
Explaining differential cheating behavior of business vs. medical students

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It is well documented that academic dishonesty, comprising behaviors such as cheating, plagiarism, or unauthorized help; is widespread within secondary and higher education (Gilluk & Postlethwaite, 2015) with scandals involving students' academic misconduct having surfaced at several leading institutions across the world (Minarcik & Bridges, 2015). Academics globally are focusing on various issues related to student academic behavior. However, despite this continued concern for ethical behavior, academic misconduct still remains a persistent problem at a global level (Khalid, 2015). Therefore, better understanding of personal and contextual factors affecting cheating behavior would be very useful for developing targeted interventions addressing cheating incidences (Gallant, Binkin, & Donohue, 2015) and “*help transform a culture of cheating into a culture of learning*” (Cronan, Mullins, & Douglas, 2018, p. 198).

In line with this, the broad aim of researchers was to explore various factors impacting academic integrity. A large scale study was conducted in a well-known university in Jordan having a Medical school, Engineering school and Business school; offering undergraduate and postgraduate courses. The survey was administered to students after receiving research ethics approval. The university website was used as a platform to inform students about the voluntary survey along with the assurance of anonymity of responses and confidentiality of data. Students who chose to participate were provided a link hosted on the Survey Monkey website where they received an informed consent form before beginning the survey. Final Sample yielded was 1170.

Data analysis findings comparing the means (t-test) for Business school and Medical school students, suggest significantly higher mean cheating value for business school students (2.63) as compared to the medical school students (1.92). Thus indicating that self-reported cheating incidence of Business students was significantly higher than the self-reported cheating incidence of Medical students; which is in line with previously reported in literature that business students cheat more than their non-business peers (Klein, 2011). However, the main significance of the study is that previous studies were done in mostly in western countries and this study was conducted in the Middle East (Jordan), which to the researchers' best knowledge is the first study in the region.

Given the strong statistical findings, i.e. this quantitative study yielding results in alignment with results of previous studies conducted in different cultural environments, it lays credence to the proposition that program of study may have an impact on cheating behavior of students. Therefore, it is important to understand the dynamics of why and how the program of study is having an influence on the academic conduct of the students. Further, what makes this investigation even more critical is the major focus of this region's educational offerings on business studies. Thus a follow up exploratory qualitative study was designed to better understand the reasons for this disparity in the student behavior.



The exploratory qualitative study was designed to be conducted in The United Arab Emirates (UAE). UAE is one of the most desirable locations for higher education in the Middle East region (Narwani, 2018; “New study highlights UAE’s attractiveness to foreign students”, 2017), having one of the world’s highest inbound mobility ratio of 48.6% and an increasing trend of international degree-seeking students whose numbers have risen from 48,653 in 2011 to 77,463 in 2016 (Kamal, 2018). Since the aim was to probe the quantitative findings of the previous large survey and understand them better, focus group methodology was chosen as it is considered a good research design for exploratory qualitative study (Morgan, 1996; Stewart & Shamdasani, 2014). The recommended size for a focus group is generally between five to twelve respondents and multiple sessions are said to yield stronger results (Morgan, 1996; Stewart & Shamdasani, 2014). Hence, three focus group discussions were conducted for this study, with one focus group panel constituting five respondents and two focus group discussions having a panel of six respondents each.

The first focus group discussion panel comprised of five members, out of which four members had Bachelor qualifications in medical / healthcare related areas (MBBS, nursing & pharmacy) and Master qualifications in Business. Thus they were having exposure of both Medical & Business study programs. The fifth member was a professor teaching in a medical university in the UAE. Hence, all panel members shared a unique characteristic of having educational / work experience in both the medical as well as business areas. The purpose of this focus group session was to draw upon the participants’ experiences in both the program areas and use their reflections to analyze further the differential cheating behavior results of the previous quantitative study.

The second focus group discussion panel comprised of six students pursuing their Master’s in business. The third focus group discussion panel also constituted of six business students. Thus the second and third focus group sessions were exclusively conducted with the business students to understand in-depth the probable reasons for demonstration of high cheating behavior by business students as indicated through the previous quantitative study.

These focus group discussions led to several interesting observations shedding light on the possible reasons for the difference in cheating behavior of the business Vs. medical students. Mentioned below are key points raised by various panel members, which led to good discussion and shared general consensus with other panel members as well:

- Admission criteria – generally most of the students were of the opinion that admission criteria are more relaxed for business students as compared to medical students.
- More ethical role models in the medical fraternity as compared to the corporate setting – these were the findings from the first panel where the participants felt that there is more corruption and fraud cases in the corporate world as compared to the medical community. The participants talked about “strong focus of rules and protocols for the medical professionals” and “well developed channels for whistle blowing”. Here the discussion dwelled on the industry practices creating a perception of unethical value acceptance for the students prepping to enter business. One of the participants talked about how “business grooms you for risk taking” while medical field works on risk management or “cautionary practices”. The discussion here centered on cheating is a risk behavior and training students for risk taking makes them more amenable to other risky practices as well.

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- Stronger legal actions taken against malpractice for medical professionals as compared to the business professionals – this point was also drawn out in the first panel discussion where the participants discussed the role of punitive measures in curbing an illegal practice. This point was in line with the previous point where the panel talked about the role models.
 - Business students have more co-curricular interests – this point was raised in the panel constituting business students and they felt that lack of time due to a more “busy social life” may be reason for higher cheating especially “copy pasting or plagiarism”.
 - Better and more exposure of the business students to technology – this was also pointed out in the panels constituting business students. They mentioned that business students are more on social media and “techno savvy” hence they may be exposed to more “cheating temptations” available online.
 - All three panels raised the point of nature of assignments and brought a number of rich observations. In first panel the point raised was that nature of assessments and exams in medical school is “more hands-on” thus it “wasn’t easy to cheat”. While the second and third panel discussions veered more on “same assignments recycled” and assignments not being relevant to the concepts “can’t see any connection with what I learn”. It was interesting to hear the students talk about cheating in business terms for copy pasting e.g. “poor return on investment with time I put in”; and contract cheating i.e. “outsourced assignments”.
 - First panel discussed that medical students are more exposed to ethical expectations through “Hippocratic oath” and that they are more conscientiousness because they are “responsible for human lives”. Another similar point raised was “requirement of technical skills” that medical professionals needed to learn certain skills to be successful professional while in business according to the panel members, there was still “scope of being successful without technicalities”. This point was substantiated by the panel earlier too in their discussion about practical relevance of assignments and curricula.

In conclusion, the focus group findings were very interesting and enabled a better understanding of the previous quantitative findings pertaining to the differential cheating behavior of the students. They also create a solid foundation to launch a more comprehensive full scale study in the UAE to supplement the previous study conducted in Jordan. Future research directions include cross country comparisons in the Middle East to understand the regional dynamics better especially due to sparse current literature in this area.

Keywords: academic integrity, cheating, discipline, program of study, medical, business.

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