

STATE OF ACADEMIC HONESTY REGARDING UNAUTHORIZED ACQUISITION OF ASSESSMENT ANSWERS AMONG MEDICAL STUDENTS

ESTADO DE HONESTIDADE ACADÊMICA PELA OBTENÇÃO NÃO AUTORIZADA DE RESPOSTAS AVALIATIVAS ENTRE ESTUDANTES DE MEDICINA

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ABSTRACT

Introduction: The evaluation of the ethical and moral behavior of individuals in the teaching-learning process is a problem that needs to be investigated. The purpose was to evaluate the status of academic honesty, with reference to the use of the cheat, among students of different levels in medical graduation. **Methods:** The prospective, observational, cross-sectional, and analytical study was conducted at the Olinda Medical School (FMO), including undergraduate students, of both genders and all ages who, randomly, answered a questionnaire about aspects involved in cheat practice. The study was approved by the Human Research Ethics Committee. The quantitative variables were expressed by their means and standard deviations and the qualitative ones, by their absolute and relative frequencies. The Chi-square test was used to evaluate associations. The value of $p < 0.05$ was considered for rejection of the null hypothesis. **Results:** A total of 147 students from the second, third and fourth periods were evaluated, being 53% males, with a mean age of 24.2 ± 5.6 years. Thirty-five (23.8%), 39 (26.5%) and 73 (49.7%) were second, third and fourth periods, respectively. It was observed a greater representativeness of the knowledge lack about the concepts of cheat practice in the students of the third period ($p=0.0146$) and the academic honesty state was significantly lower among the students of the second period ($p=0.0172$). **Conclusion:** There was persistence of dishonest academic practices throughout the student training in the health information acquisition and ignorance of ethical and moral concepts.

Keywords: Culture; Behavior; Ethics; Medical students

RESUMO

Introdução: A avaliação do comportamento ético e moral de indivíduos no processo ensino-aprendizagem é um problema que suscita investigações. A proposta do estudo foi avaliar o estado da honestidade acadêmica, com referência à utilização da “cola”, entre alunos de diferentes níveis na graduação em Medicina. **Métodos:** O estudo prospectivo, observacional, transversal e analítico foi realizado na Faculdade de Medicina de Olinda (FMO), incluindo os graduandos do curso de Medicina da FMO, de ambos os gêneros e todas as idades que, de forma aleatória, responderam a um questionário sobre aspectos envolvidos na prática da “cola”. O estudo foi aprovado pelo Comitê de Ética de Pesquisa em Seres Humanos. As variáveis quantitativas foram expressas por suas médias e desvios-padrão e as qualitativas, por suas frequências absolutas e relativas. Foi utilizado o teste do Qui-quadrado para avaliação de associações. Foi considerado o valor de $p < 0,05$ para rejeição da hipótese de nulidade. **Resultados:** Foram avaliados 147 alunos do segundo, terceiro e quarto períodos, com 53% do gênero masculino, com média das idades de $24,2 \pm 5,6$. Onde 35 (23,8%), 39 (26,5%) e 73 (49,7%) eram dos segundos, terceiros e quartos períodos, respectivamente. Foi observada maior representatividade do desconhecimento sobre conceitos éticos e morais da prática da cola nos alunos do terceiro período ($p = 0,0146$) e o estado de honestidade acadêmica foi significativamente menor entre os alunos do segundo período ($p = 0,0172$). **Conclusão:** Existe persistência de práticas acadêmicas desonestas ao longo da formação de estudantes na área da saúde e desconhecimento de conceitos éticos e morais de forma significativa.

Palavras-chave: Cultura; Comportamento; Ética; Estudantes de medicina

INTRODUCTION

Academic dishonesty practices among university students, such as unauthorized access to exam answers or “cheating”, raise several reflections¹. Its complexity is discussed by educators, who consider it to be frequent and cultural not only in Brazil but worldwide²⁻⁴. Academic behavior was associated with an impact on professional life in several areas of knowledge⁵⁻⁸. The damaging consequences of these behaviors among medical students include impacts on decisions and actions regarding human health, and may extend to medical residency and professional practice⁷⁻⁹. A lack of knowledge about ethics or morals in dishonest student practices demands investigations in Brazil, and above all, actions that can assess academic honesty as a characteristic of an ethical construct¹⁰. Thus, a lack of integrity can have repercussions on professional life¹¹⁻¹⁴. This study aimed to evaluate the state of academic honesty, regarding the use of “cheating,” among students at

different levels of a medical school.

METHODS

This prospective, observational, cross-sectional, and analytical study was conducted at the Faculdade de Medicina de Olinda (FMO). Undergraduate medical students of both genders and all ages randomly responded to a questionnaire on aspects involved in the practice of “cheating”. The only information registered about the participants was their current semester in medical school; those who did not respond adequately to the questions were excluded.

A questionnaire concerning the general understanding of the practice of “cheating” (Figure 1) was applied individually. A score was assigned to each answer of the questionnaire, which was omitted from the participants¹. This score allowed for the leveling of the categories discriminated in Chart 1.

QUESTIONNAIRE

PERÍODO FIRST () SECOND () THIRD () FOURTH ()

AGE YEARS OLD

GENDER M () F ()

A. WHAT IS YOUR OPINION ON THE “CHEATING” PRACTICE? ARE YOU FOR OR AGAINST IT?

1. () DEFINITELY IN FAVOR. 00
2. () IN FAVOR, BUT... 05
3. () IMPOSSIBLE TO DECIDE FOR OR AGAINST IT. 10
4. () AGAINST, HOWEVER. 15
5. () UNQUESTIONABLY AGAINST. 20

B. “CHEATING” IS:

1. () AMORAL 15
2. () UNETHICAL 15
3. () MORAL 00
4. () ETHICAL 00
5. () AMORAL E UNETHICAL 20

C. HAVE YOU EVER BEEN THE TARGET OR AGENT OF REQUESTS FOR “CHEATING”? (IF YES, ANSWER FROM D TO F).

1. () YES 00
2. () NO 10

D. FREQUENCY:		
1. () RARE		20
2. () FREQUENT		10
3. () ALWAYS		00
E. INTIMACY DEGREE:		
1. () UNKOWN	05	
2. () FRIEND		00
3. () BOTH		05
F. ANXIETY AND DAMAGE DEGREE:		
1. () LOW		00
2. () HIGH		10
3. () VERY HIGH		20

Figure 1. "Cheating" practice questionnaire

Chart 1. Academic honesty score among undergraduate students in the FMO medical program.

Category	Score	Representation
1	41 a 100	Strong and moderate academic honesty
2	1 a 40	Poor academic integrity and academic dishonesty

Table 1. Knowledge about the ethical and moral concepts of "cheating" among students in the second, third, and fourth semesters of the FMO.

	Cheating Unethical practice		Cheating Ethical practice		Subtotal	Subtotal
	n	%	n	%		%
second semester	34	97.1	1	2.8	35	23.8
third semester	32	82.0	7	17.9	39	26.5
fourth semester	70	95.8	3	4.1	73	49.7
Subtotal	136		11			

N = absolute frequency X² = 8.452 – df = 2 (p = 0.0146)

Table 2. Academic honesty levels among students in the second, third, and fourth semesters of the FMO.

	Strong and moderate academic honesty		Poor academic integrity and academic dishonesty		Subtotal	Total (%)
	n	%	n	%		
second semester	22	62.8	13	37.1	35	23.8
third semester	34	87.1	5	12.8	39	26.5
fourth semester	61	83.5	12	16.4	73	49.7
Subtotal	117	30				

N = absolute frequency X² = 8.125- df = 2 (p = 0.0172)

The sample considered only students present in the classrooms during data collection. Quantitative variables were expressed by means and standard deviations, and qualitative variables by absolute and relative frequencies. The Chi-Square test (χ^2) was used to verify differences in frequencies between qualitative variables. Statistical significance was set at $p < 0.05$.

The study was approved by the research ethics committee of the FMO, and all participants provided a written consent form that ensured no penalties or risks of exposure.

RESULTS

A total of 147 students from the second, third, and fourth semesters were evaluated, with 53% being male, with a mean age of 24.2 ± 5.6 years. The number of participants was significantly different between semesters ($p = 0.02$), with 35 (23.8%), 39 (26.5%), and 73 (49.7%) participants from the second, third, and fourth semesters, respectively.

A greater ignorance about the concepts of cheating was observed among students in the third semester, and a significantly lower level of academic honesty was registered for students in the second semester (Tables 1 and 2). Only one participant (0.6%) reported never having asked for or offered to “cheat”. The difference in frequencies regarding the degree of intimacy between participants in different semesters was not significant ($p = 0.58$). However, the degree of anxiety was significant, with the fourth semester obtaining a high level of anxiety in the score when “cheating” ($p = 0.03$).

DISCUSSION

Behavioral questions about ethics and morals are increasingly becoming contemporary dilemmas in all areas of human existence. Academic training of health students, based on respectful foundations, such as the acquisition of scientific knowledge and its practical application, should be prioritized¹⁵. Physicians are expected to develop attributes beyond technical boundaries, performing actions that require emotional intelligence and universal ethical behaviors in line with established and agreed-upon morals.

This study provided reflective data for educators by transparently listing, in the early stages of the undergraduate course, concerns about the integrity of the ethical, moral, and humanistic academic train-

ing for the future profession. It is true that “one cannot teach ethics,” but one can provide moral support for its development.

Referring to obtaining unauthorized answers, “cheating” is an amoral academic practice, since it contradicts the rules of most educational institutions. In this study, the high frequency of the answer “Against, however.” concerning “cheating” expresses that the practice is inadequate but it may be justified. The lack of time to study the vast amount of content and the requirement to obtain minimum performance coefficients to progress in the course were exemplified, as seen in other studies^{5,7}.

Participants were unaware of the moral and ethical concept of “cheating” based on institutional rules; the unethical concept was more frequent, and was not considered amoral. Additionally, these answers highlight a historical misunderstanding of the ethical and moral terms, as they are considered synonyms in many situations¹⁶. This complex conceptual confusion may contribute to the violation of rules, amorality, and the deconstruction of voluntary human acts of respect, freedom, care, limits, and actions with consequences. This confusion is combined with abominable modern attitudes that may seem, at first, to have no repercussions and should be banned from academic training.

Most academics responded positively to the act of “cheating,” corroborating other studies⁶. The degree of intimacy between people in the act of “cheating” had no significant association with the semesters. This result may be implicated in future professional corporatism for fraudulent acts. Significant levels of anxiety occurred in students in the more advanced semester, which may imply more conscious attitudes. Although the study has sample limitations, the comparisons between the semesters were significant.

CONCLUSION

The state of academic honesty at a moderate level was the most frequent among students in the second semester of the FMO.

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