

Academic Integrity Violations: A National Study of Dental Hygiene Students

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Abstract: The purpose of this study was to identify the prevalence of academic integrity violations reported by a national sample of dental hygiene students as compared to general undergraduate students. This study also examined the influence of student variables such as gender, age, and level of education, along with honor codes and other contextual factors, on academic integrity. A total of 2,050 surveys were mailed to a random selection of the schools with dental hygiene degree programs in each of the twelve American Dental Hygienists' Association (ADHA) districts. A total of 794 usable surveys were returned for an overall response rate of 39 percent. The respondents were predominantly twenty to twenty-nine years of age (85 percent), and 97.7 percent were female. The largest percentage of respondents (38.5 percent) had completed four or more years of undergraduate education at the time of the survey, with the majority of the coursework taken in a community college setting (39 percent). Approximately 53 percent were from associate programs and 47 percent from baccalaureate programs. Of those responding, 11.3 percent reported cheating during their dental hygiene program, and 30.2 percent were aware of someone cheating in their program. A comparison of academic violations for dental hygiene students to students in other undergraduate programs reveals that a smaller proportion of dental hygiene students report violations.

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Keywords: dental hygiene, cheating, academic integrity, students

Submitted for publication 5/26/09; accepted 10/28/09

Violations of academic integrity are reported at an unacceptably high rate in the literature. Nearly half a century ago, Bowers conducted a landmark study that looked at demographic influences such as gender and age and social factors such as peer approval or disapproval as they related to academic integrity.¹ He found that 50 percent of college students reported committing academic violations. More recent research substantiated these findings with 40 to 60 percent of students reporting academic integrity violations.² A substantial body of literature now exists that suggests demographic differences such as gender, age, level of education, and social factors may have an impact on prevalence rates of academic integrity violations.²⁻⁵

A definition of what constitutes academic violations was operationalized for purposes of this study. Turner and Beemsterboer defined academic integrity as “honesty in all matters relating to endeavors of the academic environment.”⁶ Academic integrity violations have been defined as cheating, plagiarism, inventing false information or citations, or helping

someone else commit an academic integrity violation.⁷ Using Turner and Beemsterboer as a reference, the following definition was developed and used for this study: cheating is defined as using someone else's words, work, test answers, and/or ideas and claiming them as your own. In the clinical setting, cheating would include behaviors such as falsifying a record (e.g., reporting patients had taken premedication when in fact they had not).

Several studies have singled out the variable of gender as a factor for integrity violations and have generally found that women report having fewer violations than men.¹⁻⁵ Bowers found that the higher the educational level in the matriculation process, the lower the level of self-reported violations.¹ This was substantiated by McCabe and Trevino,⁴ who found an inverse relationship between education level and academic integrity violations reported. In short, upperclassmen have fewer reported violations than entry-level students. It seems plausible that as the age of the student increases through the educational process or as students reenter the educational process

later in life, they would be more likely to make better ethical decisions.

Factors such as peer perceptions, understanding and acceptance of policies of those using the system, the chance of peer reporting of violations observed, and if the violator felt there was a chance to be exposed in his or her actions have been examined.^{2,8} McCabe et al.⁸ further examined the impact of several additional variables and reported fraternity/sorority membership as having an influence on academic integrity violations.

Many studies of academic integrity violations have turned to social learning theory as a framework for better understanding the increase in reported academic integrity violations. The social learning theory of Bandura posits that learning can occur by simple observation of someone else's activity and by the evaluation of rewards and benefits observed in others' performing the action to be learned.⁹ Several researchers have suggested that the acceptance of academic integrity violations, such as cheating, is more likely among students who observe peers cheating with no negative consequence for the action.⁸

Many researchers have reported a reduction in academic integrity violations with the establishment of an institutional honor code.^{1,8,10} Beemsterboer et al. conducted a survey of dental school educators charged with addressing issues of academic integrity.¹¹ They concluded that the "role of the honor code appears to be a positive factor in dental schools, so increasing the emphasis on the honor code may be one way to heighten awareness and create a culture of integrity that will continue into clinical practice" (p. 833). Turner and Beemsterboer reported that dental schools with active honor codes have fewer academic integrity violations following the addition of these codes.⁶

To date, only one study has been conducted looking at the issue of academic integrity in dental hygiene educational programs. Muhney et al. examined the prevalence of academic dishonesty in Texas dental hygiene programs.¹² This study addressed students' specific cheating behaviors in the didactic and clinical setting, with 86.6 percent of the students reporting that they engaged in at least one type of violation.

The purpose of this study was to identify the prevalence of academic integrity violations reported by dental hygiene students nationally as compared to general undergraduate students. This study examined the influence of student variables such as gender, age, and level of education, along with honor codes and other contextual factors on academic integrity.

The study was approved by the Social Sciences Institutional Review Board at the University of Missouri–Kansas City.

Methodology

A quantitative study design with a double-stratified (by educational setting and region of country) random survey of thirty-eight dental hygiene programs across the United States was utilized. The dental hygiene programs were stratified according to region by using the American Dental Hygienists' Association (ADHA)'s twelve districts, designated in 2005, and by the level of education (associate degree vs. baccalaureate degree programs; see Figure 1). All 295 dental hygiene program names at time of data collection were entered into a computer software program that randomly selected, according to their ADHA districts, the thirty-eight programs to be surveyed. To be representative, the sample included baccalaureate and associate programs from each of the twelve regions. The following sampling scheme was used in order to ensure the ability to generalize at the conclusion of the study. One baccalaureate and two associate schools were randomly chosen from each ADHA district except for two districts, District IV and VII, due to their exceptionally large number of students. In these two districts, three associate programs were chosen to ensure equal representation in the total sample size. This resulted in 600 baccalaureate (300 first-year and 300 second-year students) and 1,450 (725 first-year and 725 second-year) associate students in the sampling strategy with a desired total sample size of 2,050.

The principal investigator mailed the surveys to the program directors to administer and return as a method for increasing the likelihood of a good response rate. Participating program directors were also contacted by phone by the principal investigator to answer any questions and provide clarity on the administration of the survey.

The following research questions guided this study:

1. What is the influence of honor codes on reported academic integrity violations in dental hygiene educational programs?
2. Does educational setting affect the incidence of reported academic violations?
3. Do dental hygiene students have a lower incidence of reported violations compared to other undergraduate students?

ADHA DISTRICTS

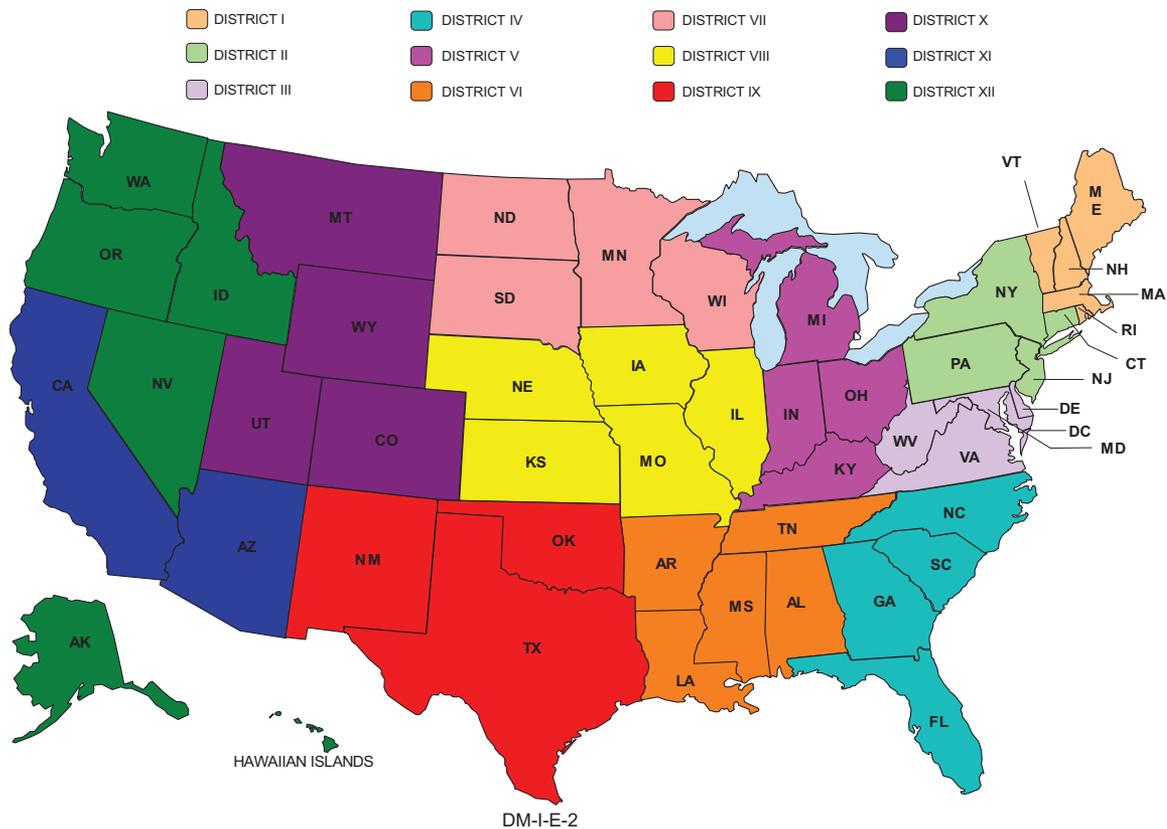


Figure 1. American Dental Hygienists' Association (ADHA) districts

4. In the population of dental hygiene students, is gender a factor in the incidence of violations?
5. Are academic violations independent of the age of the student?
6. Are academic violations independent of contextual factors?
7. Does the social learning theory play a part in academic integrity violations?

An author-developed survey was used for this study (Appendix). The survey consisted of twenty-one questions. The first set of questions dealt with honor code existence and students' beliefs related to the impact of their institution's code system. The next set of questions gathered information on the frequency of violations in their previous education (high school through prerequisite courses) and in their current dental hygiene program. The third set of

questions addressed contextual variables that might influence the student's decision to commit or not commit academic integrity violations at his or her institution. The last set of questions requested demographic information on each student such as age, gender, level of education, and other college degrees.

Content validity was established by the use of experts in the development of items for the survey, and a pilot-test was conducted. The pilot-test was carried out on a convenience sample of sixty individuals at two different institutions, one baccalaureate program and one associate degree program. Revisions were made to the survey following the pilot-test to provide greater clarification and better solicit information. Survey content reliability was examined through analysis using internal consistency estimates. Repetition of two sets of questions that were worded

in a similar way (questions 10 and 15A, and 13.2 and 15A) were used to ensure the responder was answering questions in a consistent manner.

Data were collected, and responses entered and analyzed using SPSS 16.0. Chi-square or Fisher's exact test was used to explore associations between dichotomous variables, and the Mann-Whitney test used to make between-group comparisons on ordinal variables. A significance level of $\alpha < 0.05$ was used.

Results

A total of 2,050 surveys were mailed to the randomly selected schools with dental hygiene degree programs in each of the twelve ADHA districts, with instructions to survey all first- and second-year students in the program. The survey was intended to be completely anonymous. Examination of postmarks indicated that completed surveys were received from all twelve districts. No attempt was made to identify the schools from which a survey was received or the

response rate from any school due to the sensitive nature of the topic. A total of 794 usable surveys were returned for an overall response rate of 39 percent.

Analyses were conducted to test the reliability of the survey instrument. Four questions (two sets) were tested for internal reliability (questions 10 and 15A, and 13.2 and 15A). The alpha coefficients were 0.74 and 0.46, respectively. According to extensive work done by Cohen, where the strength of correlations are defined as large being $> .50$, moderate $.30$ to $.10$, and small or trivial as $< .10$, the survey instrument demonstrated strong internal reliability.¹³

Demographic data are displayed in Table 1. The respondents were predominantly twenty to twenty-nine years of age (85 percent), and 97.7 percent were female. Nearly 39 percent of the respondents had completed four or more years of undergraduate education at the time of the survey, with the largest majority coming from a community college setting.

The first research question asked about the influence of honor codes on reported academic integrity violations in dental hygiene educational

Table 1. Demographic characteristics of participants, by number and percentage of respondents in each category (total respondents=794)

Characteristics	Number (%)
Age (n=783)	
18–19	3 (.3%)
20–24	505 (64.5%)
25–29	161 (20.6%)
30–34	64 (8.2%)
35–40	33 (4.2%)
>40	17 (2.1%)
Gender (n=788)	
Female	770 (97.7%)
Male	18 (2.3%)
Undergraduate years completed (n=780)	
One year	82 (10.5%)
Two years	194 (24.9%)
Three years	204 (26.2%)
Four years or more	300 (38.5%)
Dental hygiene school setting (n=790)	
Dental school	280 (35.4%)
College of allied health/health sciences	166 (21.0%)
Community college	308 (39.0%)
Technical school	31 (3.9%)
Other	5 (.6%)
Degree program (n=794)	
Associate	418 (52.6%)
Baccalaureate	376 (47.4%)

Note: Due to rounding and differences in responding to questions, the percentages may not total 100 percent.

programs. Honor codes and self-reported academic violations were not significantly associated in this dental hygiene student population ($p=0.70$). For those respondents who reported having an honor code established in their program, 69.6 percent reported that they believed the honor code system worked.

The second research question asked whether educational setting (associate vs. baccalaureate degree) affected the incidence of reported academic violations. Educational setting and self-reported academic integrity violations were found to be significantly related ($p<0.001$). The proportion of baccalaureate degree participants who self-reported academic integrity violations was greater than the proportion of associate degree participants: 8.5 percent (sixty-seven) and 2.8 percent (twenty-two), respectively (Table 2).

The third research question asked if dental hygiene students have a lower incidence of reported violations compared to other undergraduate students. Eighty-nine or 11.3 percent (95 percent CI: 9.1–13.5 percent) of the respondents reported that they had cheated in their dental hygiene courses. This percentage is much lower than that reported for undergraduate students, for which the incidence of academic violations has been reported to range from 50 to 76 percent.^{1,2}

The fourth research question investigated the association between the incidence of violations and gender. Incidence of self-reported academic violations and gender were not significantly associated. The fifth research question asked whether age had any impact on reported academic violations. Age and self-reported academic violations were not significantly related. While not significant, Table 3 shows that, as age increased, self-reported academic violations decreased. Furthermore, questions related to cheating in high school (82.9 percent), dental hygiene prerequisite courses (16.5 percent), and dental hygiene program courses (11.2 percent) showed a decrease as the student matriculated from high school to dental hygiene education.

The relationship between academic violations and contextual factors in a dental hygiene student population was the subject of the next research question. Observation of academic violations by peers and self-reported academic violations were found to be significantly related ($p<0.001$) (Table 4). A total of 30.2 percent (95 percent CI: 27.0–33.4 percent) reported that they had observed their peers cheating. Another contextual factor examined relates to how students perceive faculty and administration's

handling of academic integrity violations. For those respondents who reported being aware of cheating incidences that were sent forward to their school's administration (24.2 percent), nearly half (41.8 percent) believed it was handled in a professional and appropriate manner, and 7 percent reported not knowing enough about the outcome to form an opinion.

The final research question asked whether observation of cheating in the past (social learning theory) played a part in academic integrity violations. As reported above, 30 percent observed peer cheating in dental hygiene programs. When asked about observed cheating as they matriculated from high school to prerequisite dental hygiene courses and then into dental hygiene programs, the observation rates dropped from 83 percent, to 61 percent, to 30 percent, respectively. Additionally, when academic

Table 2. Influence of educational setting (associate vs. baccalaureate) on academic violations

	Self-Reported Academic Violations (n=89)	Self-Reported No Academic Violations (n=702)
Associate	22	395
Baccalaureate	67	307

$p<.001$

Table 3. Influence of age on academic violations

	Self-Reported Academic Violations n=87	Self-Reported No Academic Violations n=694
≤24	62	445
25–29	20	141
30–34	3	60
35+	2	48

$p=.110$

Table 4. Influence of observed peer cheating on self-reported academic violations

	Self-Reported Academic Violations n=89	Self-Reported No Academic Violations n=697
Observed peers cheating	78	158
Did not observe peers cheating	11	539

$p<.001$

violations were sent forward to administration, it was believed that they were handled in a professional and appropriate manner.

Discussion

Honor Code and Educational Setting Influence

In contrast to past research on undergraduate students in which honor codes were found to have a positive influence on reducing academic integrity violations, our study found no significant relationship between honor codes and self-reported incidence of integrity violations in a dental hygiene undergraduate population. These findings paralleled Muhney et al.'s study of dental hygiene students in Texas in which there was no significant relationship between honor codes and self-reported incidence of integrity violations.¹² The Texas study further reported that classes in ethics or faculty discussions had no influence on integrity violations in a dental hygiene population. Interestingly, results in dental hygiene academic environments contrasted with the findings in dental school academic environments, where dental schools with active honor codes were found to have fewer academic violations following the addition of these codes.⁶

When associate and baccalaureate programs were compared, associate-level students self-reported fewer integrity violations than baccalaureate students. These findings contrast with previous research on undergraduate students in which upperclassmen self-reported fewer violations than entry-level students.¹⁴ One explanation for these contrasting results could be that the associate-level programs in this study consisted of more nontraditional students who perhaps spent more years in higher education than their current educational setting of an associate program would indicate. Further analysis showed that there was a significant relationship between educational setting and age in this study population ($p < 0.0001$), with students in associate programs significantly older than those in baccalaureate programs.

Undergraduate Students Compared to Dental Hygiene Students

The prevalence of academic integrity violations in the undergraduate population has been reported

to be on the rise over the past four decades. Despite these general population statistics, the dental hygiene respondents in this study reported far fewer violations when asked the question from a global perspective, i.e., "Have you cheated in your dental hygiene program?" When comparing the self-reported academic violation levels between the current study and the Muhney et al. study of Texas dental hygiene students, there is a marked difference in study findings. The methodology was very different between the two and may account for the different findings. Muhney et al.'s study design assumed that the students were cheating and asked how many students engaged in each specific type of violation. This could explain the high degree of self-reported academic violations. Perhaps unless more specific details of individual instances of cheating are used as in the Muhney et al. study, students for whatever reason do not perceive their actions as an integrity violation.

Significance of Gender and Age

In this study there was no statistical significance between the integrity violation rates of female and male participants. Furthermore, the low incidence of self-reported academic integrity violations in the student population for this study supports previous research in undergraduate student populations in which female students reported lower levels of academic violations.^{1,3,4} Researchers have suggested that gender roles play a part in the socialization of women and their perception of the social consequences of their actions.^{4,5} Since dental hygiene is predominantly a female profession, it might be hypothesized that males who select dental hygiene for a profession are not representative of general undergraduate male students when it comes to prevalence of integrity violations.

While age was not found to be statistically significant in this study population, there was a general trend that as age increased, self-reported academic violations decreased. These findings matched those found in Muhney et al.'s study of Texas dental hygiene students.¹² Coupling this with the results from survey questions 6, 8, and 10 that show a reduction of self-reported violations from high school (40 percent) to prerequisite dental hygiene coursework (16.5 percent) and dental hygiene courses (11.3 percent) indicates that, for dental hygiene students, age does have an influence on self-reported academic violations. The results from this study lend support to a large body of literature on undergraduate students that shows that

age has a direct correlation with integrity violations. The consensus of findings has shown that as students matriculate through their educational experiences and age, there is a decrease in self-reported academic violations.^{1,3,4}

Social Learning Theory

Bandura's theory of social learning posits that learning can occur by simple observation of someone else's activity and by evaluation of the rewards and benefits observed from others' performing the action to be learned.⁹ This theory includes learning from behavior modeling, attitudes, and the emotional responses incorporated into the observer's personality from those being observed. Several researchers have suggested that the acceptance of academic integrity violations, such as cheating, is more likely among students who observe their peers cheating with no negative consequence for the action.⁸ In following the theory's basic principles, the reinforcement of seeing a fellow student prosper from cheating fosters a behavioral change or change to acceptance in one's basic behaviors in students who previously chose not to engage in the action. This could be a possible explanation for the increase in the level of academic integrity violation over time in other undergraduate programs.

In this study, the low self-reported incidence of overall academic violations (11.3 percent) in dental hygiene educational programs coupled with the overall feeling that academic violations that were sent forward to administration were dealt with in a professional and appropriate manner would further defend the hypothesis that social learning theory does play a part in academic violations. Furthermore, the observation rates reported decreased from 83 percent, 61 percent, and 30 percent, respectively, which could also explain the decrease in self-reported violations from high school, prerequisite, and dental hygiene programs.

Study limitations include bias inherent in self-reported survey research. Particular to this study is a type of bias called social desirability bias, which occurs when an individual does not adhere to a social norm, e.g., academic integrity, but reports the socially desirable behavior when questioned.¹⁴ A second limitation to our study was the low response rate. The survey was sent to program directors for dissemination to students in an effort to increase response rates. It could be that program directors were not a good

choice for dissemination due to their workloads and the fact that many directors are flooded with surveys and questionnaires.

Conclusions

The results of this national study reveal that dental hygiene students do self-report academic violations, but they report a much lower level than has been reported by general undergraduate populations. According to the data from this study, there was no significant relationship between honor codes and self-reported incidence of academic integrity; however, the majority of dental hygiene student respondents felt the honor code system worked in their program. There was also no significant relationship between age and gender and reported academic violations.

The educational setting was significantly related to self-reported academic integrity violations, with students in associate-level degree programs reporting fewer violations than those in baccalaureate programs. One explanation for this difference may be that research on general undergraduate students assumes that students in associate programs are younger than students in baccalaureate programs. This was not the case in this study in which students in the associate dental hygiene programs were significantly older (more nontraditional) than students in the baccalaureate programs.

Dental hygiene educators should continue to monitor the growing body of literature on academic violations. Further research into what educational practices support academic integrity is needed.

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APPENDIX

Survey on Academic Integrity in Dental Hygiene Education

The purpose of this study is to identify the prevalence of academic integrity violations reported by dental hygiene students as compared to other undergraduate students. Because this is a sensitive subject, we are asking you to answer the survey, fold it, and place it in the plain envelope provided, seal the envelope, and return it to the proctoring faculty member. The proctoring faculty will then place all sealed envelopes into a mailing envelope to return to the investigator. All responses will be confidential. Thank you for your time and assistance with this project.

To help you answer the survey, we have prepared a description of cheating. For the purposes of this study, cheating can be defined as using someone else's words, work, test answers, and/or ideas and claiming them as your own. These behaviors include but are not limited to copying, forging a record or document, using notes during an exam, using previous students' work, claiming an illness to gain extra time, or using others' work without giving credit to the source. In the clinical setting, cheating could include behaviors such as falsifying a record or reporting patients had taken premedication when in fact they had not.

An honor code is a statement of the values of the institution/program and the establishment of the level of expected behavior for all persons who function in the educational arena.

1. Is there an honor code at your program? (or equivalent pledge of honesty or code of conduct)? Check all that apply.
 - A. Written code
 - B. Verbal
 - C. No code
 - D. Do not know
2. If you have an honor code, are students required to sign stating that they received a copy of the honor code at your school?
 1. Yes
 2. No
3. If you have an honor code, is it a
 1. Dental hygiene honor code (specific to the dental hygiene program)
 2. University or college-wide honor code
 3. Both 1 and 2
 4. Other; please specify: _____
4. If you have an honor code, do you feel the honor code system works at your program?
 1. Yes
 2. No
5. Did you ever observe cheating in any of your high school classes?
 1. Yes
 2. No
6. Did you ever cheat in any of your high school classes?
 1. Yes
 2. No
7. Did you ever observe cheating in any of your college courses prior to dental hygiene?
 1. Yes
 2. No
8. Did you ever cheat in any of your college courses prior to dental hygiene?
 1. Yes
 2. No
9. Have you ever observed cheating in any of your dental hygiene courses?
 1. Yes
 2. No
10. Have you ever cheated in any of your dental hygiene courses?
 1. Yes
 2. No
11. Are you aware of any cheating instances that were sent forward to your school's administration while you have been a dental hygiene student?
 1. Yes
 2. No
12. If you answered yes to #11, which of the following statements best reflect your perception of the handling of the cheating incident? (Mark all that apply.)
 - A. It was ignored.
 - B. The punishment was too light.
 - C. It was handled in a professional and appropriate manner.
 - D. The punishment was too heavy.
 - E. Did not know enough about the case to form an opinion.
13. Do you think that cheating is acceptable?
 1. Yes
 2. No
 3. Depends
 4. Not sure

14. With respect to cheating in the classroom or clinic, which statement best reflects your experience?
- A. I am not aware of a cheating problem.
 - B. I have not observed it personally but hear that it happens.
 - C. I observed it once or twice.
 - D. I observe it often.
 - E. Cheating is pervasive.
 - F. Students do not seem to be afraid of getting caught cheating.
15. Mark all of the following statements that best reflect your experience and philosophy with respect to cheating.
- A. I have never cheated during my dental hygiene program.
 - B. I have cheated once or twice.
 - C. I cheat often.
 - D. Cheating is no big deal.
 - E. Cheating is wrong.
 - F. I cheat because I have to compete with students who cheat.
 - G. If I see someone cheating, I will confront that person.
 - H. If I see someone cheating, I will not confront that person.
 - I. If I see someone cheating, I will report the incident to someone in authority.
 - J. Other students' cheating is none of my business.
 - K. I do not cheat because I am afraid of getting caught.
16. It is easy to cheat without getting caught.
- 1. Yes
 - 2. No
 - 3. Depends
 - 4. Not sure

Demographic Information

17. What is your current age group?
- 1. 20-24 years of age
 - 2. 25-29 years of age
 - 3. 30-34 years of age
 - 4. 35-40 years of age
 - 5. More than 40 years of age
18. What is your gender?
- 1. Male
 - 2. Female
19. Number of undergraduate years of education completed at the time of survey.
- 1. One year
 - 2. Two years
 - 3. Three years
 - 4. Four or more years
20. What year are you in your dental hygiene program?
- 1. First year
 - 2. Second year
21. My dental hygiene school is in a
- 1. Dental school
 - 2. College of allied health or health sciences
 - 3. Community college
 - 4. Technical school
 - 5. Other, please specify: _____

Other comments you wish to share about this topic.
