**MEDICAL STUDENTS’ VIEWS ON ACADEMIC DISHONESTY AND ITS EFFECT ON FUTURE DOCTORS: A KENYAN STUDY**

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**ABSTRACT**

**Background:** There is no denying that academic dishonesty in its various forms is rampant the world over. The magnitude in Kenyan institutions of learning is yet to be empirically and firmly determined. While a few studies have made attempts at exploring the extent of this malpractice, little is known on the views held by the students in the mix.

This study brings to the fore what medical students in a Kenyan medical school think of academic dishonesty and its inherent effects on the medical profession.

 **Objective:** To establish the views on academic dishonesty and its effect on future doctors as held by medical students in Moi University, School of Medicine.

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

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

**Subjects:** One hundred and fifty-six students in the (4th, 5th and 6th) clinical years of study.

**Results:** Ninety-six point nine percent agreed that academic dishonesty is any form of activity that gives undue advantage to those involved. Slightly more than three quarters (76.3%) believed that the society with its attitude towards undeserved wealth and status contributes to academic dishonesty while the majority agreed that academic dishonesty is likely to lead to people dishonest in other aspects of life (79.5%), dishonest doctors (84%) and dangerous medical practice (67.3%). The sixth years were distinctly agreed on the need to curb academic dishonesty in institutions of higher learning while some in the junior clinical years thought that nothing should be done about it.

**Conclusion:**  An overwhelming majority of the students consider academic dishonesty to be any activity in a formal academic setting that gives undue advantage to those involved. Most agree on the adverse effects of academic dishonesty on individuals, institutions and the medical profession but the proportions vary between the years of study with some of the junior clinical students wishing that nothing is done to curb academic dishonesty in institutions of higher learning.

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**INTRODUCTION:**

Academic dishonesty is endemic in learning institutions right from basic to graduate studies (1). Efforts have been made to unravel the extent and reasons for the practice (2) but there basically isn’t much on the views of those involved. As is said, it is the wearer of the shoe that knows where it pinches and the students may have perspectives hitherto unknown to the scientific world.

This paper brings into focus the views held by medical students on academic dishonesty and its impact on the future of the medical profession.

**MATERIAL AND METHODS:**

Medical students in the clinical (4th, 5th and 6th) years of study anonymously filled a 20-item self-administered questionnaire. The questionnaire captured the demographic data and the views of the students on various aspects of academic dishonesty ranked in a Likert scale of six levels starting with strongly agree to strongly disagree. Collected data was transcribed into a sheet and entered for analysis using Statistical Package for Social Sciences (SPSS) version 21. Subjective data was presented in frequencies while measures of dispersion and central tendencies with statistical significance at p≤ 0.05 were applied on discrete data. The results are presented in tabulated figures, ratios and percentages.

**RESULTS:**

One hundred and fifty-six students returned the duly filled questionnaire giving a return rate of 91.2 %. The male to female ratio was 1.3:1 with age range of 21 to 34 years and a mean± standard deviation of 24.1±1.8 years. Their views on the definition of academic dishonesty as any form of activity in a formal academic setting that gives undue advantage to those involved are shown in table 1 below:

**Table 1: View on definition of academic dishonesty**

|  |  |  |
| --- | --- | --- |
| **RESPONSE TO DEFINITION** | **FREQUENCY** | **PERCENTAGE** |
| Strongly Agree | 108 | 69.3 |
| Agree  | 43 | 27.6 |
| Somehow Agree  | 3 | 1.9 |
| Somehow Disagree | 1 | 0.6 |
| Disagree | 0 | 0.0 |
| Strongly Disagree | 1 | 0.6 |
| **TOTAL** | **156** | **100.0** |

Close to ninety-seven (96.9) percent agreed with this definition while 2.5% of the respondents were ambivalent as to whether to agree or disagree with the definition. The students were likely to be as four times ambivalent as disagreeable to the definition.

 The three years of study had different levels of confidence about the correctness of this definition as reflected in strong agreement; the lowest (62.5%) in 5th year and highest (85.1%) in 6th year with the 4th year (66.7%) lying in between.

Seventy-six point three percent of the students said that the society and its attitude towards ill-gotten wealth and status has contributed to academic dishonesty while 14.1% were unsure of this. An overwhelming majority of the sixth years (91.4%) were certain this was the case but the junior years were less sure of this (p=0.008).

A majority of the students believed that academic dishonesty is a prelude to people who will be dishonest in other aspects of life in future (79.5%), produce dishonest doctors (84%) and engender dangerous medical practice (67.3%). The proportions were greatest in all categories for the sixth years compared to the rest and these were statistically significant as shown in table 2 below.

**Table 2: Students’ views on role of society and the effect of academic dishonesty on future of medical profession.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Characteristic  | 4thyear  | 5th year | 6th year  | P value |
| **Society attitude contributes** |  |
| Agree  | 32 | 44 | 43 | **0.008** |
| Ambivalent  | 8 | 12 | 2 |
| Disagree  | 2 | 11 | 2 |
| **Future dishonest person**  |  |
| Agree | 34 | 54 | 36 | **0.001** |
| Ambivalent | 7 | 6 | 9 |
| Disagree | 1 | 7 | 2 |
| **Dishonest Doctors**  |  |
| Agree | 36 | 52 | 43 | **0.003** |
| Ambivalent | 5 | 9 | 4 |
| Disagree | 1 | 6 | 0 |
| **Dangerous Practice**  |  |
| Agree | 26 | 44 | 35 | **0.017** |
| Ambivalent | 13 | 17 | 11 |
| Disagree | 3 | 6 | 1 |

The majority agreed that academic dishonesty brings disrepute to the institutions in which it is practiced (91.7%) and lowers the quality of graduates from those institutions (82.1%). The middle group (5th year) seemed most conflicted in their views as shown by their higher levels of ambivalence in all areas except dishonesty leading to a dishonest person in the future where those in sixth year were the majority.

When it was suggested that there is a need to curb academic dishonesty in institutions of higher learning, the students’ views were as depicted in table 3 below.

**Table 3: Students’ views on the need to curb academic dishonesty**

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

There is an interesting picture of the junior years strongly disagreeing that this practice needs to be curbed while all the sixth years agree on the need to eliminate the practice. The proportion of those in any aspect of disagreement is highest among the fifth year students who were 2.25 times as likely to disagree as those in fourth year. An overall 89.8% of the students agreed on the need to curb academic dishonesty in institutions of higher learning, 4.5% were ambivalent while 5.7% disagreed.

**DISCUSSION:**

While it is suggested that academic dishonesty, commonly referred to as cheating but made up of much more, is endemic to education (1), there is no agreed definition other than the implied undeserved advantage it gives those engaged in it. The medical students in this study seem to generally subscribe to this view. This forms a basis for a common understanding of what was being talked about and its sought effects on the future of the medical profession. The greater clarity of definition among the sixth years may suggest a greater exposure and better understanding of the events that constitute academic dishonesty.

 More than three quarters of the students blamed academic dishonesty on the society’s perception of successful misfits. Fass (2) postulated that business scandals in the real world make students believe dishonesty is an acceptable method for achieving success in contemporary society. They feel nothing about cheating since it is fashionable, doable and prevalent. Sattler and colleagues showed that the expected benefits of cheating as well as students’ morality play an important role for the engagement in dishonest behaviuor (3) while Carpenter and colleagues opined that we should not expect to raise upright children while engaging in crooked ways since they definitely choose to copy us (4).

Academic dishonesty affects every aspect of teaching, learning and application of knowledge and skills with diminished drive for knowledge, innovativeness, critical thinking and pursuit of academic greatness (5). Akaranga and Ongong thought that students who join professions courtesy of dishonest academic short cuts end up being a threat to the profession as can be attested by structurally defective engineering works and multiple medical issues of negligence due to incompetence (6).Noni and Swift believed that students who engage in and justify academic dishonesty, even once, are not only more likely to engage in it in the future but also likely to lead a life of dishonesty such as fraud and theft at the workplace (7).The respondents agree to all these to varying degrees with the sixth years having a better grasp of the concepts. Of interest is the greater proportion that believes academic dishonesty will lead to dishonest doctors (84%) as compared to agreeing that this will lead to dangerous medical practices (67.3%). This might be an introspection and neutralization of guilt by those involved in academic dishonesty, convincing themselves that this practice will yield no greater harm than if they conformed to rules and procedures.

Majority of these students believed that academic dishonesty affects the reputation of the institution (91.7%) and the quality of graduates (82.1%). This finding is similar to what studies by McCabe et al (5) and Hardy and Burch (8) established; that academic dishonesty leads to graduates of same grades but different levels of knowledge and skills and this rouses doubts in employers thus affecting the reputation of the institution. The cited studies also found that the greater the extent of dishonesty, the lower the quality of the average graduate and the less the rest of the world will be interested in interacting with the college. Because of this reason, all students, even those that are not involved, are negatively affected by academic misconduct.

This study found that the junior clinical years are keener on participating in academic dishonesty and some even wish that nothing is done to curb the activity. Bushway and Nash (9) found that those with lower actual school achievement cheat more while Jude (10) found that older students, females and students with higher academic achievement are less likely to cheat. The middle group of the fifth year seems caught in the midst of exposure to academic dishonesty as is the case of the fourth year and the need for a level field desired by the sixth year once they join the medical practice. The sixth year students might just as well be ruing in advance their stated consequences of academic dishonesty in institutions of higher learning, hence their stronger desire to have it curbed.

**CONCLUSION:**

An overwhelming majority of the students consider academic dishonesty to be any activity in a formal academic setting that gives undue advantage to those involved. Most agree on the adverse effects of academic dishonesty on individuals, institutions and the medical profession but the proportions vary between the years of study with some of the junior clinical students wishing that nothing is done to curb academic dishonesty in institutions of higher learning.

**RECOMMENDATION:**

Concerted efforts should be made to utilize the goodwill among the majority of the students to curb academic dishonesty in this and other Medical Schools in Kenya.

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