

Plagiarism knowledge, practice, reasons, and consequences: a cross-sectional study among Filipino nursing students

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ABSTRACT

Plagiarism is pervasive in academic environments and undermines nursing education's integrity. Despite efforts to combat plagiarism, the problem persists, highlighting the need for a deeper investigation. This study determined the knowledge, practice, reasons, and perceived consequences of plagiarism among nursing students. A descriptive-correlational design was employed in a public nursing school in Iloilo, Philippines. An online survey using valid and reliable research instruments was administered among nursing students. Results revealed that while nursing students generally had high knowledge and low practice of plagiarism, one-fourth of students sometimes used tables, graphs, or pictures and copied information directly or in a slightly modified form without citing the sources. There was no significant relationship between the knowledge and practice variables. Common reasons cited by students for committing plagiarism were that many assignments had to be submitted quickly, the assignment to be done was very complicated, and there was a lack of time. Facing severe setbacks, serious consequences, and the risk of getting caught were viewed as potential consequences of plagiarism. This study underscores a possible gap between understanding the concept of plagiarism and implementing ethical academic practices, emphasizing the importance of institutions not just teaching about plagiarism but also revisiting some academic practices to identify the root causes of unethical behavior.

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1. INTRODUCTION

In academic settings worldwide, plagiarism remains a pervasive issue, challenging the integrity of scholarly work and the ethical standards underpinning higher education. Plagiarism is defined as the intentional and unintentional unauthorized use or appropriation of another's work or ideas without proper attribution or due credit [1]. It comes from the Latin word '*plagiarius*,' meaning 'kidnapper' or 'abductor' [2]. This can occur in various forms and poses serious ethical and academic concerns [3]. It is considered an intellectual theft and one of the severe breaches of academic honesty, underscoring the gravity of this issue [4]–[6]. The increasingly prevalent occurrence of plagiarism among students in universities worldwide demands attention [7].

While plagiarism may occur for various reasons, its prevalence underscores the need for comprehensive strategies to address this issue. Nursing students have high plagiarism rates [6]. Surveys reported that a notable portion of students are involved in at least one type of academic misconduct [8], [9]. Additionally, a review study found plagiarism as the most common form of academic misconduct within an

academic environment practiced by 55.3% of nursing students [10]. The rapid rise of online learning and the use of technology during and after the pandemic raises concerns as it may fuel the incidence of academic misconduct or uncivil behaviors such as plagiarism [11]–[13]. Alarming, there are reports of nursing students not having a clear understanding or being unaware of what constitutes plagiarism [7], [14]. This gap in students' knowledge may contribute to the high incidence of plagiarism [10] along with the possibility of underreporting of this academic misconduct [15].

The understanding and application of principles regarding plagiarism, particularly among nursing students, is crucial. Given the profession's emphasis on integrity, accuracy, and accountability in patient care, one can anticipate a reduced occurrence of such behaviors among nursing students [16]. Moreover, the consequences of plagiarism can extend beyond academic penalties, potentially impacting students' professional integrity and patient safety in the healthcare field [17]. It is concerning knowing that plagiarism was found to be associated with clinical or professional misconduct [9], [10], [18]. Nurses are entrusted with the well-being of patients, and ethical lapses, such as plagiarism, can potentially erode trust and compromise patient care [19]. Nevertheless, it is argued that there are still some grey areas that can pose ethical challenges for students, as local rules and codes may not offer clear guidance due to contextual variability [20]. For instance, 56.6% of healthcare science students believe that self-plagiarism should not warrant punishment [21]. European nursing students struggled to accurately identify clear instances of misconduct and distinguish them from questionable behaviors [20]. Also, students are more inclined to report violations related to academic integrity if they are well aware of what was considered a violation [22].

Nursing education programs play a critical role in fostering ethical conduct among future healthcare professionals. However, plagiarism endangers nursing education's standing in academic and social circles [11]. While several studies have been conducted in other contexts on students' awareness of plagiarism and their behaviors, there are still palpable gaps in students' knowledge of plagiarism concepts and their adherence to ethical academic practices warranting further investigation. In addition, research examining plagiarism knowledge, practice, reasons, and consequences among Filipino nursing students remains limited. Understanding plagiarism behaviors and the reasons behind them within the Filipino nursing student population is essential for tailoring interventions to address specific challenges and promote academic integrity. This study assessed plagiarism knowledge, practice, reasons, and consequences among Filipino nursing students in Western Philippines.

2. METHOD

2.1. Research design and participants

This study employed a quantitative, descriptive-correlational, cross-sectional research design. Nursing students from one university in the Western Philippines were surveyed. With a population of 417 and criteria for 5% precision, 95% confidence level, and maximum variability of 0.5, the ideal sample size was calculated using a sample size calculator at 201. All students were invited to answer the survey for this study, but only 304 responded. Nevertheless, the responses received ($n=304$) satisfied the sample size requirement.

2.2. Data collection tool

The data were gathered using a survey questionnaire with several sections and parts. The students' profiles were collected (academic year level, gender, and age). The following section was an item questionnaire based on the works of earlier scholars [4], [15], [23], and online plagiarism quizzes. It consists of a 20-item questionnaire regarding the concept of plagiarism. The participants answered by ticking either true or false. One point was given for every correct answer and zero for incorrect answers. In this study, a correct response rate below 50% was classified as low knowledge, while a rate between 50% and 74% was considered moderate, and a rate of 75% to 100% was deemed high knowledge. The practice of plagiarism was measured using a 6-item instrument adapted from prior research [16], [23]. The participants were asked to respond to a 5-point Likert scale with choices ranging from "almost never (1)" to "almost always (5)". The following scale of means was used to interpret the study results: 1.00-2.33 for low, 2.3-3.66 for moderate, and 3.67-5.00 for high level of practice. The reason for plagiarizing was an adopted tool [24]. It includes 16 items, measured on a 5-point Likert scale with choices ranging from "strongly disagree (1)" to "strongly agree (5)." The last section was used to assess participants' perception of the consequences of plagiarism, which was also an adopted instrument [24]. It was made up of eight items, measured on a 5-point Likert scale with choices ranging from "strongly disagree (1)" to "strongly agree (5)." Permission from the authors of the two adopted instruments was secured. The adapted research instruments were content validated by three experts (one nurse educator, one licensed librarian, and one nurse-lawyer). The instrument was pilot-tested among 30 student nurses and tested for internal reliability. The reliability analysis revealed Kuder-Richardson 21 of=0.80 for the knowledge questionnaire and Cronbach's alpha of 0.74 for the practice scale.

2.3. Data gathering procedure

Permission to conduct the entire survey was obtained from the Institutional Ethics Review Board of the University where the study was conducted. The researchers then sent letters for approval to conduct the study to the office of the dean and the respective Level Chairperson of the College of Nursing in June 2021. The researchers then contacted the chairpersons of each level and section through email and Messenger. They were instructed to post the link to the research instrument on their respective Facebook group pages and section group chats. The students were encouraged to forward it to their classmates via Messenger and Gmail to maximize the response rate. The informed consent included details on the study's introduction, purpose, participant selection, voluntary participation, procedures, data anonymity, privacy, risks, benefits, incentives, compensation, and contact details. The students who voluntarily agreed to participate in the study could only proceed by choosing "yes" to indicate their voluntary participation and then clicking the "next" button that redirects them to the research instrument. Students with concerns about the research were encouraged to communicate with the researchers through the contact information provided. The participants were given two weeks to complete the research instrument. The responses were then monitored, consolidated, and organized using a spreadsheet.

2.4. Statistical data analysis

Data for this study were processed using IBM SPSS version 26. Categorical data were described using frequency and mean, while mean and standard deviations for continuous data. The relationship between knowledge and practice was determined using Pearson's correlation, and the significance level was set at 0.05 alpha.

3. RESULTS

Table 1 shows that the majority of students were 18-20 years old (55.92%), females (70.39%), and at nearly equal distribution among the three academic year levels. Table 2 shows that most (89.5%) nursing students had high knowledge about plagiarism, with a mean score of 16.72 (SD=1.66). Moreover, Table 2 shows that the majority (94.1%) of nursing students had a low practice of plagiarism, with a mean score of 1.65 (SD=0.45). Correlation analysis revealed no significant relationship ($r=0.017$, $p=0.763$) between knowledge and practice of plagiarism. As presented in Table 3, the item on tables, graphs, or pictures without citing the sources was the most frequently practiced form of plagiarism ($M=2.08$, $SD=0.92$ with around one-fourth (25.3%) sometimes practicing this type. The next was copying information directly, or in a slightly modified form, from websites or other sources without proper acknowledgment of the original author or source ($M=2.03$, $SD=0.76$), with almost one-fourth (23.7%) sometimes practicing this form of plagiarism.

Table 1. Profile of participants (n=340)

Profile	f	Percentage (%)
Age		
18-20 years old	170	55.92
21-22 years old	134	44.08
Gender		
Female	214	70.39
Male	90	29.61
Academic year level		
Third year	102	33.55
Second year	106	34.87
First year	96	31.58

Table 2. Level and correlation of knowledge and practice of plagiarism

Level	Knowledge [M=16.72 (SD=1.66)]		Practice [M=1.65 (SD=0.45)]	
	f	Percent (%)	f	Percent (%)
High	272	89.5	0	0
Moderate	32	10.5	18	5.9
Low	0	0	286	94.1

Note: Pearson correlation=0.017, $p=0.763$

As shown in Table 4, the top three reported reasons for plagiarizing were that many assignments have to be submitted over a short period of time ($M=2.68$, $SD=1.30$), the assignment to be done is very complicated ($M=2.66$, $SD=1.26$), and lack of time ($M=2.60$, $SD=1.28$). On the other hand, the least common reason was that the university does not have a plagiarism policy ($M=1.38$, $SD=0.70$). It can be gleaned from Table 5 that the top consequences if someone is caught plagiarizing, known by nursing students, were facing

severe setbacks in their professional career ($M=3.97$, $SD=0.95$), facing serious consequences ($M=3.93$, $SD=1.00$), and being caught ($M=3.93$, $SD=1.00$). The least considered perceived consequence was being severely punished by the university ($M=1.66$, $SD=1.06$).

Table 3. Practice of different forms of plagiarism

Item	Almost never		Rarely		Sometimes		Often		Almost always		M	SD
	f	Percent (%)	f	Percent (%)	f	Percent (%)	f	Percent (%)	f	Percent (%)		
Using tables, graphs, or pictures without citing the sources	91	29.9	119	39.1	77	25.3	13	4.3	4	1.3	2.08	0.92
Copying information directly or in a slightly modified form without proper acknowledgment	77	25.3	148	48.7	72	23.7	7	2.3	0	0	2.03	0.76
Reading another person's work and using that author's ideas by putting them into one's own words without crediting the source	110	36.2	125	41.1	55	18.1	12	3.9	2	0.7	1.92	0.87
Copying another person's work word for word without using quotation marks but including the necessary references	160	52.6	82	27.0	47	15.5	15	4.9	0	0	1.73	0.90
Submitting academic work prepared by another student	276	90.8	27	8.9	1	0.3	0	0	0	0	1.10	0.31
Submitting another's completed material as one's work for academic evaluation	285	93.8	18	5.9	1	0.3	0	0	0	0	1.07	0.26

Table 4. Reasons for committing plagiarism

Reasons	M	SD
Many assignments have to be submitted over a short period	2.68	1.30
The assignment to be done is very complicated	2.66	1.26
Lack of time	2.60	1.28
Ease of access to information offered by the internet	2.46	1.28
A habit of doing things at the last minute	2.39	1.26
Feeling that I do not learn anything from the assignments	2.19	1.22
Knowledge or feeling that the lecturer does not thoroughly read the assignments	2.17	1.22
Other peers or colleagues do it	2.08	1.20
It is more accessible, simpler, and more comfortable than doing the work myself	1.99	1.09
Feeling that it would be hard for the lecturer to find out what I had copied	1.86	1.01
Do not know how to do academic assignments	1.79	1.04
Knowledge or feeling that the lecturer is not skilled at using the internet	1.79	1.02
A belief that copying something from the internet is not bad because everything on the internet is public	1.77	0.97
I get a higher grade than by doing the assignment myself	1.67	0.92
Knowledge or feeling that the lecturer is not familiar with the plagiarism policy of the university	1.46	0.78
The university does not have a plagiarism policy	1.38	0.70

Table 5. Consequences of plagiarism

Consequences	M	SD
Will face severe setbacks in his or her professional career	3.97	0.95
Will face serious consequences	3.93	1.00
Will be caught	3.76	0.91
Will also be involved in other activities of academic misconduct	3.57	1.03
I will always keep doing it	3.54	1.05
Faculty is effective at catching students who plagiarize	3.52	1.02
Will not be respected or seen positively	3.48	0.98
Will be severely punished	1.66	1.06

4. DISCUSSION

This study examined the knowledge, practice, reasons, and consequences of plagiarism among a sample of Filipino nursing students. It is significant that nine out of ten students in this study had a high knowledge and understanding of plagiarism and correctly answered 75% to 100% of the items in the questionnaire. Similarly, the majority of surveyed students in Rwanda [5] and Saudi Arabia [25] displayed adequate plagiarism knowledge. Also, most medical and dental students in Pakistan were aware of plagiarism [26]. In another study, most participants were aware of and understood the term plagiarism [24]. On the other hand, there are also studies reporting inadequate knowledge among the student population, such as among

medical and nursing students in Iran [7], university students in Croatia [4], and Tanzania [23]. Responses from medical faculty and postgraduate students in India disclosed that only directly copying phrases is considered dishonest [15]. Despite this study's relatively high knowledge of plagiarism results, continuous education of students about academic dishonesty and plagiarism is still deemed necessary, especially among those with inadequate knowledge and who tend to commit plagiarism.

Notably, this current study found low plagiarism practices among nursing students, and students viewed facing severe setbacks, serious consequences, and the risk of getting caught as potential consequences of plagiarism. Prior research, however, disclosed a relatively high prevalence of plagiarism among nursing and university students. The majority of nursing students in Malaysia studying at a public university committed plagiarism [16]. Likewise, the reported prevalence of plagiarism in Iraq among nursing and medical students was also high [7]. Over three-fourths of postgraduate students in Myanmar [3] and participants in a research training [24] acknowledged they had committed plagiarism during their education and were not respected or seen positively as a consequence of getting caught. Nursing students in Australia claimed to practice plagiarism more than any type of misconduct [9]. The researchers, however, warrant caution that direct comparisons between this study and those found in the literature may not be accurate because of the variability of how this study and those in other studies measured plagiarism behaviors. Further multicounty and multi-university surveys may be conducted in the future.

Meanwhile, while plagiarism behavior in this study was relatively low, plagiarism may vary by the form or type of plagiarism performed or carried out. Furthermore, the findings of this study do not mean that nursing students have never engaged in plagiarism. Surprisingly, the analysis of each item in the instrument revealed that about one-fourth of the sample in this study copied and pasted without proper acknowledgment of the source. Paraphrasing without proper referencing was the most commonly employed method of plagiarism, as noted in a systematic review [10]. Copying from the internet without proper attribution was also a common form of academic dishonesty among nursing students in Saudi Arabia [8]. This "copy and paste" common practice among nursing students was also noted among nursing students in Iraq [7] and Malaysia [16].

This study also demonstrated no significant relationship between knowledge and practice of plagiarism. Despite being knowledgeable about plagiarism, this may not readily translate to avoidance of doing it. Among European nursing students, despite high confidence in their own knowledge, they often struggled to accurately discern blatant instances of misconduct from questionable practices [20]. This finding of no correlation between knowledge and practice corroborates the study among health science students [21]. The authors further shared that while most students acknowledged understanding instances of plagiarism, around one-third could not accurately identify specific examples or instances. Another study disclosed no correlation between plagiarism awareness and plagiarism rate [27]. No association was also noted between the level of knowledge and ability to recognize plagiaristic writing [5]. Despite knowing plagiarism is academically dishonest, this awareness has not deterred many from engaging in plagiarism [28]. Another research revealed that although postgraduate students claimed to grasp the concept of plagiarism, most admitted to intentional and unintentional instances of plagiarism [29].

In this study, given that knowledge was not found to be a factor in the extent of the practice of plagiarism, several other reasons were considered. Common reasons mentioned by nursing students for plagiarizing were that many assignments had to be submitted quickly, the assignment to be done was very complicated, and there was a lack of time. Prior studies also noted pressure and volume of work [16], pressure to meet deadlines, and cultural reasons [7], lack of time to study and work on assignments due to the number of tasks assigned [24], [28], [30], [31], heavy academic workload [7], [32], and pressure to succeed and get a grade [29], [30], [32], ease of access to information and the internet [30], [33], laziness, and poor time management [29], [30], [33], lack of clear understanding and awareness of plagiarism [14], [33] and poor academic writing skills [29], [30] were the contributory reasons why students plagiarize. These contributing influences can be categorized as academic, personal, technological, institutional, and cultural factors [3]. When students were asked how to avoid plagiarism, most felt they should be given sufficient time to work on their academic tasks [26].

The findings of this study and the reasons mentioned suggest that while nursing students may be aware of plagiarism and its consequences, they are constrained by the course's academic pressures, stress, and demands. Plagiarism was noted as a seed of moral distress in nursing education [34], and such conflict may contribute to students' moral distress. While it may be possible that students may engage in academic dishonesty or misconduct in an effort to gain an advantage in their academic endeavors [35], it may also be otherwise. Students might be aware of the ethical imperative not to plagiarize, yet institutional pressures such as academic demands often render it difficult for them to adhere to this principle. The findings of this study suggest a need for nursing academic institutions to be proactive, address these pressures, and provide support mechanisms to help students maintain academic integrity despite such challenges. Addressing plagiarism is

not universally straightforward, and finding solutions is not easy [36]. However, early educational interventions are necessary as they seem to yield effective results [37]. Also, having clear policies and guidelines on plagiarism guidelines is crucial for curbing this behavior among students [38].

This study offers valuable insights into plagiarism among nursing students, contributing to existing literature and the ongoing discourse on plagiarism awareness and academic integrity. Nonetheless, it has notable limitations. Firstly, it was conducted solely in a single public university in the Philippines, limiting the generalizability of findings to other institutions locally and internationally. Additionally, as a cross-sectional study, data collection occurred at a single time point, imposing temporal constraints. Furthermore, employing a survey questionnaire could introduce self-report and social desirability biases, potentially leading to underreporting plagiarism incidents. Given these constraints, caution is warranted when interpreting the findings.

5. CONCLUSION

This study suggests a potential gap between understanding the concept of plagiarism and implementing ethical academic practices. While nursing students understand the importance of avoiding plagiarism from an ethical standpoint, the demands of their academic environment create significant challenges that hinder their ability to uphold this principle consistently. This study underscores the need for the academic community to tackle not just plagiarism stemming from ignorance or lack of knowledge but also the stress and pressure on students from academic demands. Educational institutions may focus not only on imparting knowledge about plagiarism but also on developing strategies to address the underlying factors contributing to unethical academic behaviors, such as implementing interventions to alleviate time pressures and providing enough time to accomplish complex assignment tasks to promote academic integrity culture and foster ethical academic practices and responsible academic writing among nursing students.

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AUTHOR CONTRIBUTIONS STATEMENT

This journal uses the Contributor Roles Taxonomy (CRediT) to recognize individual author contributions, reduce authorship disputes, and facilitate collaboration.

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C : **C**onceptualization

M : **M**ethodology

So : **S**oftware

Va : **V**alidation

Fo : **F**ormal analysis

I : **I**nvestigation

R : **R**esources

D : **D**ata Curation

O : **O**riginal Draft

E : **E**diting

Vi : **V**isualization

Su : **S**upervision

P : **P**roject administration

Fu : **F**unding acquisition

CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

INFORMED CONSENT

Informed consent included study details, participation, procedures, privacy, risks, benefits, and contact information. Only participants who voluntarily consented were able to proceed to the survey.

ETHICAL APPROVAL

Approval to conduct the survey was obtained from the University's Ethics Review Board.

DATA AVAILABILITY

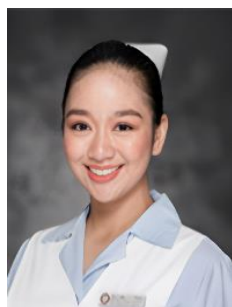
The data that support the findings of this study are available on request from the corresponding author [RMFO].




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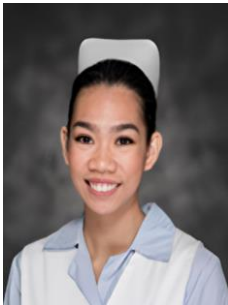
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