Review

Integrity in nursing students: A concept analysis

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A B S T R A C T

Objective: The purpose of this review was to clarify the concept of nursing student integrity. Unlike published reviews that highlight the absence of integrity, the author sought to identify the positive defining characteristics of integrity.
Design: Concept analysis.
Data Sources: A literature review was conducted using the Cumulative Index for Nursing and Allied Health, Social Science Index, Psyc Info and Medline. Inclusion criteria included peer reviewed articles, written in English, with no limitation on publication date. The search also revealed that a concept analysis of integrity had not been performed.
Review Methods: Walker and Avant's (2005) eight step modification of Wilson's (1963) classic concept analysis procedure was used as the organizing framework to explore how the concept of integrity is defined in the current literature.
Results: Nursing student integrity was analyzed using Walker and Avant's method of concept analysis: concept definition, defining attribute, model, borderline, related and contrary cases, antecedents, consequences and empirical referents (Walker and Avant 2005). Defining attributes to nursing student integrity were honesty, ethical behavior and professionalism. Antecedents to integrity included an academic culture of respect, characterized by student-faculty relationships derived from mutual respect, trust and a shared learning goal.
Conclusions: This review identified honesty, ethical behavior and professionalism as the defining attributes of integrity. The importance of faculty as role models of integrity was paramount in building a culture of honesty. Future research should explore faculty perceptions of their professional role as models of integrity, and faculty perceptions of behaviors that promote a culture of respect.

1. Introduction

The honesty and ethical standards of nurses are consistently ranked among the highest of professions in nationwide public gallop polls (Jones, 2011). The American Nurses Association Code of Ethics and Interpretive Statements (2015) challenge nurses to value the profession of nursing and to demonstrate qualities which preserve wholeness of character and integrity (ANA, 2015). The International Council of Nurses (ICN) Code of Ethics for Nurses (2012) defines nursing professional values which include respectfulness, responsiveness, compassion, trustworthiness and integrity. The value of integrity among nurses is evident in public polls, community expectations, and in professional codes of ethics. Nurses value honesty, integrity and professionalism, and therefore, nursing students preparing for this profession should equally value these qualities (Wilk and Bowllan, 2011).

Although the public perceives nurses as honest and ethical, these qualities may be lacking in nursing students. Cheating on exams, plagiarizing writing assignments, lying, inadequately preparing for clinical assignments and falsifying documentation in a patient's chart are described in the nursing literature, and depict behaviors that demonstrate a lack of integrity in nursing students (Baxter and Boblin, 2007). Cheating behaviors among college and university students are a global problem, and occur so frequently that students often do not perceive these actions as immoral or dishonest (Arhin and Jones, 2009). Academic dishonesty is influenced by the student's desire to succeed, a lack of organizational skills, competition for grade dependent scholarships and awards, acceptance and assistance of cheating in the program of study, and the thrill of risk-taking (Faucher and Caves, 2009). Nursing students are often held to higher academic standards for academic progression, and in this high stakes environment feel tremendous pressure to succeed (Tippitt et al., 2009).

Cheating is viewed by some nursing students in the millennial generation as acceptable and the judgement of what is and is not ethical has "a more fluid notion" than in previous generations of students

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(Faucher and Caves, 2009, p. 37). Healthcare educators are concerned with academic cheating behaviors because of the causal link to future unethical behaviors in professional practice (Park et al., 2013). Students who cheat in a nursing classroom are more likely to falsify clinical data in their future employment than students who do not cheat (Park et al., 2013).

The professional nurse of today is required to demonstrate the knowledge, attitudes and skills associated with moral, ethical and legal behaviors as they provide care for patient populations (MDHE, 2010). Advancements in technology, diminished moral codes and cultures of cheating promote deceptive academic and professional practices among nursing students (Faucher and Caves, 2009; Harper, 2006; Woith et al., 2012). As nursing students prepare to enter a fast-paced and demanding healthcare climate of professional nursing characterized by high acuity patients and understaffed nursing units, an understanding and commitment to integrity is paramount. Preparation for role transition during the senior year of education can heighten the nursing student's awareness to the value of integrity in practice, and the many situational challenges (Duchscher, 2009).

Academic and professional integrity are both valued and necessary qualities of nursing students. When integrity is discussed in the nursing literature, it is associated with honest, ethical and moral behaviors. However, in demonstrating the attributes and characteristics of integrity in the nursing student, the literature provides examples of behavior devoid of integrity, such as cheating, plagiarism, lying and deception (Tippitt et al., 2009; Faucher and Caves, 2009; Woith et al., 2012). As such, integrity is more often defined by behaviors that represent a lack of integrity resulting in blurred meaning and understanding of the concept of integrity as it relates to the nursing student. In order to provide a clear and consistent meaning of the concept of integrity in nursing students a concept analysis was undertaken.

2. Method

Walker and Avant's (2005) eight step modification of Wilson's (1963) classic concept analysis procedure was used as the organizing framework. This framework is outlined as a sequential process, but is meant to be an iterative process of idea and information review, revision and analysis (Walker and Avant, 2005). The eight steps consist of selecting a concept, determining the purposes of the analysis, identifying all uses of the concept, determining the defining attributes, identifying a model cases, identifying antecedents and consequences and defining empirical referents (Walker and Avant, 2005).

A literature search was conducted using the Cumulative Index for Nursing and Allied Health (CINAHL), Social Science Index (SocINDEX), Psyc Info and Medline. Inclusion criteria included peer reviewed articles, written in English, with no limitation on publication date. Cheating, lying and plagiarism are reported in the literature as occurring among college students, and are measured by self-reported academic dishonesty and cheating instruments (Arhin and Jones, 2009; Jensen et al., 2002). To better understand if integrity differs from a lack of cheating, lying and plagiarism, further investigation of the concept of integrity in the literature was undertaken. The search of the term integrity revealed an abundance of literature on this concept from the following databases: CINAHL 8491 sources; SocINDEX 5357 sources; Psych Info 16,399 sources and Medline 99,420 sources. These results were derived from the following disciplines: radiologic science, physical therapy, physician assistants, pharmacy, criminal justice, engineering, business and law. Thirteen articles were randomly selected for abstract review, and 9 were selected to illustrate use of the concept in the non-nursing literature. The search also revealed that a concept analysis of integrity had not been performed.

The following search terms were then applied to the literature search: professional integrity with nursing students, professional integrity with nursing practice, nursing students with honesty and integrity, and integrity in nursing resulting in 648 titles. Each abstract

was reviewed and those without relevance to the study of integrity in nursing were removed along with the duplicate articles, resulting in a final sample of 18 articles.

3. Results

3.1. Integrity

The Merriam-Webster Dictionary defines integrity as "firm adherence to a code of especially moralistic or artistic values" (MWD, 2016). The Oxford Dictionary defines integrity as "the quality of being honest and having strong moral principles" (2016). Synonyms for integrity include honesty, morality, ethics, honor and trustworthiness. Integrity "implies trustworthiness and incorruptibility to a degree that one is incapable of being false to a trust, responsibility, or pledge" (MWD, 2016).

3.2. Academic Integrity

A second prominent definition is that of academic integrity. The International Center for Academic Integrity (ICAI), which "works to identify, promote, and affirm the values of academic integrity among students, faculty, teachers, and administrators" defines academic integrity as "a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect and responsibility" (ICAI, 2016). Donald McCabe, the first president of The Center for Academic Integrity, investigated cheating, academic dishonesty, values and moral dilemmas among students enrolled in natural science, engineering, business, law and nursing programs (McCabe, 1997; McCabe, 2009; McCabe et al., 1991; McCabe and Trevino, 1993; McCabe et al., 2001). He also examined academic integrity among nursing students in traditional BSN, RN to BS, accelerated, graduate and online learning environments. His Academic Integrity Survey has been utilized by numerous researchers in varied academic settings to evaluate student perceptions of cheating, awareness of honor codes and academic policies, and student participation in cheating behaviors. The students surveyed self-reported engaging in academic dishonesty such as cheating on exams and plagiarism (Hart and Morgan, 2010; McCabe and Trevino, 1993).

3.3. Academic Integrity and Professional Conduct

Academic integrity is conceptualized in the healthcare literature as professional conduct that demonstrates ethical behavior in the education and practice settings. In a study of radiologic science students and faculty, professional conduct and academic integrity are explored as they relate to self-monitoring and autonomous performance. Faculty and student perceptions of cheating and unprofessional behaviors were investigated, and the professional ethics and integrity of faculty were identified as factors that influence student integrity (Aaron et al., 2011).

Moral values, honesty and high ethical standards were associated with integrity in the literature concerning professional practice of physician assistants. The physician assistant-physician relationship is dependent upon "mutual trust", as the physician assistant functions as a "direct agent" of the physician (Dereczyk et al., 2010, p. 27). An assessment of physician assistant students' attitudes and behaviors toward cheating and academic integrity revealed varied student perceptions of the seriousness of cheating behaviors. In order to reinforce the high level of integrity required of this profession, honor codes and integrity policies containing clear explanations and reinforcements throughout the program of study were recommended (Dereczyk et al., 2010).

A similar exploration of attitudes and perceptions of the seriousness of academic dishonesty and the lack of ethical and professional behaviors was explored among physical therapy students and educators (Montuno et al., 2012; Mohr et al., 2011). Unprofessional conduct

among physical therapists is a common licensure violation (Mohr et al., 2011). Using the Center for Academic Integrity's definition of integrity, Mohr et al. (2011) defines integrity as "honesty to oneself and others, trust and open communication between students and faculty, fair treatment and mutual respect between faculty and students, and personal responsibility to help prevent cheating" (p. 51). Study results concluded that clearer explanations and examples of integrity, as role modeled in the classroom and clinical settings, would promote student integrity (Montuno et al., 2012; Mohr et al., 2011).

3.4. Integrity and Nursing

The selected nursing literature provides conceptualization of the term integrity as it relates to academic integrity, moral integrity, honor codes, personal responsibility and individual accountability. This approach differs from much of the literature which focuses on behaviors such as cheating, lying and plagiarism which depict a lack of integrity. With the goal of differentiating student decisions concerning behaviors that characterize integrity, and those that do not, an exploration of integrity in the nursing literature was undertaken.

The American Association of Colleges of Nursing (AACN) describes nursing as a caring profession in which nurses demonstrate empathy, as they embody the five core values of professional nursing: human dignity, integrity, autonomy, altruism, and social justice. The conceptual framework for undergraduate baccalaureate nursing education is derived from the Essentials of Baccalaureate Nursing Education (AACN, 2008), in which integrity is defined as "Acting in accordance with an appropriate code of ethics and accepted standards of practice" (Fahrenwald et al., 2005, p. 47). Behaviors consistent with integrity include "providing honest information to patients and the public; documenting care accurately and honestly; seeking to remedy errors made by self or others: and demonstrating accountability for one's own actions" (Bond et al., 2004, p. 85).

In discussing student cheating on college campuses, and strategies to improve honest testing environments, integrity is defined by Palmer, Bultas, Davis, Schmuke, and Fender as making "honorable choices" (2016, p. 183). Nursing student participants in a qualitative study defined academic integrity as "doing your own work, not plagiarizing, and not cheating on exams or quizzes" (Woith et al., 2012, p. 255). In an effort to promote high-integrity classrooms, moral integrity among nursing students and faculty is characterized by the knowledge of right from wrong, and making consistent decisions based on this knowledge, even if there is no personal gain (Eby et al., 2013).

Integrity has been explored as a holistic phenomenon in which personal morality and group morality impact the presence or absence of integrity in the delivery of nursing care (Cleary and Horsfall, 2013). Integrity is related to "virtuous actions" and "worthiness" in social contexts, and therefore an absence of integrity may result when personal views are altered to conform to social beliefs or to gain status (Cleary and Horsfall, 2013, p. 673). Moral integrity is associated with ethical knowledge and actions and is impacted by mutually accepted ethical standards and principles which impact physical, psychosocial, and intellectual matters (LaSala, 2009).

3.5. Defining Attributes

According to Walker and Avant (2005), the defining attributes of a concept are those characteristics most frequently associated in the literature with the concept, by which clarity of meaning, and distinct differentiation from similar concepts is confirmed. Three defining attributes of integrity which are frequently demonstrated in the literature are honesty, ethical behavior and professionalism.

3.5.1. Honesty

Integrity in nursing students encompasses all aspects of the academic program: honest classroom, clinical and interpersonal behaviors.

In the classroom setting nursing students engage in honest behaviors through class preparation, individualized testing and writing assignments. Faculty promote honesty in the classroom by recognizing the known reasons for student cheating, and by addressing potential problems. By reviewing policies, designing valuable learning activities, and by reviewing examples of dishonest behaviors students can better recognize dishonest behaviors, and subsequently act with honesty (Palmer et al., 2016). In the clinical setting students demonstrate honest patient communication by sharing their abilities, admitting the limitations of their knowledge and skills, and by providing timely and accurate assessments and documentation (Bond et al., 2004). In designing a culture of honesty, nursing faculty articulate the correlation among honesty in classroom activities, student clinical activities, and in future nursing practice (Woith et al., 2012).

3.5.2. Ethical Behavior

The American Nurses Association Code of Ethics and Interpretive Statements (2015) clearly guides professional nursing behavior by outlining nursing's responsibility to society (ANA, 2015). Ethical behavior is a necessary component of nursing practice, and may be influenced by the opinions and actions of peers (Hart and Morgan, 2010). Nursing faculty need to identify and role model established nursing standards, while respecting patient rights and preferences, in order to guide safe student practice (Killam et al., 2010). Over time nursing students are socialized into the profession of nursing, and through thoughtful personal and group reflection can identify the values and attitudes which influence their moral integrity and ethical beliefs (Hardingham, 2004).

3.5.3. Professionalism

In the nursing literature integrity is often used interchangeably with professional integrity. In order to understand how professionalism and integrity are related, nursing students are encouraged to reflect on personal maturity, morality and self-knowledge. Therefore, actions that are morally sound, and relate to the code of ethics, represent the values and guidelines of the profession of nursing, and are deemed professional (Wiseman et al., 2013). However, professionalism is an ever changing term that may include the ability to perform technical tasks, deliver patient care, and the awareness to act honestly and responsibly (Wiseman et al., 2013). Therefore, professionalism in nursing practice requires individual reflections on "social awareness and values, interpersonal and intrapersonal capacities" and the necessary skills that promote insight which positively influence practice outcomes (Cleary and Horsfall, 2013, p. 675).

Nursing faculty create academic environments of high integrity whereby faculty and students arrive on time and prepared for class, dress and communicate in a professional manner, and are held accountable for their actions. By developing a community of learning characterized by academic integrity, rigorous learning, fair expectations and personal accountability the students are equipped to demonstrate professionalism in the clinical setting (Eby et al., 2013).

3.6. Cases

In order to further clarify the concept of integrity, the Walker and Avant (2005) method of concept analysis utilizes a model case, a borderline case, a related case, and a contrary case.

3.6.1. Model Case

The following personal experience serves as a model case for the concept of integrity. A baccalaureate nursing student enrolled in a junior level course is talking with her peers about the recently assigned online case studies, and the amount of time and effort she has invested. She shares her frustration of her inability to earn a grade higher than 80 and cannot understand how other classmates are earning grades of 100. Her peers inform her that another classmate has been able to access the

answer key to the case study online, and they offer to share the access code. The student refuses, saying that is dishonest, and will not help any of them learn how to care for future patients. Although the student would prefer higher grades, she knows this behavior is not professional and that she has set higher ethical standards for herself as a nursing student, and as a future nurse. In this model case, the nurse demonstrates honest and ethical behavior by refusing the access code, by recognizing the value of the case study as a learning opportunity, and by holding herself accountable for her own actions. Her ability to reflect on the situation and to recognize how it challenges her personal values and beliefs demonstrates professionalism.

3.6.2. Borderline Case

Using the premise of the model case as the setting for the borderline case, when the nursing student verbalizes her concern of her poor grades on the case study to her peers, instead of refusing the access code to the answers, accepts the access code agreeing that it is not fair that the others students are doing less work and receiving better grades. However, in completing the next case study she did not use the access code, and completed her own work individually and honestly. In this borderline case the student continues to demonstrate her personal value of honesty, recognizes the ethical challenges faced by nursing students, and by choosing to continue to act professionally, holds herself accountable for her own actions. Although the outcome is the same as the model case, it is not as strong a case since the student does not verbalize her opposition to cheating to her peers, and therefore appears to be condoning their unprofessional behavior.

3.6.3. Related Case

Honor codes, academic integrity policies, and faculty support to address dishonesty are associated with nursing student classroom and clinical behaviors (Palmer et al., 2016). Numerous contextual factors influence the effectiveness of honor codes and integrity policies: whether honor codes are accepted and understood, enforcement of policies, faculty and institution response to reports of cheating and cheating climate among peers (McCabe, 2009). In order for these codes to promote integrity, the expectations of the academic institution and the nursing faculty must be clearly outlined in the policies.

Moral integrity and character development are associated in the nursing literature with academic integrity. Nursing faculty are viewed by students as role models of professional and ethical behavior and should strive to incorporate moral integrity into classroom, clinical and social learning experiences (Eby et al., 2013). When faculty fail to meet this challenge by arriving late to class, failing to prepare for class or clinical, dressing or acting unprofessionally or failing to value the student-faculty relationship, they may negatively influence students (Eby et al., 2013).

3.6.4. Contrary Case

A senior nursing student is working with a registered nurse preceptor in his final semester of baccalaureate education. In caring for an elderly postoperative adult patient, the student provides assistance with activities of daily living, monitors vital signs and assists with ambulating the patient. At the end of the shift the student realizes the he should have assessed his patient's vital signs every four hours, but they were assessed once that shift. Since the patient is now resting quietly, and seems stable based on the activity of the day, the student falsifies the data and enters fabricated vital signs to comply with the every four hour assessment. When the student provides report to the preceptor, he states the vital signs were stable. When the preceptor asks if he assessed them every four hours, he answers in the affirmative. In this case, the student fails to demonstrate honesty in the patient relationship by documenting false information, and by failing to communicate honest information with his preceptor. His actions violate the ANA Code of Ethics as he fails to hold himself accountable for his own actions and acts with a lack of professionalism (ANA, 2015).

3.6.5. Antecedents

An antecedent is a precipitating event that leads to the occurrence of the concept, and is identified in the concept analysis to gain insight into the social context in which the concept occurs (Walker and Avant, 2005). In order for nursing students to value the qualities of honesty and integrity, and to recognize their importance in professional nursing practice, a culture of respect must be established at the learning institution, and demonstrated between students and faculty (McCabe, 2009). Faculty demonstrate respect for students by creating reasonable assignments, clear expectations, and through the delivery of quality education. In this context, faculty demonstrate a commitment to living the values of honesty and integrity, and engage students in classroom and clinical exercises that promote understanding of these values (Tippitt et al., 2009). As role models of integrity, nursing faculty need to be cognizant of their contributions to integrity, as well as lapses in integrity, and engage in honest dialogue with faculty and students to promote a culture of academic integrity (Tippitt et al., 2009). Students who report an accurate understanding of institutional academic integrity policies self-report fewer cheating behaviors than those who do not (Theart and Smit, 2012). High-integrity academic environments are characterized by "faculty who hold self and students responsible for honesty, respect, confidentiality, professional behaviors and academic performance, and treat students fairly" (Eby et al., 2013, p. 232). When students feel they are part of the academic community, and have formed personal relationships with faculty, they are challenged to comply with integrity standards, and value the privileges associated with this environment of trust.

In the clinical setting, the relationship between the student and the educator is fostered through mutual honesty and trust, and an awareness of the "shared responsibility in learning and decision making" (Killam et al., 2010, p. 13). The clinical educator serves as a role model for professionalism, clinical expertise and integrity, and engages the student in a supportive learning relationship (Killam et al., 2010).

3.6.6. Consequences

Consequences are defined by Walker and Avant (2005) as events that occur as a result or outcome of the concept. When nursing students demonstrate integrity in the classroom and in the clinical setting, outcomes are achieved for the students, as well as for the patient. The provision of quality and safe patient care depends on a foundation of honest attainment of knowledge and academic achievement (Palmer et al., 2016). When students are challenged in high-integrity learning environments, they are prepared for complex healthcare environments, and will continue to demonstrate professionalism and integrity in practice (Tippitt et al., 2009). When nursing students act with integrity they "provide honest information to patient and the public; document care accurately and honestly; seek to remedy errors made by self and others; demonstrate accountability for own actions" (AACN, 2008). Through these actions they value the needs of the patient, provide professional and honest care, and improve patient outcomes.

3.6.7. Empirical Referents

Empirical referents are defined by Walker and Avant (2005) as classes or categories to determine the existence or occurrence of the concept. The literature does not report any common empirical measures for evaluating the impact of integrity on nursing students. Although the McCabe Academic Integrity Survey is frequently used in nursing research and is associated with academic integrity, it asks students to rank the seriousness of cheating behaviors, and to report whether they have observed or reported cheating behaviors. Therefore, the instrument is a measure of student perceptions of the seriousness of cheating, and does not assess integrity.

Dishonesty and cheating behaviors in classroom and laboratory settings are presented in scenarios in an Academic Dishonesty Survey adapted from instruments from Aggarwal et al. (2002) and Bates et al. (2005) (Arhin and Jones, 2009). Student behaviors depicted in the

scenario are characterized as cheating, not cheating or unsure. Similar to the McCabe Academic Integrity Survey, this instrument measures cheating and dishonesty.

A mixed-methods study of nursing students' satisfaction with peer integrity was conducted by Woith et al. (2012) using a quantitative social capital survey designed by the researcher, and social capital interview questions developed by the researcher. The student responses in this study were similar to those in the nursing integrity literature (Arhin and Jones, 2009; McCabe, 2009). Although students were able to define integrity in positive terms, and not merely the absence of cheating or dishonesty, when asked to provide examples of behaviors characterized by integrity, they reverted to examples related to dishonesty. Students reported what not to do, such as not cheating on exams or sharing research papers, rather than stating the value of taking your own exam, and writing an individual paper (Woith et al., 2012). The inability to provide examples of classroom and clinical behaviors characterized by integrity is consistent with the integrity literature (Arhin and Jones, 2009; Langone, 2007; McCabe, 2009). In order to determine the reliability and validity of this instrument, and to improve the clarity of the concept of integrity, this mixed methods approach should be utilized in future studies of nursing students, nursing faculty and professional nurses.

4. Conclusion

As a result of this concept analysis of integrity, the defining attributes of honesty, ethical behavior and professionalism are identified. Therefore, nursing student integrity is defined as honest, ethical and professional behavior demonstrated by nursing students in all living and learning settings. Since much of the integrity literature begins with the importance of integrity in nursing students, and quickly changes its focus to behaviors devoid of integrity such as academic cheating and dishonesty, this paper clarifies the meaning of integrity.

Integrity in nursing students is of great concern to nursing faculty, and should be of equal concern to nursing students. The correlation between academic dishonesty in the classroom and clinical settings, with the potential for continued dishonesty in professional practice places the public and healthcare consumer at risk (Palmer et al., 2016). When college administrators, and nursing faculty value, support and build a culture of honesty and respect, student integrity should be evident in classroom and clinical practice. However, nursing students must understand the meaning of integrity as it relates to their role as nursing students, and as future professional nurses. Unless nursing faculty openly discuss the concepts of honesty, professionalism and ethical behavior, as they relate to student behaviors in all living and learning environments, cheating, lying and deceptive behaviors may continue. Perceptions of these behaviors devoid of integrity may vary among nursing faculty and nursing students. Therefore, it is imperative that the concept of integrity is clearly defined, is integrated into the nursing curriculum, and role modeled by nursing faculty.

5. Recommendations

The responsibility of nursing faculty to serve as models of integrity is frequently cited in the nursing literature. Similarly, students need to be held accountable for their own actions, and should be expected to act with the highest degree of honesty and integrity. However, perceptions of integrity vary among students and among faculty, making it difficult to understand the inconsistent meaning of integrity. In order to begin to address the problem, this concept analysis was undertaken. The findings of this concept analysis will lead to further exploration of student and faculty perceptions of integrity. Definitions and examples of integrity, as well as what motivates faculty and students to act with integrity are questions that need exploration. These findings will guide future research to determine what interventions are most effective in fostering integrity among nursing faculty and nursing students.

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