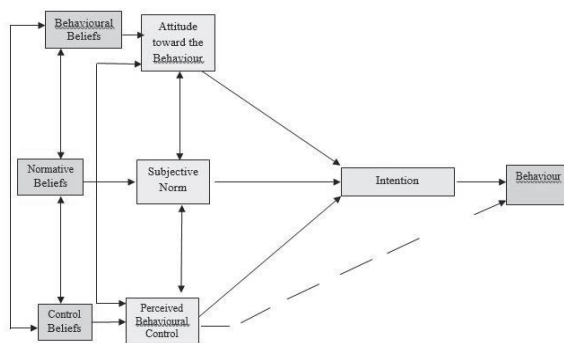


Figure 1
Ajzen's Theory of Planned Behaviour Adapted from Ajzen, 2005

The TPB postulates that the strongest predictor of actual behaviour is an individual's intention to complete the target behaviour. Intention to behave is influenced by the

individual's positive or negative attitude about the behaviour (the likelihood of it resulting or not resulting in a desired outcome), their subjective norm (the individuals' subjective reality of what others are doing and what others expect them to do—creating feelings of social pressure to complete the behaviour), and their perceived behavioural control (their ability to actually complete the behaviour—considering internal and external barriers). Individual's salient or predominate beliefs are antecedents to the different TPB constructs of attitude, subjective norm, and perceived behavioural control (Ajzen, 2005). Ajzen (2006, 2013) described behavioural beliefs as salient to the construct of attitude, normative beliefs salient to subjective norm, and control beliefs salient to perceived behavioural control.

Ajzen's TPB has proven effective in measuring academic misconduct intentions, student research misconduct, and the decisions for higher education students to engage in cheating behaviours (Alleyne & Phillips, 2011; Chudzicka-Czupata, et al., 2018; Cronan, Mullins, & Douglas, 2018; Harding, Mayhew, Finelli, & Carpenter, 2007; Imran, Nordin, & Mohamad, 2013; Stone, Jawahar, & Kisamore, 2010). Additionally, the TPB has demonstrated reliability in exploring departures from academic integrity (academic dishonesty) across student populations internationally. Chudzicka-Czupata et al. (2016) explored the use of TPB across seven countries with students enrolled in higher education and reported all TPB scales had high internal consistency (0.7-0.8 Cronbach's alpha). They concluded that the TPB predictor variables were statistically significant in predicting behavioral intentions to engage in academic cheating (Chudzicka-Czupata, 2016, p. 651). Meanwhile Imran et al. (2013) purported that the TPB proved effective in measuring intention to behave with academic dishonesty in their study of Malaysian undergraduate students. Hardy et al. (2007) found that attitude and subjective norm, contributed to students' intention to cheat with engineering and humanities students. All three of the TPB predictor variables proved statistically significant in measuring business students' intentions to engage, and actual engagement in research misconduct (Stone et al., 2008). Allen and Phillips (2011) applied the TPB to measure cheating and lying with undergraduate students and reported that attitudes and perceived behavioural control were significant predictors of students' intentions to engage in both

cheating and lying. Support for the TPB framework was also noted by Cronan et al. (2018) in their study with undergraduate business students, and accounted for 33 and 35 percent, respectively, of the variance that explained intention to share unauthorized homework assignments and plagiarism.

The TPB also served as a framework for nursing studies that examined aspects of departures from academic integrity. Smith's (2010) doctoral study of RNs (N=167) completing an online course, supported the hypothesis of the study that a positive relationship existed between departures from academic integrity and professional dishonesty ($r=.438$, $p<0.001$). Smith measured incidences of actual behaviour that were identified as academically (16 items) or professionally dishonest (21 items). She reported that all three TPB predictors were positively and significantly related to intent to depart from academic integrity (Attitude, $p=0.0005$; Subjective Norm $p<0.001$; Perceived Behavioural Control $p=0.015$). As well, intention was positively and significantly related to self-reports of departures from academic integrity ($p<0.001$). Attitude ($p=0.0005$), Subjective Norm ($p<0.001$), and Perceived Behavioural Control ($p=0.010$) were positively related to intention to engage in professional dishonest behaviours. In turn, intention was positively and significantly related to self-reported professional dishonest behaviours ($p\leq 0.001$). Smith concluded that the TPB demonstrated a good fit for both the academic and professional dishonesty models.

The perception of academic and professional departures from integrity with first, and second year nursing (N=46) students was the focus of Bezek's (2014) doctoral study. Bezek focused on two of the TPB predictor variables (attitude, subjective norm) with the goal of exploring students' perceptions of the seriousness of both academic and professional dishonesty. There was a significant and positive relationship between students who perceived departures from academic integrity and professional dishonesty as low in seriousness ($p<.001$, $p<0.001$, respectively).

Based on the numerous studies available through the literature that adopted the TPB framework to focus on exploring departures from academic integrity with higher educational populations, there was confidence that adopting the TPB for this research was appropriate.

Nursing Literature

The nomenclature varies when discussing departures from academic integrity often including terms like academic misconduct or academic dishonesty. While these terms may differ, all terms refer to behaviours and actions that are associated with acts of dishonesty within academic studies. Plagiarism, is one such dishonest act and that has been studied within nursing education and on an international basis. One integrative review disclosed that self-reported rates of plagiarism ranged between 38-60% with nursing students (Lynch, Everett, Ramjan, Callins, Glew & Salamonson, 2016). The same review noted issues with gaps between understanding requirements related to referencing and the actual task of completing referencing correctly (Lynch et al., 2016, p. 2858). Lynch and colleagues suggested this gap could account for the high rates of citation infractions committed by nursing students. More concerning, were reports from a number of the studies within the integrative review, for the rates of students, sometimes over 50%, who minimized the significance of plagiarism as a dishonest act.

Additional, existing evidence demonstrates that nursing students are not unlike other higher educational students with other AI transgressions (Arhin & Jones, 2009; Krueger, 2014; McCabe, 2009). In one study (N=629) 15% of the nursing students reported departures from academic integrity during tests and exams (McCabe, 2009). Nursing students' (N=161) perceptions of departures from AI indicated almost 30% did not believe accessing notes during an exam was dishonest, while an additional 40% did not believe accessing unauthorized notes during a bathroom break to cheat in an exam was dishonest (Arhin & Jones, 2009). Over 50% of Korean nursing students (N=655) reported departures from AI on tests and exams, with 78% reporting departures from AI on assignments (Park, Park, & Jang, 2013). South African nursing students (N=550) reported that 88% of students had departures from AI with over 30% reporting departures from AI with tests and examinations (Theart & Smit, 2012).

Departures from Academic Integrity in the Lab/Clinical Setting

Early studies by Hilbert (1985, 1987, 1988) demonstrated that departures from AI were happening with nursing students in both clinical and classroom settings and began some important discussion and research on the topic (n=101, n=210, n=63). Hilbert found statistically significant

relationships between classroom dishonesty and unethical clinical behaviours in all three of her studies of nursing students ($p < 0.001$ —1985, $p \leq 0.001$ —1987, $p < 0.01$ —1988). Additionally, nursing students ($N=28$) viewed departures from academic integrity inconsistently related to their classroom behaviours in Arhin's and Jones' study (2009). In the same study, the researchers found that students believed cheating on tests was wrong (95%) while cheating on homework was perceived as less dishonest (38%). Overall, departures from academic integrity in the lab setting were considered to be less like cheating than classroom examples (unauthorized help from a classmate, 34%; passing lab reports to others for copying, 27%). Third-year students scored significantly higher with departures from academic integrity than the other more junior groups (Year 1, 2: $N=196$) on test taking, completing research, and lab reporting ($p < 0.01$) in one Turkish study (Keçeci, Bulduk, Oruç, & Çelik, 2011). McCrink's (2010) study of second-year nursing students ($N=193$) explored the frequency of departures from academic integrity in the classroom and clinical setting. Common acts of clinical departures from academic integrity included breaching patient confidentiality (35.3%) and dishonesty with recording or completing vital signs, treatments, and medications (39%). In the classroom, 35.2% of respondents had plagiarized and 22% had cheated on exams/tests. Overall, respondents reported departures from academic integrity were unethical to extremely unethical but certain dishonest behaviours were scored lower than others around the degree of dishonesty. McCrink reported an alarming incongruence between students' self-reported beliefs on what they believed unethical and their self-reported behaviours. One hundred percent of respondents reported that recording vital signs that were never taken was unethical, yet 13% reported participating in this behaviour. Ninety-nine percent believed breaching patient confidentiality was unethical but just over 35% reported having done so. Krueger (2014) reported significance between self-reported classroom and clinical departures from academic integrity ($p < 0.001$) with nursing students ($N=336$). Third semester students reported more classroom and clinical departures from academic integrity when compared to students from first, second, and fourth semesters ($p < .01$, $p = 0.005$, respectively). Krueger reported a positive relationship between students' rating of departures from academic integrity as unacceptable

and lower rates of self-reported departures from academic integrity in the classroom and clinical settings ($p < 0.001$). The researcher also found a positive relationship between students who believed others were participating in departures from academic integrity and their own self-reports of participating in departures from academic integrity in both classroom and clinical settings ($p < 0.001$, $p < 0.001$, respectively). Students who had higher scores on the importance of academic integrity in both the classroom and clinical settings reported fewer departures from academic integrity in both settings ($p < 0.001$, $p = 0.03$, respectively).

Exploring Academic Integrity in Student Clinical Experiences through Research

The question of how to predict nursing students' intention to behave with integrity in the student practice environment was the focus of interest through a doctoral research study ($N = 339$) conducted across three schools of nursing in two provinces. The overall goal of the dissertation research was to identify predictors of intent to practice with academic integrity in the student practice setting with senior nursing students (years 3 and 4). The researcher believed the larger study would inform an understanding on the topic of academic integrity and explore the need for undergraduate curricula that includes a narrative focused on academic integrity.

The paucity of existing research directed to the area of interest, dictated the need to develop a survey tool that would serve to measure students' intentions to behave with integrity in the student practice environment. Therefore, a qualitative Elicitation Study was completed to support the development the Miron Academic Integrity Nursing Survey (MAINS). Elicitation studies are recommended before constructing a TPB survey tool to "determine a population's salient beliefs...assessing behavioral, normative, and control beliefs" (Symons Downs & Hausenblas, 2005, p.3). Additionally, the Elicitation Study provided data and rich insight to the student perspective.

Research Question

The Elicitation Study was directed by the following research question:

What are the common attitudinal (behavioural), Subjective Norms (normative), and perceived behavioural (control) beliefs of senior nursing students (years 3 and 4), related to academic integrity in their student clinical placements?

Methodology

Design

The Elicitation Study and a literature review was Phase I of the larger three-phase study. Ethical clearance for the study was received from the doctoral student's university. A Research Assistant (RA) was employed to administer the Elicitation Study survey since the researcher was employed at one of the study sites. The RA was intended to mitigate the risk of bias in the data, due to the researcher's position of authority as a professor in the degree.

The RA emailed potential participants with an introduction to the study and a detailed letter of information. The RA made class visits to explain the study in more detail, recruit participants, obtain informed consents, and administer the elicitation survey. All participants were provided with a \$10 gift card as a thank you for their participation.

Sample

The Elicitation Study sampled Year-3 students who were transitioning into a Year-4 spring class (2014: n=30). The convenience sample was secured from a possible 83 students enrolled in a transitional course at one of the sites. Inclusion to the study was provided to nursing students interested in voluntary participation in the studies, and with an ability to read and write English (Table 1). The goal for sample size with this study was to reach the point of saturation of data, at which point no new information emerged during the analyses (Bruening, 2011; Krippendorff, 2013; Marshall, Cardon, Poddar, & Fontenot, 2013). The initial goal was to recruit 20 participants but, in fact, the recruitment exceeded the initial forecasted number. Saturation was reached with the sample obtained.

Setting

The setting for the Elicitation Study was a large school in an urban centre, located in central Ontario. The site offers the 4-year undergraduate and accelerated programs and has approximately 800 nursing students in full- time studies. This

site was a satellite campus for a university program and was situated within a community college setting.

Analysis

The findings from the Elicitation Study were analyzed using content analysis (Krippendorff, 2013). Content analysis is considered an exploratory process but is empirically grounded and was chosen for the study since the goal was to describe the phenomenon around respondents' beliefs relative to AI (Elo & Kyngäs, 2007; Hsieh & Shannon, 2005; Krippendorff, 2013). It allowed for an interpretation of the data through a systematic manner and identified important concepts authentic to the sample.

Data were derived from questions through a hard copy survey that was administered in the classroom setting (Appendix A). The data were the verbatim transcriptions of the comments made to the open-ended questions on the survey. A combination of thematic content analysis and frequencies counts was employed. The coding framework consisted of main categories that were developed from subcategories from the verbatim transcripts. Coding was considered exhaustive when each subcategory was assigned to a category. Saturation of data was reached when all subcategories had been assigned (Hsieh & Shannon, 2005). Subcategories were labelled, organized, sorted and reviewed for relationships (Hsieh & Shannon, 2005). Because subcategories emerged from the data the researcher did not use preconceived assumptions about the content. Two additional questions asked respondents to identify individuals or groups who would approve and disapprove of them behaving with honesty, trust, fairness, respect, responsibility, and courage in the student clinical setting. These questions were transcribed separately and key words were counted for frequencies.

Results and Contributions to Developing the Miron Academic Integrity Nursing Survey (MAINS)

The analysis included the identification of concepts and categories. Three main concepts emerged from the data: 1) Effects on the Professional; 2) Effects on Students; and 3) Effects on Patients (Figure 2). The concepts had four categories: 1) helpful relationships; 2) respect and trust; 3) benefits and losses; and 4) patient safety and care.

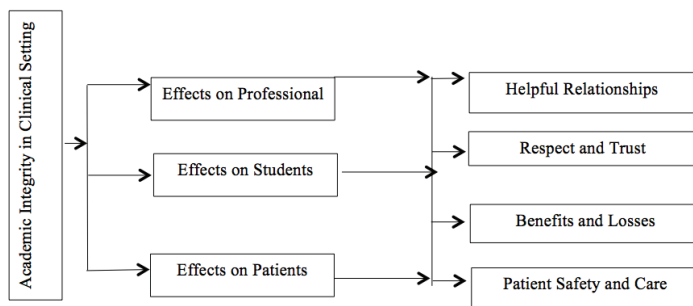


Figure 2. Concepts and categories of academic integrity in student clinical setting

The concepts that emerged from the data were focused on how behaving with academic integrity in the clinical setting would have effects on these three groups: professionals, students, and patients on a short-term and long-term basis. Respondents equated behaving within the values of academic integrity as foundational to expectations for professional ethical practice as outlined by the CNA Code of Ethics and CNO standards of practice.

Two manuals that instruct researchers about how to construct TPB surveys along with the data gleaned from the Elicitation Study, served to inform the creation of the MAINS that was used in the larger doctoral study (Ajzen, 2006; Francis et al., 2004). The MAINS measured students' intention to behave with integrity in the clinical setting. Specifically, the data from the Elicitation Study identified the people, or groups of people, that students believed were most important, and who would approve or disapprove of their behaviours and would be most affected by student behaviours (professionals/other students/patients). Identifying these people important in shaping students' beliefs, permitted the researcher to develop questions for the attitude and subjective norm scales. The data retrieved from the helpful relationships and patient safety and care categories informed additional question development for the predictor variable of subjective norm. Determining the barriers and facilitating factors that made it difficult or easy to behave with integrity in the clinical served to support the development of survey questions focused on the predictor perceived behavioural (PBC) control scale. However, data from the respect and trusts, and benefits and losses categories provided most of the content that supported the questions for PBC predictor

variable. Francis et al. (2004) note that all of these constructs are important to the development of a standard TPB study.

Discussion

Concepts and Categories Academic Integrity Student Clinical Setting

All three of the main concepts, Effects on Professionals, Effects on Students, and Effects on Patients, were interwoven like a complicated tapestry, with the four main categories of Helpful Relationships, Respect and Trust, Benefits and Losses, and Patient Safety and Care. Effects on the professional nurses that students worked with, were manifested as professional team work and therapeutic relationships. Respondents deemed these two components as essential to professional and student practice, and related to an environment that lived integrity. Respect and trust extended to patients/families, professional health care team members, classmates, and clinical instructors. The four categories were believed to be crucial components to the nursing students' learning and success on teams within the student practice environment or clinical setting. Respect and trust were also described as important for the profession of nursing and vital if nurses were to be accepted for their contributions to care.

Benefits and losses were linked directly to the presence or absence of the values of academic integrity. If the values of academic integrity were part of practice, then nurses benefited through positive workplaces; confidence in skills; trust among nurses, students, and teams; professionals' and students' satisfaction; and a positive image about nursing. If the values of academic integrity were lacking in the student practice environment then respondents suggested this lack would result in short- and long-term losses to themselves as students and to the overall profession. A lack of commitment to academic integrity would result in poor learning environments, costs to competence in practice, costs to their personal well-being, inadequate patient care, and distrust and poor collaboration among team members and, between patients/families and nurses. Becoming swept up in environments that lacked integrity was a worry for students and was equated with a negative image for nurses.

Finally, respondents reported the costs to safe patient care. They worried that breaches to the values of academic integrity would result in compromised patient care by both

students and nurses. Fractured therapeutic relationships, lack of competence due to interrupted learning, and the overall effects of negative workplaces and dysfunctional teams, concerned respondents. Notions of fairness, social justice, and safety came through when respondents discussed patients and patient care.

Respondents were asked to identify referent groups that would approve or disapprove of their adherence to the values of academic integrity in the student practice environment (clinical setting). Classmates (24 counts) and patients (18 counts) were the two largest groups that would approve of students' adherence to the values of academic integrity. A general group, that included friends and families, was cited 12 times. The professional team (6 counts), and clinical instructors (5 times) were also mentioned as groups that would care about students' adhering to academic integrity. It was difficult for students to identify who would not approve of their adherence to the values of academic integrity.

Increased student workload was identified as a pressure point and a factor that made it difficult for students to adhere to the values of academic integrity. Clinical instructors and clinical environments that were positive and supportive were identified as important to students' abilities to adhere to academic integrity. Conversely, if clinical instructors or clinical environments were viewed as negative or punitive it was considered a barrier to their ability to adhere to academic integrity. Major findings from the Elicitation Study are reported (Table 1).

Early studies by Hilbert (1985, 1987, 1988) demonstrated that departures from academic integrity were happening with nursing students in both clinical and classroom settings and began some important discussion and research on the topic. Eleven nursing studies compared departures from academic integrity in the classroom and lab settings (Arhin & Jones, 2009; Keçeci et al., 2011) and classroom and clinical settings (Basler, 2012; Bezek, 2014; Hilbert, 1985, 1987, 1988; Krueger, 2014; McCrink, 2010; Smith, 2010). While these studies provide important, and sobering findings related to the incidence of dishonesty within practice settings, the opportunity to understand what influences students' intention to behave with integrity may offer insight into meaningful educational and practice interventions.

In fact, the findings from the Elicitation Study helped support the development of the MAINS that was used for the larger study (N=339) across three different schools of nursing. In Phase II of the larger study, a draft of the MAINS was developed, piloted, revised, and re-piloted with Year 3 and Year 4 nursing students. The Elicitation Study contributed to constructing the final MAINS for Phase III, that resulted in important findings and recommendations to educational practice in the clinical setting.

Table 1
Major Findings from Elicitation Study

Concept	Category	Example from the Text (Verbatim Text)
Effects on Professionals	Helpful Relationships <ul style="list-style-type: none"> Improved Teamwork Direct effect on profession of nursing Essential to deliver care in positive manner 	<i>You build healthy relationships with co-workers and work as a team which is so important to what we do (Respondent 17) These are key principles of the nursing profession...you develop a strong relationship with peers and colleagues (Respondent 7)</i> <i>Team work is better and makes it easier. It is a nice place to work...everyone working together (Respondent 11)</i>
	Respect and Trust <ul style="list-style-type: none"> For the profession From the patient 	<i>Working like this helps you build trust to the nursing profession (Respondent 21)</i> <i>The patients will feel better and trust you (Respondent 28)</i> <i>Patients rely and trust the nurse more (Respondent 16)</i>
	Gains and Losses <ul style="list-style-type: none"> To the Profession To the Nurse 	<i>There is a chance for improvement to our professionalism...as nurses (Respondent 24) It is not good for the profession or nurses, we will lose our professionalism and have nothing (Respondent 11)</i> <i>As nurses you know you did the right thing...it feels good (Respondent 8)</i> <i>Your gaps may show and you could be punished for it by your manager (Respondent 12)</i>
	Patient Safety and Care <ul style="list-style-type: none"> Patient Health & Wellbeing 	<i>You are part of a team that depends on each other and is there to deliver care...if the care is threatened by being dishonest then care <u>suffers...clients suffer</u> (Respondent 8)</i>

Table 1 cont'd

Concept	Category	Example from the Text (Verbatim Text)
Effects on Students	Helpful Relationships <ul style="list-style-type: none"> Professional teamwork would be improved and was important for learning 	<i>As a student you have to be part of a team that works together...you can't jeopardize that (Respondent 22)</i> <i>Working as an honest person on the team...they see this and find things for you to do and see that will help you...the other nurses...they see this and help you to learn (Respondent 14)</i>
	Respect and Trust <ul style="list-style-type: none"> Trust of Peers Trust of Others Trust of Patients 	<i>Sense of accomplishment to oneself...you gain confidence in oneself...you gain respect and admiration of your peers (Respondent 1)</i> <i>Others...like others on the team see you as a student who works hard and is taking it seriously and they respect that (Respondent 4)</i> <i>Safe, competent and ethical care...you build good relationships with others...our character determines how patients will value us (Respondent 30)</i>
	Gains and Losses <ul style="list-style-type: none"> To Learning 	<i>You can learn more from those who are expert only when you are able to admit and correct your mistakes to perfect your skills (Respondent 14)</i> <i>I will be able to provide competent care in accordance to CNO & RNAO...I will be able to promote nursing as an independent profession (Respondent 8)</i> <i>If you can't be honest and admit your gaps it is like cheating yourself from learning...and you can't grow and self-reflect openly (Response 16)</i>
	Patient Safety and Care <ul style="list-style-type: none"> Patient Health & Wellbeing 	<i>When you are honest clients will open up and you can help them (Respondent 9)</i> <i>We are students...we don't know it all we have to be sure our patients are cared for (Respondent 17)</i>

Table 1 cont'd

Concept	Category	Example from the Text (Verbatim Text)
Effects on Patients	Helpful Relationships <ul style="list-style-type: none"> Therapeutic Relationships 	<i>Client respect for your truthfulness...makes the client to be more open to you so he can divulge information that may help with their care...such attitude and trust can give the patient hope (Respondent 3)</i> <i>You gain their trust and you can have good communication and provide good care...you are therapeutic (Respondent 17)</i>
	Respect and Trust <ul style="list-style-type: none"> From Patients and Families 	<i>Our values will help patients and families respect and trust us (Respondent 2)</i> <i>Families see us and see how we work and we gain respect as professionals (Respondent 6)</i>
	Gains and Losses <ul style="list-style-type: none"> To Patient Care 	<i>It results in better patient health outcomes (Respondent 21)</i> <i>Client care will suffer if you aren't honest about your care (Respondent 15)</i>
	Patient Safety and Care <ul style="list-style-type: none"> Providing safe and fair care 	<i>Respect, trust, fairness and honesty is given and can be expected from the client so you give safe, ethical, competent care (Respondent 30)</i> <i>You give care with social justice (Respondent 24)</i>

Conclusion

Understanding academic integrity within the student practice setting is significant for professions like nursing for an array of reasons. Professional nursing practice is defined as a moral human enterprise, and ethical nursing care is an expectation of the public, inter-professional team members, and hiring organizations (Wideman, 2011). Carry-over behaviours, consistent with departures from AI, that persist to professional practice will have negative effects for both clients and communities receiving care, hiring organizations, inter-professional teams, and health care delivery systems. Efforts aimed at promoting academic integrity and acculturating students to behavioural norms around the values associated with academic integrity may also establish core values that are consistent with nursing practice and essential to safe ethical care. The findings from the Elicitation Study served to inform the creation of a survey tool (MAINS) that measured nursing students' intentions to behave with integrity in the clinical practice setting as part of a larger study. The larger study served to inform the content area focused on nursing students and student clinical practice. Continued efforts to understand what shapes students' intentions around values consistent with ethical practice is important and will continue to inform our understanding and ability to influence such intentions. These efforts are important when considering the need for our students' abilities to practice with strong ethical foundations that will support their abilities to deliver safe client care.

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Appendix A

List of Elicitation Study Questions

1. What do you believe the advantages are of practicing with honesty, trust, responsibility, respect and fairness?
2. What do you believe the disadvantages are of practicing with honesty, trust, responsibility, respect and fairness?
3. Is there anything else you associate with your views on practicing with honesty, trust, responsibility, respect and fairness?
4. Are there any individuals or groups who would approve of you practicing with honesty, trust, responsibility, respect and fairness?
5. Are there any individuals or groups who would disapprove of you practicing with honesty, trust, responsibility, respect and fairness?
6. Is there anything else you associate with other people's views about practicing with honesty, trust, responsibility, respect and fairness?
7. What factors or circumstances would enable you to practice with honesty, trust, responsibility, respect and fairness?
8. What factors or circumstances would make it difficult to practice with honesty, trust, responsibility, respect and fairness?
9. Are there any other issues that come to mind when you think about practicing with honesty, trust, responsibility, respect and fairness?

Address for Correspondence

Jennie Miron

Humber College

Email: jennie.miron@humber.ca