Jordan Journal of Dentistry,
DOI:

Jordan Journal of Dentistry

https://jjd.just.edu.jo

From Ethical Understanding to Academic Conduct: A KAP Cross-Sectional Study on Plagiarism among Dental Interns

Chtioui Hajer [1*], Erray Riadh[2], Labidi Amel [3], Lamia Mansour [3]

1 University of Monastir, Faculty of Dental Medicine, 5000, Habib Bougatfa University Hospital of Bizerte, Dental Medicine Service, Laboratory of Dento-Facial Clinical and Biological Approach (LR12ES10), 7000 Bizerte, Tunisia.
2 Bizerte Military Hospital, Department of Dental Medicine, 7000 Bizerte, Tunisia.
3 University of Monastir, Faculty of Dental Medicine, 5000, Dental Medicine Clinic Monastir, Removable Partial Prosthesis Service, Laboratory of Dento-Facial Clinical and Biological Approach (LR12ES10), 5000 Monastir, Tunisia.

ARTICLE INFO

Article History:
Received: 5/12/2025
Accepted: 18/9/2026

Correspondence:
Chtioui Hajer,
Department of Dental Medicine, Habib Bougatfa University Hospital, 7000 Bizerte, Tunisia.
heger.chtioui@gmail.com

ABSTRACT

Objectives: To assess knowledge, attitudes, self-reported practices, and training needs regarding plagiarism among dental interns at the Faculty of Dental Medicine of Monastir, Tunisia.

Materials and Methods: A cross-sectional online survey was conducted among dental interns from July 1 to September 30, 2025. Of the 170 eligible interns invited to participate, 106 completed the questionnaire, yielding a response rate of 62.4%. The questionnaire assessed socio-demographic characteristics, knowledge of plagiarism, attitudes toward academic integrity, self-reported practices, and perceived training needs. Data was analyzed using descriptive statistics.

Results: Although 90.6% of participants reported having heard of plagiarism, important knowledge gaps were identified. Only 67.9% correctly recognized copy-paste without citation as plagiarism, and 21.7% were familiar with plagiarism detection software. While 64.2% considered plagiarism a serious issue, 74.5% perceived academic pressure as a potential contributor to plagiarism-related behaviors. Self-reported practices included copy-paste without citation (58.5%), omission of citations (26.4%), and non-use of plagiarism detection software (85.8%). Most participants (84.9%) expressed interest in receiving training on plagiarism prevention and academic writing.

Conclusions: Despite a high level of general awareness, substantial gaps remain in the practical understanding and application of academic integrity principles among dental interns. Integrating structured training in academic writing, citation practices, research ethics, and plagiarism prevention into dental education may help strengthen responsible academic practices and promote academic integrity.

Keywords: Plagiarism, Academic integrity, Dental education, Dental interns, Academic writing, Research ethics.

1. Introduction

Academic integrity is a fundamental principle of higher education and professional development in health sciences. In dentistry, students are expected to develop ethical behavior and responsible academic and research practices. Plagiarism is one of the most common forms of academic misconduct (1).

Plagiarism involves using another person's ideas, words, data, or intellectual work without appropriate acknowledgment of the original source (2). It may include direct copying, inappropriate paraphrasing, translation without attribution, or reuse of previously published material without proper citation (3). Although plagiarism can be intentional, it may also result from

insufficient knowledge of academic writing and citation practices (4).

The widespread availability of digital information and online academic resources has facilitated access to scientific material while creating additional challenges for academic integrity (1). Academic pressure, workload, time constraints, inadequate scientific-writing training, poor citation practices, and limited awareness of plagiarism have been associated with plagiarism-related behaviors among students (3). Consequently, plagiarism represents both an ethical concern and an educational issue requiring appropriate prevention and training.

In dental education, previous studies among students, postgraduate students, graduates, and dental professionals have reported variable levels of knowledge and attitudes toward plagiarism, as well as deficiencies in citation practices, recognition of inappropriate paraphrasing, and awareness of prevention strategies (1). Furthermore, familiarity with plagiarism does not necessarily reflect adequate practical knowledge or responsible academic behavior (5).

Dental interns are a relevant population for studying this issue, because they are transitioning from undergraduate education to professional practice and may be increasingly involved in scientific writing, literature searching, research activities, and thesis preparation (6). This transition requires greater independence in applying research and writing skills. However, evidence specifically addressing plagiarism-related knowledge, attitudes, practices, and training needs among dental interns remains limited, particularly in Tunisia (7).

Assessing these dimensions may help identify educational gaps and inform strategies to strengthen academic integrity through training in scientific writing, citation, paraphrasing, research ethics, and responsible use of plagiarism-detection tools. Therefore, this study aimed to assess knowledge, attitudes, and practices regarding plagiarism among dental interns at the Faculty of Dental Medicine of Monastir, Tunisia, and to identify their perceived training needs related to plagiarism prevention and academic writing.

2. Materials and Methods

2.1 Study Design and Setting

A descriptive, observational, cross-sectional study was conducted using a Knowledge, Attitudes, and Practices (KAP) survey among dental interns at the Faculty of Dental Medicine of Monastir (FMDM), Tunisia. Data was collected online from July 1 to September 30, 2025, during the final stage of dental training, when interns may be involved in academic writing, research activities, and preparation of their final academic work.

2.2 Participants and Eligibility Criteria

The study included dental interns enrolled at FMDM during the 2025/2026 academic year. Eligible participants were registered interns who were involved in or approaching completion of their academic requirements and who voluntarily provided electronic informed consent. Participants who declined participation or submitted questionnaires with more than 20% missing responses were excluded.

2.3 Sampling and Sample Size

Convenience sampling was used. Dental interns were targeted, because they represent a homogeneous population at an important stage of academic and professional transition, during which thesis preparation is required for obtaining the Doctor of Dental Medicine degree.

Institutional email addresses were available for eligible interns who had not yet defended their theses. Each participant received an invitation email containing study information and a link to the online questionnaire. One reminder was sent one month later. Participation was anonymous, voluntary, and confidential.

The sample size was estimated using the Schwartz formula for a finite population.

$$n = \frac{N \times Z^2 \times p \times (1-p)}{d^2 \times (N-1) + Z^2 \times p \times (1-p)}$$

Assuming a population of 170 eligible dental interns, a 95% confidence level (Z = 1.96), an expected prevalence of 50% (p = 0.50), and a margin of error of 5% (d = 0.05), the minimum required sample size was calculated as 119 participants.

2.4 Questionnaire and Data Collection

Data was collected using an anonymous, structured online questionnaire adapted from previously published studies and tailored to dental interns at FMDM. It assessed sociodemographic characteristics, knowledge,

attitudes, and practices regarding plagiarism, as well as previous training in research methodology, academic writing, and research ethics. The questionnaire was pilot-tested among interns excluded from the final analysis, and minor modifications were made.

2.5 Variables and Scoring

Socio-demographic characteristics and knowledge, attitude, and practice responses were summarized using pre-defined categories. Categorical variables were reported as frequencies and percentages. The primary outcome was the overall assessment of plagiarism-related knowledge, attitudes, and practices.

2.6 Bias Control

Anonymous administration, voluntary participation, standardized instructions, and pilot testing were used to minimize potential bias, particularly social desirability bias.

2.7 Statistical Analysis

Data was analyzed using IBM SPSS Statistics. Categorical variables were expressed as frequencies and percentages and continuous variables as means and standard deviations. The response rate was calculated as completed questionnaires among eligible participants. KAP items were analyzed descriptively, without composite scores or inferential sub-group comparisons.

2.8 Ethical Considerations

The study was approved by the Ethics Committee of the Faculty of Dental Medicine of Monastir, Tunisia (Approval No. 2026005). Participation was voluntary and anonymous, and electronic informed consent was obtained before questionnaire completion.

3. Results

3.1 Socio-demographic Characteristics of the Study Population

A total of 170 eligible dental interns from the Faculty of Dental Medicine of Monastir were invited to participate in the study. Among them, 106 completed the online questionnaire, corresponding to an overall response rate of 62.4%. The final sample represented 89.1% of the pre-specified minimum sample size of 119 participants. Although the calculated minimum sample size was not fully reached, 106 participants were included in the final analysis. No missing data was observed for the main study variables.

The mean age of the participants was 25.2 ± 2.3 years. The study sample comprised 63 females (59.4%) and 43 males (40.6%). Most participants were active interns (91/106, 85.8%), whereas 15 (14.2%) were in the thesis-preparation phase. Only 15 participants (14.2%) reported having previously received training related to plagiarism, whereas 91 (85.8%) had not received such training (Table 1).

Table 1: Socio-demographic characteristics of participants (n=106)

Variable	N	%
Sex		
Female	63	59.4
Male	43	40.6
Age (years)		
Mean ± SD	25.2 ± 2.3	–
Age 24-25 years	68	64.2
Academic status		
Active intern	91	85.8
Preparing thesis	15	14.2
Plagiarism training		
Yes	15	14.2
No	91	85.8

3.2 Knowledge on Plagiarism

Most participants (90.6%) reported having heard about plagiarism. However, responses to the specific knowledge items revealed gaps in the recognition of different forms of plagiarism and in awareness of institutional regulations.

Regarding the conceptual understanding of plagiarism, 72 participants (67.9%) identified copying and pasting without citation as a form of plagiarism. In contrast, only 17 participants (16.0%) recognized paraphrasing without citation as plagiarism, while 7 (6.6%) identified translation without attribution as a form of plagiarism. Ten participants (9.4%) reported that they did not know the definition of plagiarism.

Regarding institutional sanctions, 77 participants (72.6%) reported being aware that sanctions for plagiarism existed, whereas 23 (21.7%) reported that they did not know whether such sanctions existed. Six participants (5.7%) incorrectly reported that no institutional sanctions existed.

Regarding the institutionally specified similarity threshold assessed in the questionnaire, 48 participants (45.2%) selected the 10%-25% range, while 22 (20.8%) reported that they did not know the applicable threshold. Twenty participants (18.9%) selected a threshold above 30%.

Knowledge of plagiarism-detection software was limited. Only 23 participants (21.7%) reported familiarity with such software, whereas 83 (78.3%) reported that they were not familiar with these tools (Table 2).

Table 2: Knowledge regarding plagiarism among participants (n=106)

Variable	N	%
Understanding of plagiarism		
Copy-paste without citation	72	67.9
Paraphrasing without citation	17	16
Uncited translation	7	6.6
Do not know	10	9.4
Knowledge of institutional sanctions		
Know sanctions exist	77	72.6
Do not know	23	21.7
Incorrectly think no sanctions	6	5.7
Knowledge of the institutionally specified similarity threshold		
10-25% (correct)	48	45.3
Do not know	22	20.8
Over 30% (overestimate)	20	18.9
Knowledge of plagiarism detection software		
Know	23	21.7
Do not know	83	78.3

3.3 Ethical Attitudes

Most participants (64.2%) agreed that plagiarism represents a serious academic issue, whereas 35.8% disagreed or expressed a neutral opinion.

A large majority of participants (83.9%) considered lack of knowledge to be an important contributing factor to plagiarism. In addition, 74.5% agreed that academic pressure may contribute to plagiarism-related behaviors.

Most participants (75.5%) believed that plagiarism could be prevented through appropriate education and training. Opinions regarding stronger institutional sanctions were more divided, with 48.4% supporting stricter penalties and 51.6% disagreeing or expressing a neutral opinion (Table 3).

Table 3: Ethical attitudes (n=106)

Statement	Agree (%)	Disagree/Neutral (%)
Plagiarism is serious	64.2	35.8
Caused by lack of knowledge	83.9	16.1
Academic pressure may justify	74.5	25.5
Plagiarism avoidable	75.5	24.5
Sanctions should be stronger	48.4	51.6

3.4 Self-Reported Practices

More than a half of the participants (62/106, 58.5%) reported having copied and pasted academic material without citation.

Regarding paraphrasing, 60 participants (56.6%) reported using paraphrasing with citation in their academic work. As this practice involves attribution to the original source, it was considered a reported academic writing practice rather than direct evidence of plagiarism.

Only 18 participants (17.0%) reported correct use of quotations, whereas 28 (26.4%) reported forgetting or omitting citations.

A substantial proportion of participants (84/106, 79.2%) reported receiving writing assistance from another person. However, the aggregated data available for this study did not allow further characterization of the nature or extent of this assistance.

The use of plagiarism-detection software was uncommon. Only 15 participants (14.2%) reported having used such software, whereas 91 (85.8%) reported never having used it (Table 4).

Table 4. Self-reported plagiarism-related practices (n = 106)

Practice	N	%
Copy-paste without citation	62	58.5
Reported use of paraphrasing with citation	60	56.6
Correct quotation usage	18	17
Forgetting or ignoring citations	28	26.4
reported receiving writing assistance from others	84	79.2
Used plagiarism detection software	15	14.2
Never used plagiarism detection software	91	85.8

3.5 Training Needs

A substantial majority of participants expressed interest in receiving additional training related to plagiarism prevention and academic writing. Ninety participants (84.9%) reported an interest in such training, whereas 16 (15.1%) reported no interest.

Overall, the findings indicated a high perceived need for further educational support in plagiarism prevention, academic writing, citation and paraphrasing practices, and the appropriate use of plagiarism-detection software.

4. Discussion

The present study assessed knowledge, attitudes, self-reported practices, and training needs related to plagiarism among dental interns at the Faculty of Dental Medicine of Monastir, Tunisia. Among the 170 eligible interns invited to participate, 106 completed the questionnaire, representing 62.4% of the eligible population and 89.1% of the calculated representative sample of 119 participants. Although most participants had previously heard about plagiarism (90.6%), important gaps remained in their understanding of specific forms of plagiarism, institutional sanctions, similarity thresholds, and detection tools. Moreover, 58.5% reported copying and pasting without citation, while 84.9% expressed interest in training on plagiarism prevention and academic writing. These findings suggest a gap between general awareness and the detailed knowledge and practical skills required to avoid plagiarism.

The high proportion of participants who had heard of plagiarism is broadly consistent with previous studies among medical and dental students. In Saudi Arabia,

82.6% of dental interns and postgraduate students had heard of plagiarism, but only 50.6% recognized specific forms and 45.3% knew related penalties (5). Similarly, 90% of medical and dental students in Pakistan were aware of plagiarism, while some lacked knowledge of standard referencing criteria (8). Another study reported that 91.5% of medical and non-medical students had heard of plagiarism, although knowledge of research ethics and the ability to distinguish legitimate from plagiarized writing remained incomplete (9). These findings highlight the gap between general awareness and practical competence.

In the present study, although 90.6% had heard of plagiarism, only 67.9% identified copying and pasting without citation, 16.0% recognized paraphrasing without citation, and 6.6% identified uncited translation as plagiarism. Only 45.2% knew the institutional similarity threshold, and 21.7% reported familiarity with plagiarism-detection software. Thus, awareness of plagiarism does not necessarily translate into comprehensive knowledge or effective prevention, consistent with previous studies among medical and dental trainees (5,7,10-13).

Plagiarism extends beyond verbatim copying to include inappropriate paraphrasing, inadequate attribution, and source misrepresentation (2). Software-detected similarity does not necessarily indicate plagiarism, as it may reflect properly referenced material, common terminology, or unavoidable overlap. Thus, similarity percentages should be interpreted in context (2). This is relevant to our study, as fewer than a half of participants identified the institutional threshold correctly. Education should therefore focus on interpreting similarity reports rather than numerical thresholds alone.

An important finding of the present study was the coexistence of relatively high awareness with substantial self-reported problematic practices. More than a half of the participants reported copying and pasting without citation (58.5%), while 26.4% reported forgetting or ignoring citations. At the same time, 64.2% considered plagiarism a serious issue, and 75.5% recognized that plagiarism was avoidable through appropriate measures. This apparent discrepancy between ethical recognition and reported practice is consistent with the broader literature on academic integrity.

Previous medical studies similarly suggest a gap between knowledge and practice. Among postgraduate dental students, knowledge increased with academic year, but was not significantly associated with attitudes toward plagiarism (3,4). Medical students may also recognize plagiarism as unethical while engaging in practices that facilitate academic misconduct (8,9,14,15). Among Indian postgraduate residents and junior faculty, the mean knowledge score was 4.43/10, with only 2.6% achieving the pre-defined ideal score (13).

These findings support a knowledge–practice gap: awareness of ethical principles alone may not ensure appropriate academic behavior. Practical skills in paraphrasing, citation, referencing, and scientific writing are also essential. Plagiarism is multifactorial and may be influenced by writing skills, language difficulties, workload, institutional expectations, and inconsistent consequences (2).

The present findings should nevertheless be interpreted cautiously, because the reported practices were self-reported. Participants may have underreported undesirable behaviors because of social desirability or concerns about judgment. Conversely, different interpretations of terms, such as “copy-paste,” “paraphrasing,” or “plagiarism”, may have influenced responses. The heterogeneity of definitions and questionnaires across previous studies also makes direct comparisons of prevalence difficult (2,5,14). Thus, the 58.5% reported copy-paste behavior in the present study should not be interpreted as a direct estimate of the prevalence of plagiarism itself.

Academic pressure was an important finding: 74.5% of participants identified it as a potential contributor to plagiarism, while 83.9% cited lack of knowledge. These findings are consistent with previous dental and medical studies. Among Indian postgraduate dental students, 82.3% considered short academic deadlines a major impetus for plagiarism (3). Time constraints, workload, and inadequate writing skills were also reported as contributing factors (4,6), while lack of time and knowledge was the most common reason among medical postgraduate students (16). Academic pressure and workload have likewise been identified as contextual factors in healthcare students (1,5,8,14).

Importantly, these findings suggest that plagiarism should not be understood exclusively as an individual ethical failure. Students may make inappropriate decisions within an academic environment characterized

by competing demands, limited writing skills, insufficient supervision, or tight deadlines. The systematic review by Farook et al. emphasized that plagiarism in dentistry is multifactorial and may be influenced by individual, institutional, linguistic, and educational factors (2). Similarly, studies among dental and medical trainees have highlighted the importance of institutional culture, research exposure, supervision, and the clarity and consistency of academic policies (6,10,12,13,17).

The relationship between academic progression and plagiarism-related knowledge and attitudes appears complex. While some studies report improved knowledge with greater academic or research exposure (3,4,6), others found no advantage among senior students or residents. Junior residents even showed higher knowledge scores than seniors in one Indian study, while postgraduate students developed more permissive attitudes later in training (17,12). Thus, academic seniority alone may not protect against plagiarism; outcomes may depend on exposure to research methodology, publication ethics, supervision, and academic writing.

Research experience may improve plagiarism-related knowledge, but its effect appears insufficient without formal training. Previous publication experience was associated with better knowledge in the multicentric study by Raj et al., although levels remained below the ideal (13). Research and academic exposure have also been associated with differences in knowledge and attitudes among dental and medical students (3,4,9,10).

The 84.9% interest in formal training among our interns highlights an opportunity for earlier curriculum-based education, particularly before research projects and scientific writing. Dental and medical studies support integrating academic integrity, research ethics, and scientific writing through clear guidelines, workshops, supervision, and plagiarism-detection education (10,12,15). Despite advanced training, postgraduate students may still have important ethics gaps, supporting explicit and evaluated ethics education (17).

The strong demand for training observed in the present study is one of its most actionable findings. More than four-fifths of participants (84.9%) expressed interest in training on plagiarism prevention and academic writing. This finding is consistent with previous research showing substantial student support for educational interventions. In Saudi Arabia, 69.4% of participants expressed a desire for guidance or lectures concerning plagiarism, while many also supported integrating plagiarism education throughout undergraduate and postgraduate education (1). In Pakistan, 81.3% of students reported needing guidance or workshops (8). Similarly, approximately two-thirds of students in another medical study supported introducing plagiarism education during freshman orientation and continuing its discussion across undergraduate and postgraduate levels (15).

Nevertheless, training should not consist solely of a theoretical lecture defining plagiarism. Evidence increasingly favors practical, skill-oriented interventions. A recent systematic review of educational interventions found that most included interventions reduced objectively assessed plagiarism, particularly when they incorporated definitions of plagiarism, citation and paraphrasing training, practical exercises, and similarity-detection tools (18). This evidence is particularly relevant to the present study, because participants demonstrated weaknesses not only in general knowledge, but also in recognizing specific forms of plagiarism and understanding similarity thresholds.

Accordingly, an effective intervention for dental students could include several complementary components: recognition of different forms of plagiarism; principles of academic integrity and publication ethics; correct citation and referencing; paraphrasing exercises; appropriate use of quotation marks; techniques for taking research notes; interpretation of similarity reports; and supervised practice in rewriting source material in students' own words. Training could be introduced early in the dental curriculum and subsequently reinforced during clinical years, internship, thesis preparation, and manuscript writing. Such longitudinal reinforcement may be more effective than a single introductory session, because students encounter increasingly complex academic writing tasks as they progress through dental education.

Only 21.7% of participants in the present study reported knowing plagiarism-detection software, and only 14.2% reported using such software. This finding suggests an important gap in the practical use of available preventive tools. Similar limitations have been reported in previous studies. Although many students recognize the importance of checking manuscripts, actual use of detection tools has often remained lower than expected

(9). In contrast, more experienced academic and research populations may report considerably higher use of plagiarism-detection software (11).

The low reported use in the present study should not, however, be interpreted as evidence that detection software is ineffective. Rather, it may reflect limited awareness, limited access, insufficient training, or the absence of systematic institutional requirements. Previous dental research has recommended the integration of plagiarism-detection tools into academic training while emphasizing that these tools should be used as educational instruments rather than merely as punitive mechanisms (12). Detection software can help students identify inappropriate similarity and revise their writing before submission, thereby transforming plagiarism detection from a disciplinary process into a learning opportunity.

At the same time, software should not be considered a replacement for human judgment. Similarity does not automatically mean plagiarism, and a numerical threshold cannot capture all forms of inappropriate attribution, particularly sophisticated paraphrasing or misuse of ideas (2,18). The most appropriate approach is therefore to combine technological tools with instruction, feedback, and academic supervision.

The results of the present study have several implications for dental education at institutional level. First, academic integrity and plagiarism prevention should be explicitly incorporated into the dental curriculum rather than treated as peripheral topics. Second, teaching should be competency-based and include practical exercises rather than relying solely on definitions and theoretical explanations. Third, students should receive repeated opportunities to practice citation, paraphrasing, referencing, and scientific writing. Fourth, supervisors and faculty members should be involved in the process, because students frequently rely on teachers and supervisors when confronting academic or ethical uncertainties (7,12,17).

Institutional policies should be clearly communicated. Although 72.6% of participants knew that sanctions existed, 21.7% were unsure and 5.7% believed that no sanctions were applied, indicating gaps in policy awareness. Guidance should clearly define plagiarism, distinguish misconduct from skill-related errors, and explain procedures and similarity reports.

Since 74.5% identified academic pressure as a potential contributor, prevention should combine education with reasonable deadlines, writing support, feedback, and supervision rather than relying solely on sanctions. This multidimensional approach is consistent with evidence emphasizing educational, linguistic, institutional, and cultural interventions (2).

This study provides a comprehensive assessment of plagiarism-related knowledge, attitudes, practices, and training needs among dental interns at a key transition between undergraduate education and professional or research activity.

Several limitations should be acknowledged. The cross-sectional design prevents causal inference between knowledge, attitudes, academic pressure, and practices. The single-faculty sample of 106 respondents limits generalizability, while the 62.4% response rate may introduce non-response bias. Self-reported behaviors may also be affected by recall and social desirability bias. Comparisons with previous studies should be interpreted cautiously, because instruments, definitions, populations, and plagiarism criteria differed (2,5,14). Finally, as the analysis was primarily descriptive, associations between variables should not be inferred without appropriate statistical testing.

5. Conclusions

Dental interns showed high awareness of plagiarism, but gaps in knowledge and practical application. These findings highlight the need for structured training in academic integrity, scientific writing, citation, and paraphrasing, supported by faculty supervision and clear institutional policies. Plagiarism prevention should be integrated into dental education to promote responsible scientific practice.

Acknowledgements

Preliminary results of this study were presented as an abstract at the 50th Congress of the Tunisian Society of Medical Sciences (STSM, 2025).

Funding Information

The funders had no role in the study design, data collection, analysis, interpretation, or writing of the manuscript.

Conflicts of Interests

The authors declare no conflict of interests.

References

1. Issrani R, Alduraywish A, Prabhu N, Alam MK, Basri R, et al. Knowledge and attitude of Saudi students towards plagiarism: A cross-sectional survey study. Int J Environ Res Public Health. 2021;18:12303
2. Farook TH, Radford J, Alam MK, Jamayet NB. Plagiarism in dentistry: A systematic review. Br Dent J. 2020.
3. Deshmukh M, Dodamani A, Karibasappa GN, Khairnar M, Naik R. Knowledge, attitudes and practice of postgraduate dental students towards plagiarism in Maharashtra State, India: a cross-sectional survey. ARC J Dent Sci. 2017;2:1-7.
4. Naveen N, Raveendran N, Vanishree N, Prasad K, Narayan RR, et al. An effectual analytics and cross-sectional study on plagiarism among dental post-graduates of Bangalore city. Int J Appl Dent Sci. 2017;3:23-26.
5. Alzahrani MS, Ingle NA, Assery MK. Knowledge, attitudes, and practice about plagiarism among dental interns and postgraduate dental students in Riyadh city, Kingdom of Saudi Arabia. Int J Community Med Public Health. 2020;7:3327-3334.
6. Khairnar MR, Wadgave U, Shah SJ, Shah S, Jain VM, et al. Survey on attitudes of dental professionals about plagiarism in Maharashtra, India. Perspect Clin Res. 2019;10:9-14.
7. Kallala R, Khemiss M, Azzouzi I, Gassara Y, Touzi S, et al. Knowledge of research misconduct amid North-African post-graduate dental students: A cross-sectional study. F1000Res. 2026;13:415.
8. Ahmed Z, Ahmad F, Merchant MS, Nazir MA. Knowledge and practice of understanding plagiarism by students from Baqai Medical University. Pak J Public Health. 2017;7:169-173.
9. Memon RS, Ali MM, Zafar M, Shaikh A. Knowledge and attitudes towards plagiarism: A comparative study of students from medical and non-medical fields. J Glob Health Rep. 2019;3:e2019067.
10. Raj JP, Venkatachalam S, Amaravati RS, Baburajan R, Oommen AM, et al. Extent of knowledge and attitudes on plagiarism among undergraduate medical students in South India: A multi-centre, cross-sectional study to determine the need for incorporating research ethics in medical undergraduate curriculum. BMC Med Educ. 2022;22:380.
11. Parveen S, Mascarenhas R, Vaswani V. Comparison of knowledge, attitude, and practice of authorship guidelines among medical and dental professionals. J Indian Orthod Soc. 2021;55:39-48.
12. Ford PJ, Hughes C. Academic integrity and plagiarism: Perceptions and experience of staff and students in a school of dentistry: a situational analysis of staff and student perspectives. Eur J Dent Educ. 2012;16:e180-e186.
13. Raj JP, Venkatachalam S, Amaravati RS, Siby N, Oommen AM, et al. Extent of awareness and attitudes on plagiarism among post-graduate resident doctors and junior medical faculty in India: A cross-sectional, multicentric study. BMJ Open. 2021;11:e046904.
14. Sagar TV, Kachhawa K, Agrawal D, Kumar S. Knowledge, attitude and practices towards plagiarism observed in undergraduate medical students at a teaching school in south east Asia. Indian J Clin Anat Physiol. 2022;9:268-272.
15. Dars IA, Fatima SH, Shahazeb M, Shaikh AM, Fareesa AB, et al. Exploring knowledge, attitudes, and practices of medical students towards plagiarism: A cross-sectional study. Pak J Med Health Sci. 2023;17:381.
16. Kattimani S, Kujur A, Nagarajan P, Zayabalaradjane Z. Attitude toward plagiarism among postgraduate students of a medical institute in South India. J Psychiatry Spectr. 2022;1:106-110.
17. Nassar AA, Salama RI. Medical ethics knowledge and attitudes among dental students from two universities in the Middle East. Open Dent J. 2022;16:e187421062208101.
18. Miranda-Rodríguez RA, Sánchez-Nieto JM, Ruiz-Rodríguez AK. Effectiveness of intervention programs in reducing plagiarism by university students: A systematic review. Front Educ. 2024;9:1357853.