



CHAPTER II

REVIEW OF RELATED LITERATURES

Review of Related Literatures

Doctors have always recognized that learning to become a practitioner requires not only the development of essential knowledge and practical skills, but also high ethical and moral standards including academic integrity.^{9,10} Berkow¹⁰ stated that by providing medical students with good role models and some rudimentary techniques could lead to significant gains. More attention has been devoted in recent years to the question about professionalism in medical education and practice.^{11,12} However, many medical schools have been confronted with a high level of academic dishonesty: up to 58% of students admit to cheating at least once during medical school.¹³ The rate was even higher in some developing countries which 94% of students admitted cheating at least once during their studies.¹⁴ The authors have discussed about the reasons which might be due to multiple factors, such as social, cultural and economic factors. Students who have cheated in their past, such as in grade school, high school, and college are more likely to cheat in professional school.³ Likewise, cheating in medical school may be a predictor of dishonesty in future medical practice¹³ as stated in business practice.⁸ Moreover, dishonesty among medical students may result in lack of knowledge and in patient harm.^{15,16}

From previous studies, most of medical students considered academic misconduct to be wrong and would not engage in such activities.^{17,18} Numerous individual and environmental factors are associated with dishonest student behavior. These include moral development, personality and institutional factors. Student gender is one of the most researched individual factors related to cheating. The relationship between gender and academic dishonesty is not clear, with some studies indicating that males are more likely to cheat^{18,19} and others indicating no significant difference between the genders.^{3,20-22}

Hrabak et al¹⁴ found no difference in behavior between students with higher and lower grade point average (GPA) in contrast to the study of McCabe et al¹⁹, which concluded that students with lower GPAs reported more cheating than students with higher GPAs. However, McCabe et al have reviewed from researches on cheating in academic higher education institutions in general, not particularly in medical schools. Satterwhite et al²¹ studied about medical students' perceptions of unethical conduct across four years of medical school and revealed that exposures to unethical behavior started early and continued to increase with each year in medical school. The recent study also showed that there were significant differences in the responses for some scenarios across the study years.²³ A larger proportion of the Year 1 students regarded the scenarios as wrong and would not engage in the behavior, compared to other years. These results may be influenced by the educational experiences of the students, both in terms of learning environment and assessment methods used. Environmental factors, including teaching methods such as fairness and focusing on learning and understanding, may play a role in students' participation in academic dishonesty.²⁴ One of the extrinsic factors involved may be the increasing pressure on students as they progress through the course. It has also been suggested that medical school actually dehumanizes medical students.²⁵ Therefore, the concern of medical schools will not be only encouraging honesty and integrity among medical students but also providing an appropriate environment and ensuring that opportunities and pressures to indulge in academic misconduct are minimized.