Plagiarism: A systematic review of the effects of technology, culture, and ethics on healthcare professionals

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Introduction
Plagiarism is an unceasing problem in education. This systemic review assesses the existing literature and aims to provide updated information in terms of technology, culture, and ethics of healthcare professionals. This paper reviewed the influences and risk situations of intentional and unintentional plagiarism for healthcare professionals.

Purpose
The aim of this study is to explore the current circumstances and influences of intentional and unintentional plagiarism to healthcare professionals. Thus, the authors screened and analyze various studies on plagiarism across multidiscipline of healthcare professionals.

Methods
We conducted the literature search through MEDLINE, CINAHL, Education Research Complete, and PsycINFO in 2017 March for the term “plagiarism” across the Title, Abstract, and any part of this literature from 2012 to 2017. Papers were excluded by the database limiters because they: (i) were not on the topic, (ii) were not research studies, and (iii) could not be located (Figure 1). Full-text articles were obtained based on the initial screening of Titles and Abstracts by two healthcare professionals independently, and any discrepancy was resolved by consensus.

Findings
A total of 5,243 studies were identified through database searching. Among them, 38 studies met the inclusion criteria and were used for a systematic review of the PRISMA. Results show that 15.79% (6/38) of the publications mentioned unintentional plagiarism. Furthermore, technical, cultural, and ethical values of healthcare professionals lead to the commission of intentional and unintentional plagiarism.

Technology makes it easier for users to 'copy and paste' than before, which may aids users to commit unintentional or intentional plagiarism. Another implication is that healthcare professionals emphasize the cultural differences between academic values and tangible rewards (e.g. publications, promotions and grants) (Bretag, 2013). These rewards can lead healthcare professionals to have intentional plagiarizing behaviors. Finally, there has an unacceptable moral belief: intentional self-plagiarism which means recycling texts for duplicating publication (Fisher & Partin, 2014). Therefore, the influences of intentional and unintentional plagiarism are related to the environments of technology, cultural differences and moral beliefs.

![Figure 1. Flow of the search strategy of a systematic review](attachment:figure1.png)

Conclusion
Plagiarism can be managed by achieving a balance between its prevention and detection. Both intentional and unintentional plagiarism may be influenced by technology, culture, and ethics. Educating healthcare professionals about ethical publications can curtail technical plagiarism. The relationship between plagiarism behaviors in training and future disciplinary actions can also be considered. Other measures such as defining the culture of “academic integrity” among healthcare professionals, developing validated instruments to evaluate such culture, and studying their motivations are suggested.

Key reference