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Clinical Misconduct Among South Korean Nursing Students

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ABSTRACT

This study examines the extent and predictors of unethical clinical behaviors among nursing students in South Korea. From survey data of 345 undergraduate nursing students, unethical clinical behaviors were examined with respect to 11 individual characteristics, frequency and perceived seriousness of classroom cheating, two factors of individual attitude, and four contextual factors. Qualitative data from two focus group interviews were analyzed to explore reasons for and contexts of unethical clinical behaviors. About sixty-six percent of the participants engaged in one or more unethical clinical behaviors over a one-semester period. The prevalence of such behaviors varied widely from 1.7% to 40.9% and was related to the type of nursing program, the number of clinical practicum semesters completed, ethical attitudes toward cheating behaviors, the frequency of cheating on assignments, the frequency of cheating on exams, the perceived prevalence of cheating by peers, and prior knowledge of academic integrity. According to the regression analysis, the last four variables explained 29.4% of the variance in the prevalence of unethical clinical behaviors. In addition, multiple reasons and possible interventions for clinical misconduct were reported during the focus group interviews. Unlike cheating in the classroom, clinical misconduct was strongly induced by clinical nurses and poor clinical practice environments. In sum, unethical clinical behaviors were widespread among the participants and need to be corrected.

Introduction

A clinical practicum based on a paired nurse-student relationship is a key teaching method in nursing education. In South Korea (hereafter "Korea"), a single clinical practicum for two credits lasts a total of 90 h over a two-week period (9 h/day for 10 days), and nursing students are required to complete at least 1000 clinical practicum hours to graduate (Korean Accreditation Board of Nursing, 2011). During a clinical practicum, a clinical nurse serving as a preceptor is matched with one or two students and plays a major role in teaching and supervising each student. While the number of nursing schools has increased sharply in recent years, there has been a lack of clinical practicum sites. In addition, nursing faculty faces severe competition in finding nursing units with good clinical education environments.

One critical indicator of the quality of clinical education is academic integrity during a clinical practicum. Academic misconduct in nursing can be defined as intentional participation in deceptive academic practices in both classroom and clinical settings (Gaberson, 1997). Learning through practice in a clinical site may be more likely than theoretical learning in the classroom to directly influence students' attitudes and behaviors as nurses in the future. Unethical clinical behaviors of a nursing student can bring about unsafe patient care and may even weaken his or her sense of ethical accountability as a nursing professional. Few studies have considered clinical misconduct (Hilbert, 1988; McCrink, 2010), whereas many have examined academic integrity in classroom settings (Hart and Morgan, 2010; McCabe, 2009; Tippitt et al., 2009). Little is known about unethical clinical behaviors of nursing students. Previous studies have examined individual characteristics such as students' demographic background or attitudes (McCabe, 2001; Rennie and Rudland, 2003) and contextual factors with respect to peers and institutions (Andrews et al., 2007; Gaberson, 1997) to understand misconduct only in the classroom, often ignoring clinical misconduct. Although some types of unethical clinical behaviors of nursing students can be indirectly identified from studies of their ethical encounters during a clinical practicum (Epstein and Carlin, 2012; Pedersen and Sivonen, 2012), few studies have addressed such unethical clinical behaviors in the context of academic integrity. For reliable and effective clinical education, a clear understanding of unethical clinical behaviors of nursing students is crucial. For better insight, this study examines the extent of clinical misconduct among nursing students in Korea. More specifically, the study investigates a) how prevalent and seriously perceived unethical clinical behaviors are, b) what factors influence or

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predict clinical misconduct, c) what reasons drive clinical misconduct, and d) what possible measures can be implemented to prevent it.

Methods

In this study, a mixed method incorporating a cross-sectional survey and focus group interviews was employed. The questionnaire was developed by the authors based on a comprehensive literature review (Diekhoff et al., 1996; Ha, 2009; Harding et al., 2004; Jackson, 2006; Kirkland, 2009; McCabe, 2001; Rabi et al., 2006; Walker, 2008). In the questionnaire, a total of 10 items for unethical clinical behaviors were adopted from Hilbert (1988) and McCrink (2010) by considering Korea's different clinical education environment. To identify relevant variables and predictors of the prevalence of unethical clinical behaviors, 11 individual characteristics were considered, including age, gender, religion, the type of nursing program, the academic year, the number of semesters in the clinical practicum, the GPA, and prior knowledge of academic integrity. In addition, 10 variables for cheating in the classroom were included to test their relevance to clinical misconduct: both frequency and perceived seriousness of cheating on examinations or assignments, individual attitudes toward cheating, and four contextual factors (perceived prevalence of cheating by peers, the atmosphere of the institution's academic integrity, the atmosphere of whistle-blowing, and moral support from family members and friends). Table 1 shows the number of items, the measurement scale, and Cronbach's alpha for survey questionnaire items. Further details on these measures are discussed elsewhere (Park et al., 2013).

This study was approved by the institutional review board. First, a sample size was estimated 254 persons for multiple regression analysis with 10 independent variables using a G*Power program (version 3.1.3) by entering alpha 0.05, power 0.95, and a medium effect size f of 0.10. For a nationwide sampling five nursing schools in different provinces were recruited in September 2011. All of the students who completed at least one semester of a clinical practicum in each school were invited to the study, considering a possible sampling bias that may occur if only students with a certain behavior pattern selectively participate in the study. As a result, 349 students among a total of 380 nursing students from five nursing schools anonymously answered and returned the questionnaire, and among these, a total of 345 reliable responses were included in the final analysis.

Second, two focus group interviews were conducted in September 2012. Each interview included seven students in their fourth year who participated in the survey. The purpose of the interviews was to explore the reasons for or circumstances underlying unethical clinical behaviors and identify appropriate measures for preventing such behaviors. The core interview questions were a) "What kinds of unethical clinical behaviors have you observed during your clinical practicum?" b) "Why do you think such unethical behaviors occur in clinical settings?" and c) "What do you think is necessary to prevent such behaviors?" Quantitative data were analyzed for descriptive statistics; the t-test or the F-test depending on the number of comparison groups; Pearson's correlation coefficient; and a multiple regression analysis using SPSS (version 18.0). The significance level (α, type I error probability) of 0.05 was adopted for statistical inferences. Qualitative data from the focus group interviews were recorded, transcribed verbatim, and analyzed through a content analysis to determine answers, first independently and then comparatively by the authors.

Results

Third- and fourth-year students accounted for 67.0% and 24.6% of the 345 participants, respectively, and three- and four-year programs accounted for 29.6% and 70.4%, respectively. A vast majority were female (n = 308, 89.3%), and most (n = 298, 86.6%) fell into the 19-23 age group.

Self-reported prevalence and perceived seriousness of unethical clinical behaviors

Table 2 shows the results for self-reported prevalence and perceived seriousness for each cheating behavior. A total of 227 (65.8%) participants engaged in one or more unethical clinical behaviors out of the 10 such behaviors over a one-semester period. With the ordinal measurement scale (e.g., none, once, twice or more) converted into an interval scale (e.g., 0, 1, 2) for the application of statistics, the mean scores were 0.27 (S.D. = 0.33) on a 0–2 scale for the frequency of unethical clinical behaviors and 3.11 (S.D. = 0.93) on a 1–4 scale for perceived seriousness.

The most prevalent unethical behavior was discussing patients in public places or with nonmedical personnel (#1 in Table 2, 40.9%), followed by recording or reporting inaccurate vital signs (#2, 39.2%), falsifying patient data or using inaccurate data for a case study (#3, 26.1%), and taking hospital supplies or medicines for personal use (#4, 22.3%). The least prevalent unethical behavior was recording medications as administered when they were not (#10, 1.7%), followed by recording patient responses to treatments or medications that were not assessed (#9, 5.8%). The other four unethical behaviors (#5–#8) were reported by 13%–16% of the participants.

The mean scores for the perceived seriousness of unethical clinical behaviors ranged from 2.85 ± 1.02 (#4) to 3.28 ± 1.08 (#8), and many participants perceived unethical behaviors as being either not problematic or merely trivial (18.9%, #8; 33.9%, #4) depending on the

Table 1
Survey Questionnaire Items and Relationships of the Prevalence of Unethical Clinical Behaviors to Its Perceived Seriousness and Factors Related to Classroom Cheating.

Characteristics	Number of Items	Measurement Scale: min. to max	Cronbach's α	M (SD)	r (p)
Unethical clinical behaviors					
Frequency of unethical clinical behaviors	10	0–2	.80	0.27 (.33)	–
Perceived seriousness of unethical clinical behaviors	10	1–4	.97	3.11 (.93)	−.05 (.394)
Classroom cheating					
Frequency of cheating on exams	11	0–2	.72	0.16 (.22)	.40 (<.001)***
Frequency of cheating on assignments	15	0–2	.75	0.29 (.26)	.45 (<.001)***
Perceived seriousness of cheating on exams	11	1–4	.97	2.99 (.96)	−.08 (.138)
Perceived seriousness of cheating on assignments	15	1–4	.96	2.66 (.81)	−.11 (.055)
Individual attitudes toward cheating					
Ethical attitudes toward cheating behaviors	11	1–5	.82	3.55 (.63)	−.20 (<.001)***
Neutralization behaviors	11	1–5	.88	2.20 (.76)	−.06 (.316)
Contextual factors					
Perceived prevalence of cheating by peers	11	0–2	.90	0.59 (.46)	.37 (<.001)***
Atmosphere of the institution's academic integrity	10	1–5	.81	3.26 (.65)	−.06(.293)
Atmosphere of whistle-blowing	6	1–5	.87	3.06 (.78)	−.10 (.069)
Moral support from family members and friends	3	1–5	.76	3.63 (.77)	−.05 (.388)

*** indicates statistical significance at the .001 level.