

Research

Academic Misconduct in CRNA Programs: A Causal-Comparative Analysis of Student and Faculty Perceptions

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Significance & Aim

The purpose of this quantitative, causal-comparative study was to identify whether there is a difference between student and faculty perceptions of academic misconduct in advance practice registered nurse (APRN) education, with a specific interest in Certified Registered Nurse Anesthetist (CRNA) education. The findings of this study may aid in the strategic management of academic policies and enforcements.

Methods

The study took place at a single private university in Texas which houses six graduate-level APRN programs. The sample size consisted of 92 students and 42 faculty. The Exams and Assignments Scale was used as an instrument for both groups and anonymous data was collected using an online survey platform. Statistical analysis took place using an independent samples t test. The results show that there is a statistically significant difference in the perception of academic misconduct between student and faculty. Specifically, students regard instances of academic misconduct as more severe than faculty.

Results

The conclusions were that students and faculty were dissimilar in their perception and severity of instances of academic misconduct. Based on these findings, it is recommended that faculty and administrators who are involved in CRNA education develop and follow strong curriculum, guidelines, and policies that help to bridge the gap of perception of academic misconduct. Suggestions for future research include performing similar studies with larger sample sizes in a variety of settings and institutions.

Academic misconduct can occur in the form of cheating, plagiarism, collusion, fabrication, unauthorized use of resources, or complicity. Most institutions of higher education have implemented detailed policies regarding academic integrity and misconduct. Despite these efforts, the instances of academic misconduct are increasing in overall education.¹ The exponential rise in occurrences of academic misconduct is theoretically linked to generational characteristics of entitlement.² Although this applies to society in general, the nursing profession has historically been one of the most trusted professions in the United States³; yet academic misconduct is increasing among nursing students at an alarming rate.^{4,5} Graduate-level nursing has a high level of responsibility because Advanced Practice Registered Nurses (APRN) have a great responsibility for deci-

sion-making that directly affects patient care and therefore must function with the highest level of integrity.⁶ Despite this, instances of academic misconduct have been reported in this graduate specialty.⁷⁻⁹

HISTORICAL OVERVIEW

Modern documentation of academic misconduct is found historically beginning in the 18th century.¹⁰ It is theorized, however, that instances of misconduct have been endemic to academia throughout history. A rapid rise in misconduct occurred in the late 19th century when a boom of academic institutions opened educational opportunities to the general public. This dramatic increase in the student population caused a paradigm shift in academic perceptions.

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Academia was once viewed as a process for the quest for knowledge; however, during this boom, assessments began to be viewed as mere hurdles to overcome on the path to professional goals. The result was an estimated 40% admitted anonymous cheating rate.¹⁰

IMPLICATIONS OF ACADEMIC MISCONDUCT IN CRNA EDUCATION

Many factors are known to come into consideration when assessing acts of misconduct, including teacher attitudes, policies, consequences, and peer relationships.¹¹ Online education has increased creative avenues of cheating including test banks, course assignment databases, in-test communications, and plagiarism opportunities.¹² The faculty of advanced practice nursing programs are predominantly populated by licensed/certified APRNs themselves. Faculty such as this have a personal and professional knowledge of the patient care understanding, knowledge base, ethical conduct, and resource management that is required to be successful.¹³ Certified Registered Nurse Anesthesia (CRNA) students must be registered nurses prior to acceptance into graduate education. It is, therefore, assumed that these students have a solid ethical base. Through the current study, the researcher aimed to validate or disrupt this assumption.

The role of APRNs involves direct patient care in a number of specialties. These specialties include nurse practitioners, certified nurse midwives, CRNAs, and clinical nurse specialists.¹⁴ As such, they are in a position to be primary healthcare providers for the very sick and situationally afflicted patients. Because of this high level of accountability, the CRNA must function at the highest level of ethics.¹⁵ This ethical standard should be established and expected throughout CRNA education. Academic misconduct during graduate level nursing education can potentially have life-threatening consequences. Assessments of academic ability must be administered and processed with integrity and validity to qualify graduates to care for patients. Any breach in the academic process has the potential to falsify the learning process and place patients at risk. Medical malpractice and negligence can become an issue, as well as multiple ethical violations.¹⁶ One assumption is that students who engage in academic misconduct may also be prone to other forms of dishonest actions such as misreporting medication errors, falsifying patient diagnostics or treatments, or committing insurance fraud.⁹ Each of these actions have a direct and indirect effect on society-at-large and can have lasting repercussions to individuals, families, and communities. For these reasons, an urgency exists to understand this problem and strategically counter it.

THEORETICAL FOUNDATION

The theory of delinquency presented by Sykes and Matza¹⁷ is often used to understand and explain criminal activity within society. Although intended for criminals, the concepts are very applicable to dishonest instances of academic

misconduct. This theory attempts to answer the questions relating to why criminals break the law. The rationalization of criminal activity can be justified by delinquents in 5 basic ways: (a) denial of responsibility, (b) denial of injury, (c) condemnation of condemners, (d) denial of victim, and (e) appeal to higher loyalties.¹⁷ These forms of justification can be seen in the academic setting as students justify dishonest activity. In the nursing profession, this theory can apply to well-intentioned nurses as they engage in normalization of deviance behaviors.¹⁸ The phenomenon of normalization of deviance occurs when nurses knowingly deviate from acceptable performance standards because the deviance is committed, repeated without consequences, and deemed to be normal. Although the action may initially conflict with one's own moral beliefs, the normalization process allows the behavior to be deemed acceptable.¹⁹ When this theory is applied to the subject of academic misconduct, researchers can gain an understanding of the progression of the phenomenon and the concept that well-meaning, and otherwise morally sound, students can commit dishonest actions.

PROBLEM STATEMENT

Previous scholars have indicated that there is interest and concern regarding academic misconduct in general. Some researchers have focused on the motivating factors for cheating,²⁰⁻²² while others have explored strategies for prevention of dishonest acts.²³⁻²⁵ Still, others search for the ability to predict at-risk students who may be prone to misconduct.^{12,26} Specific to the nursing profession, researchers have studied the undergraduate education of nurses⁴ and other health professions such as pharmacists.²⁷ Studies are also found that identify discrepancies between student and faculty perceptions of academic misconduct in general.⁵ Academic integrity policies need to be tailored to disciplinary-specific contexts.²⁸ To accomplish this, CRNA perspectives need to be explored, but this information is not available in the literature. The need to measure academic misconduct in specific fields was called for when the chosen instrument was validated.²⁹

General challenges in CRNA education are addressed in some studies,¹³ but nothing is particular for dishonest actions. Considering the level of responsibility that is required in the CRNA role, combined with the growing instances of academic misconduct in the academic setting, it is reasonable to turn the focus toward understanding this growing trend. The problem is that the literature has not fully addressed academic misconduct of CRNA students.

The findings of this study may aid in the strategic management of academic policies and enforcements. The results indicated whether there are serious discrepancies in understanding the definitions and applications of academic misconduct. When an understanding is gained, future efforts can be made to further combat the problem. As the findings revealed a discrepancy between faculty and student perceptions, strategic methods can be used to bridge this gap such as student education, curriculum redesign, assessment variations, or other prevention strategies. If no

gap in perceptions was identified, the policymakers of the institution could still have used the findings to create better policies and expectations.⁴

This study is part of a larger vision to increase the integrity of the student population, particularly practicing CRNAs. Understanding the nature of the problem is the first step toward total integrity and compliance to standards.⁵ Linking the students' academic integrity with their integrity in practice may be a significant contribution to the field of healthcare.⁹

REASONS FOR ACADEMIC DISHONESTY

Many studies in the literature have attempted to identify underlying rationale for academic misconduct. Some studies demonstrate that student stress is a primary component.³⁰ Open opportunities have also been quoted as another contributor to the problem.^{21,31} Ignorance is often claimed by students who are questioned.³² In addition, students report increased temptations to cheat in classes that they deem as boring, unimportant, or unapplicable to their interests.³³

Another tragedy in education is when a student cheats inadvertently. Students may believe that sharing past or current exam questions with peers is not a form of cheating.³⁴ Rather, the students may feel that they are being helpful. This is where a strong understanding of perception is important. If the student and faculty perceptions of cheating differs by action or severity, enforcement of academic policies is extremely difficult.³⁵

CULTURAL INFLUENCE

Cultural background has been shown to influence both the students' perceptions and tendencies toward academic misconduct.^{36,37} For instance, some cultures value repetition, imitation, and rote learning as superior teaching methods. This has the potential to influence the student toward a misunderstanding of the plagiaristic violations that are considered unacceptable in other cultures.³⁷ Contrarily, some cultures emphasize original work and misconduct awareness to the extent that plagiarism is understood to be academic "theft" and expectations are set accordingly.³⁶ Language barriers can also increase the problem of understanding and application of academic misconduct policies. It is suggested, therefore, that students, faculty, and institutions share the responsibility of reducing instances of academic misconduct.³⁶ This process can begin with a solid understanding of perceptions.

FACULTY INFLUENCE

Some scholars have suggested that faculty members and administrators may intentionally or passively assist in acts of academic misconduct for personal, financial, or social reasons.³⁸ Examples of these actions include a feeling of failure on behalf of the faculty when students engage in these activities, or faculty who accept bribery from students. These are serious ethical violation and can have ex-

tensive consequences on the social and ethical development of students. On the other hand, administrators who classify academic cheating by severity has shown to support ethical behavior and allows for more consistent enforcement.³⁹ Faculty who foster high stress tasks and high-pressure learning environment directly increase the likelihood of cheating.⁴⁰ Ethics institutionalization has also been shown to dramatically decrease instances of dishonest actions.⁴¹ The attitude and ethical values of the institution's faculty and administration has a direction correlation with the ethical values and tendencies of the students.

SITUATION

Societal norms can warp ethical development and situational awareness.²¹ Certainly, upbringing and peer influences are a strong factor in explaining academic misconduct. Repeat offenders develop a sense of normalcy for the deviant behavior. This is especially true when actions are not viewed as having consequences.

It has also been suggested that the course design has a possibility of increasing the students' temptations to cheat.⁴² For instance, the more high-stakes exams within a course, the more likely students are to cheat. Based on this, some scholars have recommended restructuring assessments to be more learning oriented rather than assessment oriented.⁴²

The increase of online education also increases opportunities for dishonest actions. Specific to online education is the problem of contract cheating. The faceless learning platform used in many online courses opens the door for third-party counterfeiting.⁴³ Many attempts have been made to combat this phenomenon such as plagiarism identification and writing style consistency software.⁴⁴ Although these may dissuade some students, the incidence of plagiarism and contract cheating remains a concern.^{12,32,43,45} One study estimated that cheating is 12 times more likely in a distance course than a face-to-face class.⁴⁶ Another study shows that dishonesty is actually lower in online courses.⁴⁷ These conflicting findings can be explained by the difficulty of detection of academic misconduct in the online/distance setting.

CHANGING TIMES

Educational professionals in the 21st century have faced, and will continue to face, many changes.⁴⁸ Changes in culture, finances, government, globalization, generational shifts, and teaching modalities must all be taken into consideration. These changes can affect student motivation and well-being.⁴⁹ Lack of motivation and well-being can increase performance stress on students and tempt them toward academic misconduct.⁵⁰ The globalization of education must also consider cultural variables and societal norms. Generational differences can also have an impact if it indicates a lack of self-control. Lack of self-control has significant predictability on cheating, falsification, and plagiarism.⁵¹

TECHNOLOGY

The dynamics of education has evolved to include more technology reliance. This is true for both face-to-face education and online education. Online learning continues to increase and allows for more creative cheating methods.^{52,53} Technology can be used for promoting academic integrity and academic misconduct.⁵⁴ Tech-savvy, dishonest students will find ways to utilize the internet and technology for purposes of academic misconduct. A strong counterattack of technology-based software and strategies is necessary.^{44,55,56}

Technology has many advantages, but also some disadvantages. These disadvantages include a lack of resources for proper function, training, privacy problems, psycho-social issues, and student motivation.⁵⁷ It has also opened doors to more creative methods of cheating such as question and answer banks, unauthorized material sharing, ghost writers, and breeching of test taking protocols.⁵⁸⁻⁶⁰ It is important for educators to be aware of the disadvantages of technology-based education to combat this issue.

PREVENTION

Encouraging peer-reporting of academic dishonesty fosters a culture of academic integrity at the university level.⁶¹ Effectiveness of peer-reporting depends greatly on the ethical institutionalization of the university and efforts to decrease negative connotations such as “tattle-tale” mentality.^{61,62} The power of higher loyalties can be applicable to peer influences for both good and bad. The culture of the institution can help to foster the positive roles of peer centered integrity initiatives.

Techniques for prevention range from threatening policies to gentle encouragement for personal integrity. A combined approach seems to be the best method.⁶³ Combining enhanced honor codes, integrity curriculum integration, plagiarism detection software, and faculty/institution support seems to be consistent with successful decline in dishonest actions.^{63,64} Some recommendations include strict make-up exam policies, restricting personal computer/calculator use, familiarity with each student, close assignment monitoring, and multiple variations of assessments.⁶⁵⁻⁶⁷ All references seem to agree that vigilance is the key to misconduct prevention. These recommendations are well-intended; however, the epidemic of academic misconduct continues to grow.

COMBATTING THE NEUTRALIZATION ATTITUDES

Sykes and Matza¹⁷ outline neutralization attitudes that can contribute to deviant behavior. In the field of education, academic misconduct follows similar patterns and should be combatted in similar manners. Surprisingly, students who engage in cheating behaviors tend to still view themselves as honest individuals.⁶⁸ In fact, acts of justification can sometimes be misconstrued by the perpetrator as honorable. This is particularly true when students believe that their circumstances are outside of the social norm and ad-

justments are necessary. Circumstances such as adult education of single parents, poverty-stricken students, or complex family situations tend to lead to this type of justification. The result is often students who “condemn the condemners”.¹⁷ This occurs when students justify misconduct by blaming the instructor for various reasons, such as poor instruction or test preparation. Ultimately, there is usually a complete denial of responsibility for their actions.⁶⁸ Some scholars have suggested that the best way to combat these attitudes is to educate students regarding methods of neutralization and ways to identify these behaviors in self and others.⁶⁹ This can lead to students who continue to believe that they are honest individuals, even though their actions are contrary to that moral code.

IDENTIFYING AT-RISK STUDENTS

The literature supports the idea that individual, quantitative factors can increase or decrease the likelihood of academic misconduct. Students with a high self-oriented purpose are more likely to engage in misconduct than others.³¹ The sense of entitlement, as is often used to describe the Millennial generation (those born between 1981–1996), has been shown to be a significant predictor of cheating tendencies.⁷⁰⁻⁷² Conscientiousness levels have also shown a direct correlation with academic integrity.⁷³ In contrast, students who have a high level of self-control, high religious activity, and a high sense of beyond-the-self focus are less likely to engage in academic misconduct.^{31,74-76}

Higher achieving students tend to engage in academic misconduct more often than the average student.⁷⁷ Another study suggested that senior undergraduate college students tolerated dishonest behaviors more than freshman.⁷⁸ These findings may help to explain why this problem persists in graduate level APRN education. APRN students tend to be high achievers with high expectations of themselves. Financial pressures may influence students stress, ethical judgement, and commitment levels.⁷⁹ Some reports have suggested that students who pay high prices for education tend to feel that they paid their tuition and thereby have paid for their degree. This is sometimes termed *academic entitlement*.⁸⁰⁻⁸²

Researchers have determined that highly religious students are less likely to engage in academic dishonesty than others.^{31,76} This correlates with students’ individual value systems that are linked with dishonest tendencies.⁸³ Students who are more socially oriented are less likely to cheat than those who are personally focused. Therefore, lonely and self-involved students are the most at-risk.

LINKS BETWEEN ACADEMIC MISCONDUCT AND PROFESSIONAL PRACTICE

Acts of academic misconduct should not be permissible in any setting. The responsibility to the patients and society, however, requires educational institutions prepare health-care professionals to be extra vigilant in preventing, detecting, and managing academic misconduct. One study found a correlation between academic misconduct and professional practice in medical doctors who were board certified

in the state of California. These researchers reviewed historic academic records for medical doctors who have been disciplined by the California Medical Board, finding that doctors with a history of professional discipline also had high instances of academic misconduct when they were in medical school.⁸⁴ The state of California disciplines doctors who engage in actions such as negligence, inappropriate prescribing, acts that endangered patients, and unprofessional conduct.

Like medical doctors, nursing students with a history of academic dishonesty are associated with unethical acts in the workplace.^{35,85,86} Several scholars have found this through anonymous surveys of professional nurses and hospital administration, including reports of a correlation between academic integrity and professional integrity.⁹ Hospital administrators may be reluctant take disciplinary actions against nurses until after an established pattern of unsafe practices emerges or a single sentinel event occurs.⁸⁷ This can be extremely frustrating for nursing administration. More serious than the administration complexities, patients are placed at risk of poor care until the questionable nurse is identified and clinical misconduct is proven. Preventing, identifying, and disciplining students in school would allow for the safety of patients in the future who are in the healthcare setting under the direct care of registered nurses or APRNs. The investigators of one study were able to specify unethical clinical behavior being linked with a history of academic misconduct in nurses.⁸⁸ These specific behaviors included the following:

- Not reporting an incident or error that involves a patient;
- Reported and/or recorded treatments that were not performed or observed;
- Recorded medications as given when they were not given;
- Recorded patient responses to treatments and/or medications that were not assessed;
- Reported and/or recorded vital signs that were not taken or recalled accurately.

Not only are these behaviors unethical, but they threaten the safety of those within the nurse's care. The authors of this study used the finding as a call to action for nursing educators to maintain firm and consistent academic integrity policies and take all efforts to reduce cheating.⁸⁸

DANGEROUS CLINICAL BEHAVIORS

The above-mentioned clinical behaviors can have life-threatening consequences. One example of the gravity of these actions is the case of RaDonna Vaught, a former nurse for Vanderbilt University Medical Center.⁸⁹ During a particularly busy and stressful hospital shift, Ms. Vaught pulled the wrong medication out of the drug dispensary system and administered it to a patient. The medication administration system had safeguards to prevent pulling the wrong medication out of the dispensary; however, this nurse bypassed this system. She then bypassed the medication administration guidelines by omitting safety protocols during

the administration of medications. This nurse then failed to monitor the patient after giving the medication. The result was a horrific patient death, as the patient was given a paralytic and was subsequently unable to breathe, although fully conscious. This nurse was charged with criminally negligent homicide. Although this case was not linked with academic misconduct, a pattern of unethical and irresponsible behavior is clear. This example serves as a reminder of the serious nature of vigilant nursing care. Students often cite stress and lack of time as rationale for cheating behavior.³¹ Interestingly, the case of Ms. Vaught identifies the same rationale for clinical behavior that resulted in patient death.

USING PERSPECTIVE UNDERSTANDING IN BUILDING POLICIES

Variances in faculty and student perspectives of academic misconduct have been useful in creating effective policies and setting student expectations. This can help to bridge the gap in perceptions and increase compliance to policies.^{90,91} It has been found that clear instruction and vigilance on the part of faculty is an important strategy for student integrity compliance.⁹¹ This can be especially applicable if a difference in perceptions is established. In 1 study, the researchers found that the perceptions of faculty regarding academic misconduct is a large predictor of misconduct behavior in students.⁹² Misunderstandings of policies and inconsistencies of punitive actions also impact the tendencies for cheating.⁹³ Many of the above-mentioned factors for building policies require a strong understanding of faculty and student perceptions.

THE RESEARCH STUDY

To identify whether there is a difference between student and faculty perceptions of academic misconduct in CRNA education, a quantitative, causal-comparative research design was chosen.

RESEARCH QUESTION

The guiding research question was formulated based on the identified problem and purpose of this study.

RQ1: Is there a difference in academic misconduct scores between advanced practice nursing students and advanced practice nurse faculty?

HYPOTHESES

The null hypothesis for this study was:

H₀1: There is no statistically significant difference between the perceptions of academic misconduct scores among advanced practice registered nurse students and advanced practice registered nurse faculty.

PARTICIPANTS AND SETTING

The independent variable in this study was the classification of students and faculty. The following section con-

tains a description of the population, participants, sampling technique, and sample size. The setting was an institution of higher education that houses APRN students and faculty. The study required an institution of considerable size that included a variety of APRN programs and students to support the power needs of this study. One large, private university in Texas was selected.

POPULATION

The population of interest for this study was found within the College of Health Science and Nursing. APRN students and faculty were identified within the same institution to decrease the confounding variables.⁹⁴ The selected university provided an ideal setting due to the high number of enrolled APRN students and large faculty base. The institution in Texas currently offers 5 programs for APRNs: family nurse practitioner (FNP), adult gerontology acute care nurse practitioner (AGACNP), psychiatric-mental health nurse practitioner (PMHNP), clinical nurse specialist, and CRNA. Students and faculty from all 5 programs were invited to participate. Some programs were face-to-face, and some were online. All programs have some online component to the curriculum. The number of students enrolled in the Texas schools among these programs was approximately 300, and the number of faculty was approximately 100.

The setting for this study took place via internet access according to the convenience of the participants' time selection. An email was sent out according to the specified inclusion criteria with instructions and a link to complete the online survey. A reminder email was sent approximately 2 weeks after the first to improve participation.

INSTRUMENTATION

The instrument used for this study was the Exams and Assignments Scale (EAS) for which written permission was obtained prior to use.⁹⁵ This survey was created and validated with the purpose to evaluate the perspectives and severity of a variety of potential misconduct actions in the higher education academic setting.

The design of this instrument was advantageous for APRNs due to variety of necessary academic skills that are required in such a profession. The instrument includes scoring of behaviors such as plagiarism, cheating, disruptive behavior, dishonesty toward instructors, and fabrication. For example, one instrument scenario states, "using unauthorized cheat sheets or other materials during a quiz or examination" and the potential responses include 1 = *definitely not misconduct*, 2 = *probably not misconduct*, 3 = *possibly misconduct*, 4 = *probably misconduct*, 5 = *very probable misconduct*, 6 = *definitely misconduct*, and 7 = *severe misconduct*. All of these behaviors have the potential to impact APRN conduct in the academic setting. In addition, the context of the questions includes laboratory and clinical assessments, making this an ideal tool for use with APRN students. Because dishonest actions are frequently interpreted as having differing levels of severity, the responses were presented in a 7-point rating scale, allowing responders the

opportunity to rank their level of agreement/disagreement with the scenario being an act of misconduct.

DATA ANALYSIS

To test the null hypothesis, an independent samples *t* test for difference between means was conducted.⁹⁶ An independent samples *t* test requires that the independent variable is categorical with 2 groups and the dependent variable is measured on a continuous scale, either interval or ratio scale. This was precisely the dynamic that was presented in this research question: Is there a difference in academic misconduct scores between advanced practice nursing students and advanced practice nurse faculty? This study had one independent variable made up of 2 groups and was therefore referred to as a dichotomous variable.⁹⁷ To account for incomplete surveys, outliers, and other discrepancies, the goal sample size was set at 70 for each group. The student population far exceeded the faculty overall population and therefore had the potential to have an unbalanced number of responders. To account for this difference, the number of student responses was planned to be blindly and randomly selected to match the number of faculty responses; however, the post hoc power analysis and Levene's test for equality of variances were sufficient and did not warrant this alteration. [Tables 1-5](#) provide demographic information for participants.

The EAS instrument consists of 23 Likert-scale items measured on a 7-point scale. The overall scores of the perception of academic misconduct scores ranged from 87 to 161, with $M = 125.649$ and $SD = 16.556$. The overall descriptive statistics for the perceptions of academic misconduct are presented in [Table 6](#) and tests of normality is presented in [Table 7](#).

RESULTS FOR NULL HYPOTHESIS

The results for the independent samples *t* test are presented in this section. The researcher rejected the null hypothesis at the 95% confidence level where $t(132) = 2.1$, two-sided $p = .04$. The effect size was calculated using Cohen's *d* with point estimate of .387 which is small-medium. There was a statistical difference between EAS scores of APRN students ($M = 127.63$, $SD = 16.75$) and APRN faculty ($M = 121.31$, $SD = 15.42$). See [Table 8](#) for the results of the independent samples *t* test.

The null hypothesis was that there is no statistically significant difference between the perceptions of academic misconduct scores among advanced practice registered nurse students and advanced practice registered nurse faculty. The results of the independent *t* test demonstrate that there is a statistically significant difference between the perceptions of academic misconduct scores; therefore, the researcher rejected the null hypothesis.

DISCUSSION

The study aimed to explore the perceptions of academic misconduct among APRN students and faculty using the

Table 1. APRN Program

	Family Nurse Practitioner	Adult Gerontology Acute Care Nurse Practitioner	Psychiatric Mental Health Nurse Practitioner	Clinical Nurse Specialist	Certified Registered Nurse Anesthetist	Total
N	7	4	4	4	115	134
%	5.2%	3.0%	3.0%	3.0%	85.8%	100.0%

Table 2. Role

	Student	Assistant Professor	Associate Professor	Professor	Adjunct Professor	Total
N	92	4	7	1	30	134
%	68.7%	3.0%	5.2%	0.7%	22.4%	100.0%

Table 3. Gender

	Male	Female	Prefer Not to Say	Total
N	49	81	4	134
%	36.6%	60.4%	3.0%	100.0%

Table 4. GPA

	3.75-4.0	3.5-3.75	3.25-3.5	3.0-3.25	Total	Missing System	Total
N	58	27	6	1	92	42	134
%	63.0%	29.3%	6.5%	1.1%	100.0%		

Table 5. Graduation Year

	2023	2024	2025	Not Applicable	Total	Missing System	Total
N	20	46	26	40	132	2	134
%	15.2%	34.8%	19.7%	30.3%	100.0%		

Table 6. Descriptive Statistics

Role	Mean	N	SD
Student	127.64	92	16.75
Faculty	121.30	42	15.41
Total	125.64	134	16.55

Table 7. Tests of Normality

		Kolmogorov-Smirnov			Shapiro-Wilk		
	Role	Statistic	df	Sig.	Statistic	df	Sig.
EAS	Student	.083	92	.148	.972	92	.047
	Faculty	.072	42	.200*	.979	42	.641

Table 8. Independent Samples Test

		EAS	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	F	.352	
	Sig.	.554	
t-test for Equality of Means	t	2.076	2.142
	df	132	85.914
	Significance		
	One-Sided p	.020	.018
	Two-Sided p	.040	.035
	Mean Difference	6.32091	6.32091
	Std. Error Difference	3.04543	2.95142
	95% Confidence Interval of the Difference		
		Lower	.29674
		Upper	12.34508
			12.18823

EAS instrument. Notably, the APRN student participants were primarily CRNA students. The results revealed a statistically significant difference between the perceptions of students and faculty, with students perceiving academic misconduct as more severe than faculty. This discrepancy highlights the need for a unified understanding of academic integrity within CRNA and other APRN educational programs.

TRENDS

The data indicated several notable trends. First, students consistently rated instances of academic misconduct as more severe compared to faculty. This trend suggests that students may have a heightened awareness or concern about the implications of academic dishonesty on their future professional practice. Both groups identified plagiarism and cheating on exams as the most severe forms of misconduct, indicating a shared understanding of the gravity of these actions. However, actions such as disruptive behavior and dishonesty toward instructors were rated as less severe by both groups, though students still rated them higher than faculty.

OUTLIERS

Several outliers were identified in the data. A small subset of students rated all forms of misconduct at the highest severity level, indicating a zero-tolerance attitude. Conversely, a few faculty members rated certain misconduct behaviors, such as using unauthorized materials during exams, as less severe, suggesting a more lenient perspective. Some participants showed inconsistent ratings across similar items, which may indicate a lack of clarity or understanding of what constitutes academic misconduct.

IMPLICATIONS

The results of the analyses in this study established that there is a mismatch in perceptions of academic misconduct between APRN faculty and students. As such, the primary

action should be to find ways to reconcile this mismatch so that both faculty and students have the same mental model of the definition and expected conduct regarding academic integrity. This can be done using a variety of strategies. First, the emphasis can be placed on the students. Curriculum can be developed with the intention of increasing the moral standards and understanding of academic misconduct and the implications for future professional conduct. Knowing the results of this study, emphasis should be placed on not only understanding misconduct but withstanding the temptations to act upon them. Second, the emphasis can be placed on the faculty. Faculty workshops can be developed regarding the generational differences and situational stresses of students. If this faculty perspective can be established, faculty may be better capable to remove temptations for academic misconduct and strategies assessment models to meet the needs of the students. Ultimately, the best strategy to solve this problem is likely to attack the issue from both perspectives and provide training to faculty and students. Perhaps a joint education process would allow for everyone involved in higher education to learn to work together for understanding, ethical behavior, and a propulsion of moral principles. When faculty and students have a shared mental model of academic integrity, policies, practices, and consequences can be applied correctly.

CONCLUSION

The study highlights a critical need for alignment in the perceptions of academic misconduct between APRN students (specifically, CRNA students) and faculty. By addressing these differences through targeted curriculum development, faculty training, and consistent policy enforcement, educational programs can foster a culture of integrity that prepares students for ethical professional practice.

LIMITATIONS

This study had several limitations. First, the demographics of the population were not equal across all departments

of APRN programs. Within this institution, the CRNA program is significantly larger than the other programs. It was expected that the responses would be greater from this subset; however, the results were significantly uneven with 85.82% of responses being from the CRNA program. In addition to the population size, there is an on-campus requirement for CRNA students between 3-5 semesters. This on-campus requirement may account for more student involvement. Additionally, the researcher is a CRNA, and name recognition may have increased participation.

Another limitation is that this study was quantitative. This fact limits the depth of understanding regarding the differences in perception of academic misconduct. A mixed methods study design may have been more useful in exploring this topic; however, future scholars can build upon what was uncovered here.

The nature of the application of the study raises a question regarding internal validity. Other factors may have influenced the results. For instance, knowing that the researcher is a faculty member may have prompted the students to skew their results to appear more conservative. Although every attempt was made to encourage honest reporting, this remains a possibility. In addition, there may be a difference in the use of technology between students and faculty when taking the survey. Students may have been more likely to participate in this study using a mobile device rather than a computer. Question formatting was different between these 2 delivery systems. For instance, participants reported that when taking the survey on a computer, the entire Likert scale required scrolling sideways to view all answer choices. On a computer, all instrument questions were presented on a single screen shot at once. The mobile format did not require scrolling and presented all answer choices on a single screen, but 1 question at a time.

The next limitation is the external validity of this study. The institution hosting this study was a single private university in Texas. The nature of this institution may differ

from other institutions of higher education in student and faculty characteristics. Socio-economic factors such as a higher-than-normal economic standard may exist due to the increased student tuition requirement for attendance. This socio-economic standing may not be translated to the circumstances of other institutions.

RECOMMENDATIONS FOR FUTURE RESEARCH

Reflecting on the execution and findings of this study, the researcher offers the following recommendations for future investigations on this topic:

1. Similar study designs should be applied to CRNA programs in a variety of settings. Public and private institutions should be utilized, and the sample population should be increased. These future studies should collect additional demographic data which may indicate if the respondents were affected by the COVID19 pandemic as they may have lived through healthcare experiences that altered their ethical persuasions.
2. This instrument should be segmented to identify specific areas of critical weaknesses of perceptions of academic misconduct. For instance, groupings could be made to identify categories such as plagiarism, dishonest reporting, cheating on exams, cheat-sheets, etc. Using this information with a more detailed statistical analysis such as MANOVA would lend more specific data. This would be especially helpful to establish detailed areas of concern that need to be addressed within curriculum and policies.
3. A qualitative or mixed methods study should be conducted to follow up on the findings of this study. This would help to answer the questions of "why," as well as to determine the internal validity of such findings.

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