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Academic and clinical integrity: undergraduate nursing students' perceptions

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Abstract

Background Despite education on academic integrity, there are still instances where nursing students breach academic integrity principles. Nursing students who breach academic integrity principles in the classroom might engage in dishonest behaviors in the clinical setting. Globally, there are limited studies on nursing students' perceptions of academic and clinical integrity. Furthermore, there are no studies on the perceptions of nursing students in Qatar on academic and clinical integrity.

Purpose To explore the perceptions of undergraduate nursing students in Qatar on academic and clinical integrity.

Methods A descriptive qualitative inquiry using face-face and online interviews.

Results Four major themes and sub-themes emerged: (1) Definitions of Academic and Clinical Integrity; (2) Facilitators of Academic and Clinical Integrity with sub-themes of institutional support, ethical practice, and professional practice; (3) Barriers to Academic and Clinical Practice with sub-themes of peer influence, time influence, and fear of mistakes; (4) Improvements to academic and clinical integrity at the institutional level.

Conclusion Participants in this study viewed academic and clinical integrity from a positive lens. Identified facilitators and barriers to academic and clinical integrity from a nursing student perspective in Qatar align with global nursing student perspectives.

Keywords Academic integrity, Clinical integrity, Nursing students, Nursing education, Qatar

Introduction

Academic integrity is defined as the commitment to, and the demonstration of, honest and responsible scholarship, which includes the six fundamental values of honesty, trust, fairness, respect, responsibility, and courage (International Center for Academic Integrity [ICAI], 2021). Clinical integrity, on the other hand, is defined as honest, ethical, and accountable behavior in the context of caring for patients (Devine et al. 2021). Globally, studies examining nursing students' integrity in the classroom indicate that even after receiving education in this area, there are cases in which students breached the core values of academic integrity leading to dishonest and unethical behaviors (Bloomfield et al. 2021; Bultas et al. 2017; Devine et al. 2021; Krueger 2014; Lynch et al. 2017;



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McCabe 2009; McClung and Gaberson 2021; Park et al. 2014; Rani et al. 2019). Studies also indicate that nursing students who commit academic integrity breaches in the classroom such as cheating on exams, or plagiarizing writing assignments might participate in dishonest behaviors in the clinical setting, like reporting and documenting findings not observed or assessed in a patient's chart (Bultas et al. 2017; Devine and Chin 2018; Joseph and Natarajan 2022; Krueger 2014; McClung and Gaberson 2021; Rani et al. 2019). Among factors contributing to breaches of integrity in the classroom and clinical setting are pressure to succeed, time constraints, and fear of mistakes (McClung and Gaberson 2021; Rani et al. 2019; Woith et al. 2012). This article will examine undergraduate nursing students' perceptions of academic and clinical integrity in a Middle Eastern context. First, we explore the available literature, then we examine the findings from this particular study and finally, we conclude with recommendations for stakeholders.

Literature review

In this literature review, we will explore studies on academic and clinical integrity in nursing from global (Devine et al. 2021; Krueger 2014; McCabe 2009; Woith et al. 2012) and regional perspectives (Almutairi et al. 2023; Alotaibi et al. 2024; Halabi and Suliman 2019; Keçeci et al. 2011; Rani et al. 2019).

Overall, academic integrity in the classroom was defined as “being honest and truthful in every aspect of academics, being faithful to academic activities and follow ethics of education” (Rani et al. 2019, p. 53). Demonstration of academic integrity includes doing one's own work (Devine et al. 2021; Woith et al. 2012), following the rules, and being responsible for one's learning (Devine et al. 2021;), and not plagiarizing on assessments (Woith et al. 2012). Factors that influence academic integrity include having personal values, morals and ethical principles that guide one's behavior which can be influenced by factors such as upbringing and religion (Devine et al. 2021; Rani et al. 2019). Among the many barriers to academic integrity are pressure to achieve high grades, time constraint and workload (Keçeci et al. 2011; Woith et al. 2012) and laziness (Keçeci et al. 2011).

Studies exploring academic integrity breaches among nursing students found approximately 50–94% of participants indicated engaging in academic integrity breaches in the classroom (Alotaibi et al. 2024; Halabi and Suliman 2019; Krueger 2014; McCabe 2009). Examples of these breaches in the classroom include having access to previous assessments such as exams from other students (Alotaibi et al. 2024; Krueger 2014; McCabe 2009; Woith et al. 2012), paraphrasing or copying material from another source without referencing the source (Halabi and Suliman 2019; Keçeci et al. 2011; Krueger 2014), and collaborating with others when assessment was designed for individual work (Alotaibi et al. 2024; Almutairi et al. 2023; Krueger 2014; McCabe 2009).

Clinical integrity is defined as caring for patients while being honest, ethical, and accountable by knowing one's scope of practice (Devine et al. 2021). Demonstrating clinical integrity involves being honest by not taking shortcuts and providing accurate documentation (Rani et al. 2019) as well as being prepared and having the knowledge to care for patients such as safely administering medications (Woith et al. 2012). Clinical integrity breaches include “failure to report an incident or error that involves a patient” (Krueger 2014, p. 82), “falsifying or fabricating laboratory or research data” (McCabe 2009, p.617), falsifying patient assessments such as vital signs (Almutairi et al. 2023;

Krueger 2014), and “discussing patients in public places or with nonmedical personnel” (Krueger 2014, p. 82).

Although there are studies that explore the topic of academic integrity, a limited number focus on nursing students’ perceptions of academic integrity both in the classroom and clinical setting (Devine et al. 2021; Eberle 2018). Furthermore, many of the studies in this field are conducted outside of the Middle East and, to date, none in Qatar. Therefore, there is little known about the perceptions of nursing students in Qatar with respect to academic and clinical integrity. Given that previous research in this area indicates evidence of nursing students breaching the pillars of academic integrity and since there is minimal research about this phenomenon in the Middle East context, and particularly in Qatar, there is an opportunity to explore in this area. To the best of our knowledge, this research will be the first one conducted in Qatar to capture the perceptions of nursing students on academic and clinical integrity.

Ethical approval

Before conducting the research, ethics approval certificates pertaining to research on human subjects were obtained from both the University of Calgary Conjoint Health Research Ethics Board and Qatar’s Primary Health Care Corporation. To protect students from coercion, the following information was shared on the consent form as well as before the interview: (1) participation is completely voluntary and confidential, (2) students are free to discontinue participation by withdrawing before, during or after the interview. If students decide to no longer participate once the interview is complete, they have two weeks after the interview to notify the principal investigator to remove their data. However, after two weeks, data will be sent for transcription and data analysis will begin. At this point it will be difficult to withdraw individual data, (3) participation or non-participation in this study will not affect the student’s academic. All 20 participants consented and agreed to participate in the research.

Methods

A descriptive qualitative approach was used for this study, an approach which is the method of choice when researchers want to simply provide a description of a phenomena (Bloomberg 2023). A qualitative descriptive design is an appropriate method as it recognizes the subjective nature of the problem, the different experiences participants have for researchers to “present findings that directly reflects the terminology used in the initial research question” (Bradshaw et al. 2017, p. 1). This approach merely describes the phenomenon as it exists from the perspective of the participant.

Sample and setting

A purposive sample consisting of 20 students enrolled in years 2, 3 and 4 of the undergraduate nursing program at the University of Calgary in Qatar and who had participated in at least one full semester of clinical experience were interviewed. The research began with interviewing 20 students. However, the research team was acutely aware more interviews might be required if data saturation was not reached. During the interviewing phase it was noted no new insights were being presented from the participants and hence it was agreed that data saturation had been reached with the intended 20 participants. The interview started with the completion of the participant demographic

Table 1 Participant demographic information

Survey Questions	Results
Age Group	18–24 years (18 participants) 25–35 years (2 participants)
Academic Year	Year 2 (5 participants) Year 3 (13 participants) Year 4 (2 participants)
Number of Clinical Placements	1–2 clinical placements (5 participants) 3–5 clinical placements (15 participants)
Education on Academic and Clinical Integrity	Yes (20 participants) and in the following areas: <ul style="list-style-type: none">• Courses/syllabus• Clinical setting• Simulation• University activities• Library

Table 2 Interview questions

1. In your perspective, how would you describe academic and clinical integrity?
2. Could you provide examples of when you demonstrated academic and clinical integrity?
3. What are factors that facilitate your understanding of academic and clinical integrity?
4. What are factors that prevent your understanding of academic and clinical integrity?
5. How can the university further help you with your understanding of academic and clinical integrity?

survey eliciting information such as age, academic year, number of clinicals attended and education on academic and clinical integrity (Table 1). Participants’ in-depth understanding of academic and clinical integrity was explored using five open-ended questions (Table 2). The interviews were conducted by the second and third authors either face-face on campus or through Microsoft Teams videoconferencing software, lasting from 14 to 24 min. The first author, due to her role as student support coordinator, did not interview students to avoid perceived conflict of interest.

Data collection and analysis

The interviews were digitally recorded and then transcribed by a professional transcriptionist who signed a confidentiality agreement. The data was analyzed by all members of the research team.

Analysis of the results was informed by the Framework Method (Gale et al. 2013). The research team reviewed all twenty transcripts independently to first familiarize themselves with the interview data, then listened to the audio recordings of the twenty interviews to add yet another layer of immersion in the data. While reading the transcripts and listening to the audio recording of the interviews, each researcher independently applied codes to the data that described interpretation of meaning. Once completed, the research team met to compare codes, looking for similarities and differences, to develop emerging themes and identify congruence. Eleven codes were identified in the initial meeting; when the team subsequently reconvened, the researchers discussed code meanings, which led to further refinement of the codes, and initial identification of themes. In subsequent meetings, the researchers further refined the themes, identifying and evaluating the strength of evidence in support of each theme. As a result, the codes were continually refined, ultimately leading to four overarching themes with resultant sub-themes, as detailed below.

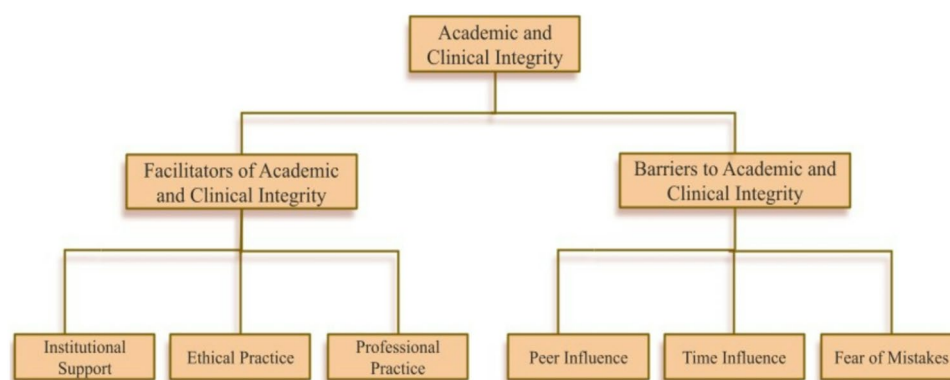


Fig. 1 Academic and clinical integrity conceptual framework

- 1) Definitions of academic and clinical integrity.
- 2) Facilitators of academic and clinical integrity with sub-themes of institutional support, ethical practice, and professional practice.
- 3) Barriers to academic and clinical integrity with sub-themes of peer influence, time influence, and fear of mistakes.
- 4) Improvements to academic and clinical integrity at the institutional level.

A conceptual framework was built based on the overarching themes and sub-themes (Fig. 1).

Trustworthiness was maintained by attention to ensuring credibility, confirmability, dependability, and transferability at all phases of the research, which included preparation, analysis, organization, and reporting of the results (Elo et al. 2014). Credibility and confirmability were strengthened as members of the research team independently reviewed the data, identified codes, compared and analyzed the codes to confirm the final selected themes (Elo et al. 2014). A transparent audit trail containing details about participant recruitment, data collection and analysis was conducted to support the studies dependability (Carcary 2020). Lastly, a detailed description of both the research background and the participants were considered to enhance the transferability of the findings to other settings (Carcary 2020).

Results

Discussion of the results are grouped in the following categories: (1) Definitions of Academic and Clinical Integrity; (2) Facilitators of Academic and Clinical Integrity with sub-themes of institutional support, ethical practice, and professional practice; (3) Barriers to Academic and Clinical Practice with sub-themes of peer influence, time influence, and fear of mistakes); (4) Improvements to academic and clinical integrity at the institutional level.

Definitions of academic and clinical integrity

The first theme that emerged is definitions of academic and clinical integrity.

Academic integrity

Academic integrity was defined by the participants as “professionalism in the classroom to complete assignments,” “morals” and “values students must have,” having

respect for “peers”, “instructors” and “patients”. Participants described demonstrating behaviors and attitudes such as honesty, not cheating, doing one’s own work, citing, and referencing resources.

Academic integrity in my perspective is something like a group of morals that the students must have. First thing is respect. Respecting our peers or instructors. The second thing I guess is about being honest. Being honest about everything, especially in work. Like if you have done any mistake or anything, you just need to be honest about saying it without being afraid.

Clinical integrity

On the other hand, clinical integrity was defined as providing “safe,” “patient centered” and “competent” nursing care. Participants described providing nursing care that is evidence-based, honest and compassionate while caring for patients.

Clinical integrity mainly centers on the patient, so it is giving patient centered care and doing your best to provide safe, competent, and ethical patient centered care.

Facilitators of academic and clinical integrity

The second theme that emerged was facilitators of academic and clinical integrity with sub-themes of institutional support, ethical practice, and professional practice.

Institutional support

Participants described the instrumental role institutional support played in their understanding and application of academic and clinical integrity. Institutional support was evident in areas such as courses, support from instructors and librarians, and the weeklong campus-wide academic integrity educational sessions. First year nursing courses were described as pivotal in teaching students about the concept of ethics and its application in the education and clinical setting. Participants describe having learning opportunities in their theory and lab classes on how to ethically learn in the classroom and to provide care in the clinical setting. In addition, participants discussed the impact campus-wide Academic Integrity Week activities had on them such as better understanding of available resources that supported them with understanding and learning with integrity.

We had awareness in our institution about the academic integrity. And before we start any semester, we are introduced about academic integrity where we also sign the privacy and confidentiality form, making sure that any of our assignments and any of our work is not shared nor it’s plagiarized from someone else work.

Additionally, the participants discussed the vital role instructors played in supporting students to understand and apply ethical principles. For example, participants indicated instructors made connections on how concepts learned are linked to practice in the classroom and clinical setting. Post-conference debriefing sessions led by clinical instructors were described as an opportunity for students to reflect on their actions during clinical placement and to highlight areas where academic and clinical integrity applies.

The instructors...were like talking about what is academic integrity and what should we do as a nursing student, what is expected from us.

Furthermore, librarians were described as having a significant role in supporting students to learn with integrity. Participants discussed how librarians and the writing center helped them to learn about vital academic integrity skills such as citation, referencing, avoiding plagiarism, reviewing essays, and finding journal articles.

We had workshops performed last year in our institution...academic integrity related. It was from librarians. It was from the writing centers. There were many stations.....we actually got to know that academic integrity is not only for like one specific thing. And we only don't only have one source, which is, like, instructors. We can have many sources in station. By that going to each station, we actually understood more about it.

Ethical practice

Another facilitator of academic and clinical integrity is ethical practice. Participants indicated their personal beliefs and values were influenced by their family values, cultural beliefs and religion which shaped their views on academic and clinical integrity. As such, they indicated bringing these beliefs to their academic and clinical experiences which has been enhanced by the education provided by the university. For instance, participants indicated their personal and cultural beliefs taught them to be honest and not cheat while being respectful to those around them.

Since we were a child, we were being taught that you know you should be honest at school. You shouldn't cheat in exams.

Additionally, participants discussed other attributes of ethical practice such as accountability, honesty, respect, and confidentiality. Accountability was described as responsibility for one's actions and finding solutions, such as owning up to any mistakes and informing the clinical instructor and the clinical nurses, as well as reflecting on and learning from these mistakes. Honesty in academic settings was described by participants as completing one's own academic work, citing and referencing resources and not cheating on assessments. Another element of ethical practice identified by the participants was respect towards instructors, patients, peers, and hospital staff. Finally, maintaining confidentiality was identified as providing a safe environment for patients, shown by not sharing patient information.

If you make mistakes, never hide it. Always talk about it, learn about it, know how to avoid it, and rectify it in the future.

Professional practice

Under the theme of professional practice, participants discussed acting professionally by knowing their scope of practice learned in their educational institution which enabled them to reflect on their limitations and seek support when required. Participants indicated they practiced within their scope by performing only procedures they have been taught and given the clearance to perform. For example, participants demonstrated their commitment to professional practice by refusing to engage in procedures they did not have sufficient knowledge and skills to perform, ensuring

the delivery of safe and competent nursing care while avoiding harm to patients. In addition, participants indicated that applying evidenced-based practices was a form of demonstrating their commitment to practicing within their scope of practice, such as using the Best Practice Guidelines from the Registered Nurses Association of Ontario (RNAO) and hospital clinical guidelines.

When you are doing any task or skills performing in clinicals with patients, you are making sure firstly you're trained with it, and that's a scope of your practice, and whatever you're doing has evidence attached to it and is from your skills, not from your own self.

Barriers to academic and clinical integrity

Barriers to academic and clinical integrity were identified as peer influence, time influence and fear of making mistakes.

Peer influence

Participants described situations where they felt their peer's behavior influenced their application of academic and clinical integrity. For example, participants indicated they felt peer pressure to help their friends by sharing assignments, and fear that if they did not help their friends, then they might fail. Another example of peer pressure participants described is signing attendance sheets for friends so they can adhere to the attendance policy. In addition, participants indicated seeing friends get away with violations of integrity with assignments and still managing to get good grades which made them question why they needed to follow the rules.

For academic integrity, specifically, I think it's when I see others doing it, for example plagiarism and how others not citing properly. And I see them doing it, and sometimes, you know, like, if they're given a good score, even though it wasn't cited properly. I would think like it does not really matter, then that proper citation doesn't matter then. They cite it but it's like not proper, not complete citation. Then I would think, you know, it does not matter. It's okay that you know I don't.

Time influence

Participants in this study indicated time constraints as a barrier to the application of academic and clinical integrity. In the academic setting, participants describe having many assignments due around the same time, with little time for completion, thus tempting them to breach academic integrity. In the clinical setting, a similar phenomenon was described by participants where workload and time constraints may have contributed to inconsistencies in the application of best practices, and as novice nursing students these experiences may have been confusing for them.

Academic pressure. For example, if you have an assignment, a lot of the assignments due on the same day. There is a chance of you being tempted. You want to read an article and take up some ideas and put them in your paper.

Fear of mistakes

Fear of making mistakes was identified as a barrier to the application of clinical integrity. Factors that were identified by participants were lack of knowledge related to best

practices for certain procedures and lack of knowledge on how to complete some clinical forms. Participants also feared being judged for making mistakes that could lead to their removal from the clinical setting.

For clinical integrity, fear of making mistakes and being judged. If you make mistakes, people will start assuming that you're dumb and you don't know so much about it.

Improvements to academic and clinical integrity at the institutional level

Participants in this study were asked to provide suggestions on how their educational institution can improve academic and clinical integrity. Although the study participants acknowledge the university's excellent support for students to learn with integrity, they also identified opportunities for improvement. For example, the incorporation of focused in-class lectures, along with specific instances derived from actual situations, may provide students with a more profound comprehension of the significance of integrity in academic and clinical settings. Furthermore, participants also called for the incorporation of simulations depicting ethical scenarios into the curriculum which can offer students practical training in negotiating complicated moral issues that they may confront in clinical practice.

*....mandatory sessions for the students that are enrolled in clinical placements.
Teaching them more about clinical integrity.*

Discussion

The purpose of this research was to explore the perceptions of nursing students in Qatar on academic and clinical integrity. Findings from the research identified four major themes: (1) Definitions of Academic and Clinical Integrity; (2) Facilitators of Academic and Clinical Integrity with sub-themes of institutional support, ethical practice, and professional practice; (3) Barriers to Academic and Clinical Practice with sub-themes of peer influence, time influence, and fear of mistakes); (4) Improvements to academic and clinical integrity at the institutional level.

Academic and clinical integrity was described by participants as having morals and values that guide individuals to act professionally by being honest, respectful, and providing safe, competent, and patient centered care. These findings align with previous research (Devine et al. 2021; Rani et al. 2019; Woith et al. 2012) where the study participants describe academic integrity as acting honestly, having morals, and completing one's own academic work. Similarly, participants in Devine et al. (2021), Rani et al. (2019), and Woith et al. (2012) also described clinical integrity as being honest and providing safe and competent care to patients in clinical settings. These findings demonstrate study participants' commitment to learning and caring with integrity.

Study participants identified institutional support, ethical, and professional practice as facilitators of academic and clinical integrity. Recognizing the crucial role institutions play in supporting students to learn with integrity, Almutairi et al. (2023) and Woith et al. (2012) suggest institutions develop academic integrity policies and education to guide students. Participants in this study identified the positive impact of institutional support as vital in fostering a learning environment

that promotes learning and caring with integrity through the inclusion of academic integrity in courses, Academic Integrity Week activities as well as having instructors and librarians that guide them. These findings align with those of others (Devine et al. 2021; McCabe 2009; McCabe et al. 2001; Rani et al. 2019) where institutions have taken the responsibility to provide the resources required to learn with integrity such as having institutional academic integrity policies, academic integrity education sessions, integration of academic integrity in the courses, as well as educators that expose students to institutional academic integrity policies while facilitating opportunities for students to learn and understand these policies.

Ethical practice of participants in this study was influenced by their education, personal and cultural beliefs, family values, and religion. These aforementioned factors shaped study participants' views on academic and clinical integrity as they learned to be honest, respectful, and accountable. These findings align with findings by Devine et al. (2021) and Rani et al. (2019) where study participants described their ethical practice as being guided by their education, religion, personal and moral values that enabled them to make ethical decisions in the classroom and clinical setting. Krueger (2014) found participants with stronger personal beliefs and values had increased commitment to academic integrity. Participants in Park et al. (2014) and McCrink (2010) describe breaching confidentiality by sharing patient information; however, participants in this study describe applying ethical practice by not sharing information to protect the patient's confidentiality.

Professional practice was described by participants as having knowledge of their scope of practice, awareness of limitations and the ability to seek support when required. Understanding their scope of practice enabled participants to provide competent and evidence-based nursing care. These findings align with findings by Devine et al. (2021) where participants described awareness of the role of policies in guiding their scope of practice while providing patient care. Additionally, participants in the study by Woith et al. (2012) described acting professionally by following the rules and protecting patient's safety. Overall, there is recognition by participants in this study that acting professionally safeguards patient safety.

Barriers to academic and clinical integrity include peer and time influence as well as fear of making mistakes. Study participants describe feeling pressure to help friends by sharing assignments and signing attendance sheets. Furthermore, participants saw others get away with submitting assignments that breach academic integrity principles, and this made them question if following the rules mattered. Evidence of the role peer influence plays in academic integrity breaches were found by multiple studies (Devine et al. 2021; Krueger 2014; McCabe et al. 2001; McClung and Gaberson 2021; Park et al. 2014; Rani et al. 2019; Woith et al. 2012). Awareness of peers' engagement in breaches of integrity increases the chances of other students following similar behavior. It is evident that students support each other in violation of academic integrity principles, but in a competitive environment this can cause students to mislead each other by sharing wrong test information as described by participants in Woith et al. (2012) study. However, participants in this study describe sharing assignments with friends to prevent them from failing. Helping peers to succeed might be seen as an act of caring by nursing students (Killam et al. 2022).

Time constraints resulting from heavy workloads in the classroom and clinical setting were described by participants as a barrier to the application of academic and clinical integrity. These findings align with findings from Rani et al. (2019) where lack of time and heavy workload were identified as barriers to academic integrity in the classroom setting. Similarly, a number of authors (Devine et al. 2021; McClung and Gaberson 2021; Park et al. 2014) identified workload, lack of time and inconsistencies in professional behavior in clinical settings that can have negative impact on nursing students. Another identified barrier was fear of making mistakes due to lack of knowledge related to certain procedures, lack of knowledge on how to complete some clinical forms, being judged for making mistakes and being removed from clinical practice. These findings are similar to findings by Rani et al. (2019) where participants discussed fear of failure and fear of making mistakes as barriers to academic integrity.

When asked how their education institution can improve academic and clinical integrity, study participants identified opportunities for improvement such as incorporating in-class focused lectures with specific examples and simulations depicting ethical scenarios to enhance student's comprehension of academic and clinical integrity and how to negotiate complicated moral issues that they may confront in clinical practice. Integration of ethics in nursing education simulation has the potential to prepare nursing students for ethical situations in clinical settings (Kucukkelepce et al. 2021; Oddvang et al. 2021; Sedgwick et al. 2021).

Recommendations

Participants in this study identified facilitators and barriers to academic and clinical integrity. Institutional support was seen as instrumental in supporting students to learn and care with integrity by incorporating in the curriculum, providing campus activities, and having educators that guide students. Given its positive impact on students, educational institutions should continue with this level of support. Addressing barriers to academic and clinical integrity can be achieved in numerous ways. Targeted learning sessions and simulations that focus on ethical decision making in the classroom and clinical setting with specific exemplars can be embedded in the curriculum. For example, the learning sessions can focus on managing peer pressure, time management, and the ethical implications of sharing assignments. As part of the learning process, students can make errors and if punished, this can lead to students hiding errors which can have consequences for patient safety (McClung and Gaberson 2021). Therefore, these targeted learning sessions can also address the fear of making mistakes due to lack of knowledge in the clinical setting by providing a safe space for discussions and an opportunity to contribute to identified knowledge gaps. Additionally, learning sessions for instructors to develop familiarity with the institution's academic integrity policies and fairness in the application of these policies for all students and assignments may enhance instructors' knowledge as well as build students' confidence in the system and demonstrate fairness. Implementation of strategies such as mapping semester workload and spreading assignment due dates may address heavy workloads in the classroom and clinical setting and can support students in learning with integrity.

Future research can explore the effectiveness and impact of targeted academic integrity learning sessions and simulations that support students to learn about ethical decision making in the classroom and clinical setting to further our understanding in this area. As study participants identified support systems at the institutional level, a thorough investigation into participants' experiences with these support efforts could reveal areas needing improvement.

Limitations

The study involves twenty nursing students from the University of Calgary's undergraduate program in Qatar, which might limit the diversity of viewpoints and experiences due to the uniformity of the program and setting. Including students from various nursing schools could provide a more comprehensive understanding of academic and clinical integrity. The study notes that participants' cultural and personal beliefs influence their ethical behavior, but these beliefs vary widely, making it difficult to generalize the findings to all nursing students. Additionally, while the study mentions various institutional support measures like academic integrity sessions and educator support, it does not evaluate their effectiveness or limitations.

Conclusion

The purpose of this research was to explore the perceptions of nursing students in Qatar on academic and clinical integrity. Findings from the research identified four major themes: (1) Definitions of Academic and Clinical Integrity; (2) Facilitators of Academic and Clinical Integrity with sub-themes of institutional support, ethical practice, and professional practice; (3) Barriers to Academic and Clinical Practice with sub-themes of peer influence, time influence, and fear of mistakes); (4) Improvements to academic and clinical integrity at the institutional level.

Emerging themes from this study on facilitators and barriers to academic and clinical integrity from a nursing student perspective in Qatar align with global nursing student perspectives. As Qatar is experiencing a growth in the number of nursing programs, findings from this study such as the crucial role of institutional support and the inclusion of simulations depicting ethical scenarios to enhance student's comprehension of academic and clinical integrity may have the potential to guide these new programs' approach to supporting nursing students to learn and care with integrity.

Abbreviations

ICAI	International center for academic integrity
RNAO	Registered nurses association of ontario

Author contributions

F.F contributed to the following areas: research proposal, literature review, writing and editing main manuscript text, data analysis and writing, discussions, recommendations, conclusion, development of tables and figures. J.J contributed to the following areas: research proposal, methods, data collection, data analysis, recommendations, conclusion. J.M contributed to the following areas: data collection, data analysis, recommendations, limitations, development of tables and figures.

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Data availability

Data is provided within the manuscript.

Declarations

Ethical approval and consent to participate

Ethics approval certificates pertaining to research on human subjects were obtained from both the University of Calgary Conjoint Health Research Ethics Board and Qatar's Primary Health Care Corporation. All 20 participants consented and agreed to participate in the research.

Consent for publication

All images in the manuscript are the original work of the authors.

Competing interests

The authors declare no competing interests.

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