Original Article

Academic Misconduct Among Medical Students in Kashmir A cross-sectional study

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Abstract

Background: Academic misconduct poses a growing concern in medical education, particularly in developing countries like India. Socioeconomic disparities, cultural perceptions, and peer influence contribute to behaviors such as plagiarism, cheating, indolence, disruptive behavior and falsification of data. This study explores the perception, prevalence, and future likelihood of such misconduct among medical students. **Material and Methods:** A cross-sectional survey was conducted at Government Medical College, Srinagar, including 230 MBBS students (110 males, 120 females) aged 20–26 years. A validated Dundee Polyprofessional Inventory-1 questionnaire with 37 behaviors was used. Responses were collected on perception, perceived prevalence, self-reported prevalence, and possible future indulgence. Data were analyzed using SPSS with descriptive statistics, regression, and correlation analyses. **Results:** 71.9% of students perceived listed behaviors as wrong, 57.2% believed peers engaged in misconduct, 28.8% admitted personal indulgence, most commonly cheating (e.g., copying answers, marking attendance), 18.7% indicated possible future misconduct, with higher likelihood for copying in exams and falsifying attendance. Strong negative correlation between recognizing a behavior as wrong and indulging in it; positive correlation between perceived peer misconduct and self-reported indulgence. **Conclusion:** Despite high awareness, academic misconduct remains prevalent, particularly in socially tolerated practices such as cheating and attendance falsification. Ethical awareness alone is insufficient; peer influence and cultural factors perpetuate dishonesty. Strengthening ethics education and institutional policies is essential to curb misconduct and promote professionalism.

Keywords: Academic misconduct, medical students, plagiarism, cheating, ethics education, professionalism, Dundee Polyprofessional Inventory.

Received: 25 August 2025 **Revised: 15 September 2025** **Accepted: 22 October 2025** **Published: 02 December 2025**

Introduction

People view the medical field as the pinnacle of humanity and integrity. But in developing nations, academic and professional misconduct behaviors have increased as a result of commercialization and profit-driven attitude influencing society. Reported instances of unethical behavior, incompetence , and negligence in the medical field make this clear.[1,2] Numerous studies show that academic misconduct of one kind or another is common in medical schools around the world.[2,3] Academic misconduct may range from 50 to 99% in developing nations, but it is lower in developed nations, according to some survey studies.[4,5] This discrepancy may result from cultural and socioeconomic differences between nations as well as variations in how misconduct is viewed.[6-9]

Medical personnel are expected to be capable and to uphold moral principles. These professional attributes are supported by the rigorous academic training, knowledge development, and practice. Understanding the most frequent reasons for academic misconduct becomes essential to uphold ethics and avoid mistakes.[10] The main finding is that students' ignorance of specific misconduct, like plagiarism,[11] encourages them to engage in it. Notably, there is evidence that raising awareness lowers the incidences. [6-14] The goal of this study was to identify the root causes of academic misconduct in order to develop a suitable corrective approach that will prevent or resolve behavioral conflicts.[15]

India is an Eastern-cultured developing nation with wide-ranging social, educational, and economic disparities. Because the medical field is viewed as more prestigious than other professions, there is a cultural tendency to choose it. As a result, some students often use unethical methods to enroll in and excel in this professional program. Compared to physicians trained in developed nations, those trained in developing nations are more likely to face disciplinary action from medical councils, according to reports. [16-19]

Academic misconduct, therefore, emerges as a pressing concern that undermines academic integrity in India, necessitating systematic identification and corrective measures. Against this backdrop, the present study was undertaken at Government

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DOI:
10.21276/amit.2025.v12.i3.213

How to cite this article: Raheel S, Bhat GM, Humairah MT. Academic Misconduct Among Medical Students in Kashmir- a cross-sectional study. Acta Med Int. 2025;12(3):982-986.

Medical College (GMC), Srinagar, Jammu and Kashmir India, an institution characterized by a heterogeneous student population representing diverse geographic regions and varied pre-professional training backgrounds from both public and private sectors. The study assessed 37 distinct categories of academic misconduct, evaluating how students' perceptions of each behavior influence its prevalence. In addition, correlation analyses were conducted to delineate the interrelationships among different forms of misconduct, thereby providing deeper insights into patterns of academic malpractice.

Materials and Methods

Design of the Study: This cross-sectional survey was conducted at Srinagar, Jammu and Kashmir's Government Medical College. A total of 300 medical students from different academic years, both male and female, were randomly selected and invited to participate. Each student received a 37-item questionnaire, designed to capture their views and practices regarding academic misconduct. Participation was voluntary and anonymous, and the opening page of the questionnaire explained the study's purpose and assured students that the information would be used strictly for research. Ethical approval for the study was obtained from the Institutional Research and Ethics Committee. Out of the 300 students approached, 230 completed the questionnaire (110 males and 120 females). The respondents were aged 20–26 years and represented all years of the MBBS program.

Tools for Measurement: They used the Dundee Polyprofessional Inventory-1.[20] A validated scenario-based questionnaire that was broken down into five categories of academic misconduct—plagiarism, indolence, cheating, disruptive behaviour, and data falsification—was part of this.

Data Collection: The students were given the questionnaire, and the purpose of the study was clearly detailed to them. They also had the option to refuse or not to complete the questionnaires. Dundee Polyprofessional Inventory-1 was given as a paper questionnaire with a "yes and no" option against 37 behaviours', which were evaluated for each of the following four questions:

Q1. Is this wrong? (Evaluating perception)

Q2. Do you think fellow students do this? (Evaluating perceived prevalence)

Q3. Have you ever carried out this in your present course? (Evaluating prevalence)

Q4. Would you ever do this in your present course? (Evaluating possible future indulgence)

The 37 behaviours were segregated into the five domains that included plagiarism, indolence, cheating, disruptive behavior, and falsifying data [Table 1].

Data Analysis: The data were analysed using SPSS version 22.0 (SPSS Inc., Chicago, Illinois, USA). Continuous variables are presented as mean ± standard deviation (SD), and categorical variables are presented as absolute and relative frequencies. Multiple linear regression analysis and Pearson's correlation were carried out using SPSS and cross validated using NCSS software (NCSS 11 Statistical Software, 2016, NCSS, LLC. Kaysville, Utah, USA). The correlation and prevalence rate were calculated for each behaviour to investigate the association between perceiving a dishonest behaviour as wrong (Q1) and the future prospect of doing the same (Q4). A correlation was also generated between perceived prevalence (Q2) and actual prevalence (Q3) to understand a possible link between the two

Results

Out of 300 students invited to participate and approached for the study, 230 students completed the questionnaire. There were 120 female respondents and 110 male respondents. The participants were 25 ± 2.7 years old on average (mean ± SD). The number and percentage of students who answered the four questions (Q1–Q4) in a yes/no format are shown in [Table 1].

Table 1: Self-reported behaviour of medical students regarding academic dishonesty.

S. no.	Behaviors	Q1: perception Is this wrong? N (%)	Q2: perceived prevalence Do you think fellow students do this? N (%)	Q3: prevalence Have you ever done this in the present course? N (%)	Q4: future indulgence Would you do this in the present course? N (%)	Type of misconduct
1	Take the idea or work from a fellow student and pass it as one's own	173 (75.2)	160 (69.6)	101 (43.9)	31 (13.5)	P
2	Resubmitting work already submitted for another assignment	160 (69.6)	131 (57.0)	76(33.0)	35 (15.2)	P
3	Copying the text directly from a source	155 (67.4)	167 (72.6)	105 (45.7)	60(26.1)	P
4	Missing lectures frequently	167 (72.6)	169 (73.5)	87 (37.8)	60 (26.1)	I
5	Failing to follow the standard infection control protocols	174 (75.7)	137(59.6)	50 (21.7)	22 (9.6)	I
6	Lack of punctuality for classes	174 (75.7)	161 (70.0)	86(37.4)	37 (16.1)	I
7	Photographing cadavers or dissected materials	121(52.6)	164(71.3)	94 (40.9)	50 (21.7)	I
8	Altering the data to get the desired result	170 (73.9)	154(67.0)	104(45.2)	71 (30.9)	C
9	Doing the work for another student	93 (40.4)	164 (71.3)	167 (72.6)	111(48.3)	C
10	Giving help for coursework against the rule	161 (70.0)	164(7103)	111 (48.3)	57 (24.8)	C
11	Claiming teamwork as individual work	174 (75.7)	133(57.8)	80 (34.8)	27 (11.7)	C
12	Paying a fellow student for completion of course work	129 (56.1)	77(33.5)	50 (21.7)	41(17.8)	C
13	Citing the sources not fully read	169(73.5)	144 (62.6)	92 (40.0)	41 (17.8)	C

14	Accessing the papers which have not been released to the whole class	171 (74.3)	134 (58.3)	64(27.8)	36 (15.7)	C
15	Using personal relationships or bribes to get an academic advantage	176(76.5)	136 (59.1)	61 (26.5)	40(17.4)	C
16	Copying answers from a neighbor during exams	139 (60.4)	177 (77.0)	160 (69.6)	127 (55.2)	C
17	Exchanging answers using mobile phones during exams	186 (80.9)	141 (61.3)	68 (29.6)	18 (7.8)	C
18	Getting information about the exam from students who have already taken the exam	116 (50.4)	181 (78.7)	167 (72.6)	62 (27.0)	C
19	Passing information about the exam to students who have to take the exam	110 (47.8)	174 (75.7)	145 (63.0)	57 (24.8)	C
20	Taking unauthorized materials in the exam	190 (82.6)	130(56.5)	24(10.4)	7 (3.0)	C
21	Sitting in the exam for someone else or someone else sitting in the exam for you	188(81.7)	93 (40.4)	10(4.3)	1 (0.4)	C
22	Removing a reference from the library shelf to prevent other students from gaining access to the information	182 (79.1)	73(31.7)	5(2.2)	9(3.9)	D
23	Deliberately damaging another student's work	148 (64.3)	67 (29.1)	11 (4.8)	4(1.7)	D
24	Creating circumstances to delay the exams	183 (79.6)	136 (59.1)	93(40.4)	87 (37.8)	D
25	Abusing a university employee or a student	187 (81.3)	122(53.0)	34(14.8)	13(5.7)	D
26	Physically assaulting a university employee or a student	181 (78.7)	114 (49.6)	20 (8.7)	12 (5.2)	D
27	Drug abuse	181 (78.7)	124 (53.9)	18 (7.8)	6 (2.6)	D
28	Providing illegal drugs to the students	183 (79.6)	81(35.2)	41 (17.8)	8 (3.5)	D
29	Damaging public property	175 (76.1)	146(63.5)	32 (13.9)	21 (9.1)	D
30	Inappropriate materials about students or teachers on social media	181 (78.7)	113(49.1)	18 (7.8)	7 (3.0)	D
31	Inappropriate presentation of medicine on social media	184 (80.0)	68(29.6)	23 (10.0)	10 (4.3)	D
32	Marking attendance sheet for absent friends	145(63.0)	177 (77.0)	152 (66.1)	122(53.0)	F
33	Examining the patients without the consent of the supervisor	182 (79.1)	155 (67.4)	47 (20.4)	20 (8.7)	F
34	Forging a health care worker's signature	177 (77.0)	123(53.5)	73(31.7)	30 (13.0)	F
35	Falsifying grades on CV or treatment sheets	160 (69.6)	60(26.1)	13 (5.7)	6 (2.6)	F
36	Making false entries in logbooks	174 (75.7)	122 (53.0)	73 (31.7)	28 (12.2)	F
37	Presenting false certificates	174 (75.7)	60 (26.1)	9 (3.9)	13 (5.7)	F
Average "yes" answers (%)		71.9	57.2	28.8	18.7	

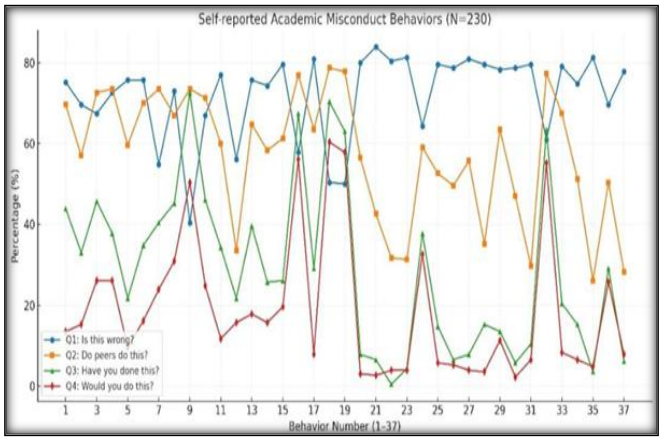

Figure 1 showing the line graph displaying the percentage of "yes" answers for four key questions (Q1–Q4) across 37 distinct academic misconduct behaviors, which were grouped into five domains: Disruptive behavior (D), indolence (I), plagiarism (P), cheating (C), and data fabrication (F)

The 37 behaviors from the Dundee Polyprofessional Inventory-1 that are specific to academic misconduct in Pakistani medical colleges are listed in the table. In a yes/no format, the participants were asked four questions, Q1–Q4. The number of "yes" responses to each question is shown in the data here. N stands for the total number of participants (N 200), and % for the proportion of participants who answered "yes." Plagiarism (P), laziness (I), dishonesty (C), disruptive conduct (D), and data fabrication (F) are the types of misconduct.

Perception (Q1): The perception of students regarding academic misconduct was evaluated across all 37 behaviors. On average, 71.9% of participants considered these behaviors as wrong (Table 1). Over half of the respondents thought that 32 of the 37 behaviors were incorrect. Strong condemnation (>85%) was recorded for behaviors such as bribery for academic advantage, using unauthorized material during examinations, impersonation in exams, falsifying grades on CVs, and deliberate damage to another student's work. Moderate recognition (>70%) was seen for plagiarism-related practices such as copying text directly

from a source, resubmitting previous work, and citing sources not fully read. However, certain behaviors, including doing work for another student and photographing cadavers, were comparatively less frequently perceived as misconduct, with less than 60% agreement.

Perceived Prevalence (Q2): When asked whether they thought fellow students engaged in dishonest behaviors, the average proportion of affirmative responses was 57.2%. In most instances, the perceived prevalence remained higher than actual self-reported indulgence. For example, 35–40% of students believed that peers removed library references or damaged another student's work, though only a minority admitted to doing so themselves. Similarly, more than 70% perceived that peers copied answers during examinations or exchanged information about upcoming tests, even though actual prevalence was lower. The gap between perceived and actual indulgence was most evident in disruptive behaviors such as abuse (≈56%) and physical assault (≈55%), where prevalence was notably less.

Prevalence (Q3): The self-reported prevalence of dishonest practices showed that on average 28.8% of students admitted indulging in the listed behaviors, though rates varied considerably by domain. The most common behaviors were those related to cheating: about 80% of respondents acknowledged either copying their neighbors' answers or getting information from previously tested students. Similarly, about 70% acknowledged passing exam information forward or marking attendance for absent colleagues. Plagiarism-related acts such as copying text from sources (≈46–50%) and resubmitting previous work (≈33–38%) were moderately common. By contrast, falsification of grades (≈3%) and impersonating another student in examinations (≈6%) were least reported.

Possible Future Indulgence (Q4): When asked about the likelihood of future misconduct, the average proportion of affirmative responses was 18.7%. Despite the generally lower proportion, certain behaviors showed a markedly high possibility of repetition. Over 60% indicated they might copy answers from neighbors, share exam information, or mark attendance for absent students in the future. Likewise, more than half expressed willingness to perform coursework for others or photograph cadaveric materials. In contrast, very few respondents (<10%) anticipated indulging in severe violations such as impersonation, falsifying grades, or physical assault.

Discussion

This study investigated the attitudes and behaviors related to academic misconduct among undergraduate medical students. A total of 230 students (110 male, 120 female) completed the questionnaire, yielding a participation rate of 76.7% from the 300 students approached. Our analysis demonstrated that, on average, 71.9% of students recognized the listed behaviors as academically wrong, indicating a generally high awareness of misconduct. This perception rate, though substantial, was lower than that reported in some international studies where over 80% of students considered such behavior unacceptable. [21,22] Nonetheless, the data show that most students do possess a fundamental understanding of academic integrity.

The perceived prevalence of misconduct among peers was 57.2%, which was consistently higher than the self-reported prevalence (28.8%). This discrepancy suggests that while students may hesitate to admit their own involvement, they are more likely to attribute dishonest behavior to their peers. Similar patterns have been reported previously, where perceived misconduct was notably greater than actual self-reported indulgence. The discrepancy was particularly marked in disruptive behaviors such as abuse, property damage, and inappropriate social media use, where perceptions of peer involvement far exceeded personal admissions.

The self-reported prevalence of misconduct (28.8%) was lower than in several studies conducted in developing countries, which often reported prevalence rates exceeding 50%. [5,19] However, certain cheating behaviors, such as copying answers (≈80%) and passing on exam information (≈70%), remained notably high. These results underline the persistence of culturally tolerated practices such as helping peers with coursework or marking attendance on their behalf, which are often rationalized as acts of cooperation rather than misconduct.

Future indulgence in misconduct was reported by an average of 18.7%, which, although lower than current or perceived prevalence, still highlights a concerning willingness to engage in dishonest practices. Alarmingly, more than 60% indicated possible future indulgence in copying during examinations or falsifying attendance, reflecting the normalization of certain behaviors. By contrast, very few students (<10%) expressed willingness to engage in serious violations such as impersonation, falsification of grades, or physical assault, suggesting a stronger moral boundary against more severe infractions.

The negative correlations observed between perception (Q1) and both prevalence (Q3) and future indulgence (Q4) suggest that recognizing a behavior as wrong may serve as a deterrent to actual or future engagement in that behavior. On the other hand, the moderately positive correlation between self-reported prevalence (Q3) and perceived prevalence (Q2) suggests that peer involvement in misconduct may normalize it and make personal indulgence more likely.

Overall, these findings emphasize the importance of strengthening ethical training within medical curricula. Interventions aimed at reinforcing awareness of academic integrity, reducing peer modelling of misconduct, and addressing culturally embedded practices of "cooperation" may prove effective in mitigating dishonest behaviors.

Conclusion

This study assessed the perception, prevalence, and future likelihood of academic misconduct among medical students. 230 of the 300 students who were contacted filled out the questionnaire, which revealed information on 37 distinct behaviours, including plagiarism, laziness, cheating, disruptive behaviour, and data fabrication.

The findings revealed that while a majority of students (71.9%) recognized these behaviours as academically wrong, actual engagement in misconduct was reported by 28.8%, and the

perceived prevalence among peers was considerably higher (57.2%). Although the average proportion of students expressing willingness to engage in such behaviours in the future was lower (18.7%), certain practices such as copying during examinations, sharing exam information, and marking attendance for absent peers remained strikingly common and socially tolerated.

These results highlight a gap between ethical awareness and actual behaviour, suggesting that recognition of wrongdoing alone is insufficient to prevent misconduct. Peer influence and cultural perceptions of cooperation contribute substantially to the persistence of such practices.

The study underscores the need for comprehensive ethics education within medical curricula, focusing on clarifying the boundaries between collaboration and misconduct, addressing peer-driven normalization of dishonest practices, and fostering accountability through institutional policies. Strengthening these measures is essential not only to safeguard academic integrity but also to shape responsible, ethically grounded medical professionals.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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