Original research

Plagiarism governance in nurse education; dispositions, dimensions and tensions

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ABSTRACT

The reality of managing plagiarism in nurse education is indicative of multilayered and cumulative governance processes, which exist to fit with the needs of both the higher education institution and that of the Professional Statutory and Regulatory Body. However, the relationship between these entities is diffuse, particularly when this involves major plagiarism by post-qualified learners. This study sought to explore the strategic governance of plagiarism in Scottish higher education institutions offering nurse education and its articulation with the professional requirements of nurse education. The design involved a retrospective quantitative documentary analysis of plagiarism policies within 11 Scottish higher education institutions and a national on-line survey involving nurse educators with an active teaching role ($n = 187$). The documentary analysis demonstrated deficits and variations in how Scottish higher education institutions communicated the dimensions of plagiarism, and its subsequent management. Statistically significant findings from the on-line survey provided a clear mandate for educational providers to make visible the connectivity between organisational and professional governance processes to support responsive and proportional approaches to managing plagiarism by nurse learners. Significant findings also confirmed role implications and responsibilities, which nurse educators in this study, viewed as primarily pedagogical but crucially remain professionally centric.

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1. Introduction

Across the international higher education arena, the occurrence of student plagiarism has come to symbolise a complex and emotive issue, which presents educators with omnipresent challenges (Baird and Dooey, 2014; Walker and White, 2014). Consequently, higher education institutions across the globe have striven to foster a culture of plagiarism avoidance using a variety of systems and innovations. Whilst this has culminated in the realisation that its prevention and management requires being pedagogically orientated, this needs to operate in tandem with effective institutional governance (Sutherland-Smith, 2014).

Although higher education institutions have responded proactively in articulating policies, which convey anti-plagiarism governance (Smedley et al., 2015) this landscape becomes nuanced and cumulative when the foreground is professional learning, with its inherent expectations regarding professionalism and competence.

Within the UK, the Nursing and Midwifery Council, as the Professional Statutory and Regulatory Body, dictate these requirements across the broad arena of nurse education (Nursing and Midwifery Council, 2001, 2004, 2006, 2008, 2010, 2015b). Consequently, for nurse educators, managing plagiarism becomes intensified when driven by the duality of governance, that is, that prescribed by the higher education institution and that by the Professional Statutory and Regulatory Body. However, in the UK setting, the relationship between educational providers and the Nursing and Midwifery Council at a policy level appears obtuse, particularly when this accords with major plagiarism and involves post-qualified nurse learners. Whilst plagiarism irrefutably challenges the principles of academic integrity, in nurse education it also appears to test expectations of professionalism in learning as well as the role and responsibilities of nurse educators.

2. Background

Within the global context of nurse education, the coalescing of knowledge and skills acquisition, with unimpeachable ethical behaviour, are mandatory professional requirements for

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professional learners (Akhtar-Danesh et al., 2011). From a UK perspective, any infringement concerning a professional learners' conduct, behaviour or attitude may cast doubt over entry to, or continuance on, the professional register (Nursing and Midwifery Council, 2015a, 2015b). In this context, instances of plagiarism have drawn specific comment by the Nursing and Midwifery Council, equating this with dishonesty that falls below professional expectations. The seriousness with which the Nursing and Midwifery Council views major plagiarism is tangible and has received the full weight of professional governance and sanction. In the past decade, higher education institutions have referred several cases of major plagiarism by post-qualified learners to the Nursing and Midwifery Council's Conduct and Competence Panel, which have thereafter been judged on the basis of 'literary theft'. As a result, registrants have been cautioned and or suspended from the professional register by demonstrating serious misjudgement and, consequently, impairing their Fitness to Practise (Nursing and Midwifery Council, 2016).

As an antecedent of professional governance, the Nursing and Midwifery Council required higher education institutions to have in place robust 'Fitness to Practise' processes to oversee and adjudicate in situations where learners, in the context of academic study, demonstrate non-compliance with their code of conduct (Nursing and Midwifery Council, 2015b). However, a Fitness to Practise panel's remit and powers are wholly dependent on the registration status of the learner. For example, within pre-registration nurse education, cases of major plagiarism can be arbitrated and penalties conferred including dismissal from the programme, thereby acting as professional gatekeeper. However, in the post-qualified context whilst the same panel has similar powers to administer academic sanctions, it has no jurisdiction in assessing a registrant's Fitness to Practise. It does however have discretion to refer, or not, a registrant to the Nursing and Midwifery Council's Conduct and Competence Panel should they consider their behaviour raises concerns about a registrant's Fitness to Practise. The premise being that within the higher education institution, nurse learners are subject to additional professional standards and processes.

The reverberations of how plagiarism is governed and managed in nurse education have gathered pace over the past decade, yet much of this work is opinionated rather than empirical. Nonetheless, nurse educators have adopted staunch perspectives on plagiarism that ensures that a triad of interwoven debate points exist, centring on behavioural ethics, suboptimal learning and a precursor for professional misconduct (Kenny, 2007; Brown et al., 2008; McCrink, 2010). Whilst ethical concerns hinge on the deceptiveness of nurse learners to gain an unfair advantage (Park et al., 2013), the pedagogical outcomes align with deficits in the learner's theoretical knowledge base, resulting in impeded critical thinking skills culminating in the potential to impair professional practice (Bavier, 2009; Kennedy, 2011). These arguments occur in parallel with plagiarism being argued as a precursor for future unprofessional practice, based on this type of academic misconduct constituting a transferable learned behaviour (Fontana, 2009; Langone, 2007; Pence, 2012). In this context, Hilbert's (1985, 1987) studies are frequently cited as providing proof this positive correlation between plagiarism and future malpractice. However, these small USA based surveys used an 11-item questionnaire to explore a range of fraudulent-type behaviours with 3 questions related to plagiarism and these resulting in negligible findings. Overall, cumulative calculations for all types of dishonest behaviours, in both Hilbert's (1985, 1987) studies demonstrated a significant correlation between academic fraud and clinical misconduct. Hilbert (1987) concluded that if nurse learners cheat in the classroom setting then their clinical practice should also come under scrutiny. Nevertheless, Hilbert (1987) hypothesised that this type of aberrant behaviour might be due to inherent personality traits as opposed to the situation variable of the academic setting.

The impact of plagiarism within nurse education has gone largely unexplored, with only Paterson's et al. (2003) Canadian study evidencing that nurse educators' construction of plagiarism was influenced by their professional values and negative prior experiences of dealing with it. These findings illuminated discomfort in occupying the dual role of teacher and plagiarism detective, which subsequently affected how they implemented governance. Whilst the challenges of plagiarism have been ubiquitously conveyed within mainstream educational literature, within nurse education these remain underrepresented. This study was conducted to explore nurse educators' opinions of the strategic governance of plagiarism in Scottish higher education and how this should align with the Nursing and Midwifery Council's requirements for nurse education.

3. Methods

Undertaken as a national cross sectional study, in two sequential phases, this study's mainly quantitative design entailed a retrospective documentary analysis of plagiarism policies across the 11 Scottish higher education institutions that offer nurse education and an on-line survey of nurse educators' opinions on plagiarism governance.

As a forerunner to developing the on-line survey, a retrospective documentary analysis was undertaken to explore the extent to which plagiarism was defined, contextualised and provided bespoke direction for professional educators. Notable outcomes at this juncture were the deficits and variations in how Scottish higher education institutions communicated the dimensions of plagiarism, and its subsequent management. A detailed search had revealed no pre-existing questionnaire to inform the on-line survey therefore a bespoke tool was developed to explore 3 inter-related constructs: *communicating the concept of plagiarism in higher education policy; engaging with the duality of plagiarism governance in higher education;* and *role implications and dimensions.*

Ethical approval was secured and gatekeeper permission to approach nurse educators was provided by 10 of the 11 Scottish higher education institutions. This resulted in a relatively small target population of nurse educators with an active teaching role ($n = 431$). Consequently, recruitment adopted a census approach, which ensured that the entire target population had an equal opportunity to participate, thus offsetting potential issues of sampling bias or error (Robson, 2011). The survey questionnaire consisted of a 6-point Likert scale to explore a range of statements reflecting the aforementioned constructs. The tool's construction avoided coercing participants into making a forced choice response; consequently, a neutral midpoint of 'Neither/Nor' was included, despite the potential for this to result in central tendency bias (Cohen et al., 2007). In acknowledging the complexities of plagiarism, it was also important to consider that some participants may exhibit uncertainty as opposed to having a definitive opinion or being impartial. Consequently, the tool's rating scale reflected *'Strongly Disagree; Disagree; Neither/Nor; Agree; Strongly Agree; Unsure'.*

The survey tool also included the opportunity for participants to simultaneously offer, should they so desire, additional free-text 'open-ended' commentary for any of the statements within the tool. In this context, this study utilised mixed data sources to contribute to the findings. The questionnaire's validity was established by senior academics with extensive experience in the strategic and operational governance of plagiarism across a range of professional disciplines (nursing, engineering and occupational therapy). The questionnaire was then pilot-tested with 8 healthcare