

Academic Grade Inflation in Nursing Education: A Scoping Review of the Qualitative and Quantitative Literature

Darlene M. Del Prato and Esther G. Bankert

Abstract

AIM The aim of the study was to answer the research question: What is known from the literature about academic grading practices and grade inflation in nursing education?

BACKGROUND Nursing students require authentic assessment that supports their professional formation. For teachers and students, integrity is fundamental to professional nursing excellence.

METHOD Arskey and O'Malley's framework was used to integrate and reinterpret findings from qualitative, quantitative, and mixed-method studies.

RESULTS Twelve studies were reviewed. Contributing factors are described as institutional constraints, external standards, team teaching, lack of faculty confidence, and student incivility. Strategies that may mitigate grade inflation include establishing grading expectations and increasing pedagogical rigor with precise rubrics, valid and reliable examinations, interrater reliability, and faculty development.

CONCLUSION Academic grading is a complex faculty responsibility grounded in ethical and relational competencies that can support or hinder students' professional formation. Evaluation of strategies to mitigate grade inflation in nursing education is urgently needed.

KEY WORDS Academic Integrity – Assessment and Evaluation Strategies – Authentic Assessment and Veracity – Grade Inflation – Professional Formation – Scholarship of Teaching – Student Learning and Development

Over the last several decades, concerns regarding grade inflation in higher education have escalated. In a study of grading practices at colleges and universities across the United States, Rojstaczer and Healy (2012) examined how faculty assessment of excellence, mediocrity, and failure changed between 1940 and 2009. They reported that A was the most common grade, comprising 43 percent of all letter grades, an increase of 28 percentage points since 1960.

Grading systems are used in higher education to document student achievement. Grades should provide valid and reliable information about the level of student achievement of course and program outcomes (Reynolds, 2015). Grade inflation occurs when the grades awarded to students are higher than merited based on the quality of

their academic work. Inflated grades do not reflect students' true achievement of course and program outcomes.

In the health sciences, assessment of student achievement takes place in both academic and clinical settings. In a seminal study of clinical assessment, Duffy (2003) reported that some faculty and preceptors "failed to fail" (p. 81) students who did not demonstrate clinical competence. A growing body of international evidence supports previous findings regarding clinical grade inflation (Donaldson & Gray, 2012; Hughes et al., 2016; Scanlan & Care, 2004). In a systematic review of literature on the grading of clinical practice in nursing, midwifery, medicine, and allied health programs, Donaldson and Gray (2012) identified factors that contributed to clinical grade inflation and recommendations for controlling it. Recently, Hughes et al.'s (2016) systematic integrative review concluded that "failure to fail" is a complex problem with "social and professional costs of poor quality nursing graduates" (p. 54).

Academic grade inflation, the inflation of grades in theory courses, is equally problematic. Written communication skills, critical thinking skills, and research appraisal skills are essential for contemporary nursing practice. Written assignments, evidence-based projects, and oral presentations develop students' communication skills and foster higher order thinking. These skills are essential outcomes of professional nursing education at all levels (American Association of Colleges of Nursing, 2008, 2011), but they are also more challenging to evaluate objectively than multiple-choice-type examinations. Academic grade inflation has received less research attention than clinical grade inflation, but discipline-specific knowledge is evolving. To date, researchers have examined the academic grading practices of faculty as well as contributing factors and strategies to mitigate grade inflation in nursing theory courses. However, studies to systematically integrate this

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literature are lacking. Therefore, the purpose of this scoping study is to integrate evidence regarding academic grading practices and academic grade inflation, including factors that contribute to and strategies that may mitigate academic grade inflation in nursing education.

THEORETICAL FRAMEWORK

The scholarship of teaching and the core values of the profession provided the theoretical framework for understanding the study findings. Faculty engage in teaching scholarship by using evidence to make student assessment and grading decisions (National League for Nursing [NLN], 2012). The core values of integrity and veracity are embedded in the scholarship of teaching and professional ideals (NLN, 2016). The virtue of integrity provides a moral compass for the educator and is embodied in authentic assessment about the student's performance, with both parties upholding professional nursing values. However, as with ethical situations nurses face in practice environments, nurse educators face many untoward challenges and obstacles that pressure them away from acting with veracity. The moral responsibility of conscientious educators is to authentically assess student performance, yet constraints and obstacles experienced by novice as well as master teachers can contribute to decisions that depart from upholding the ethical standards of the profession and, in particular, the virtue of veracity.

METHOD

A scoping study is a systematic form of knowledge synthesis that maps evidence to answer a research question (Arksey & O'Malley, 2005). This review was grounded in Arksey and O'Malley's (2005) scoping study framework and was modified to include recommendations from the literature to enhance methodological rigor (Levac et al., 2010; Peters et al., 2015). Scoping reviews are relevant "to disciplines with emerging evidence...[such as nursing] in which the paucity of randomized controlled trials makes it difficult for researchers to undertake systematic reviews" (Levac et al., 2010, p. 1). Assessment of methodological quality is not performed to exclude studies based on quality scores. Instead, analysis and reinterpretation of extant quantitative and qualitative data provide a "panoramic and intellectual overview" (Davis et al., 2009, p. 1396) of the state of the science regarding the research question.

Arksey and O'Malley's (2005) framework delineates five stages: 1) identify the research question; 2) identify studies; 3) select studies; 4) extract data; 5) collate, summarize, and report results; and 6) consult with stakeholders (optional). The research question for this review was: What is known from the existing literature about academic grading practices and academic grade inflation in nursing education?

To identify studies, the authors established inclusion and exclusion criteria and a screening process. An electronic search of databases included CINAHL, Cochrane, Health Reference Center Academic, Health Source: Nursing/Academic Edition, MEDLINE, Education Source, ERIC, Web of Science, Academic Search Complete, and Google Scholar. The English literature was searched for the period 1999 to January 2019 using the keywords *academic grading practices*, *grade inflation*, *grade leniency*, *grade consistency*, and *nursing education*. The authors also hand-searched reference lists of retrieved articles.

After identifying studies, eligibility criteria were applied to determine relevance. Inclusion criteria included research of any methodology that examined educators' academic grading practices or grade inflation in nursing education (undergraduate and

graduate). Exclusion criteria included articles that focused on clinical grading or grade inflation and nonresearch articles. Data were extracted using a standardized tool developed by the authors. The authors independently reviewed and charted data from five studies and compared findings before making minor modifications to the tool. Charting the data facilitated the identification of major themes and allowed the authors to analyze and begin to draw conclusions from the reviewed literature.

After data were extracted, study results were collated and summarized. Analysis of the study findings included a descriptive numerical summary and analysis of the nature of the studies and qualitative thematic analysis. The authors consulted with stakeholders to share preliminary findings and invite faculty perspectives. During two focus groups and two individual interviews, eight faculty validated the findings in the literature and discussed implications for education and practice.

RESULTS

The search of databases identified 71 articles. One research article was added after hand-searching for a total of 72 articles. After removal of 33 duplicates, the titles and abstracts of 39 articles were reviewed by both authors. Of these, 25 articles did not meet inclusion criteria. The most common reasons for excluding articles were as follows: a) they did not address the research question, b) they were not research articles, c) they did not relate to nursing education, and d) they were not published in English. Following full-text review, two additional articles were excluded. All 12 articles included in this review were agreed on by both authors. (See Supplemental Content 1, <http://links.lww.com/NEP/A210>, for a flow diagram for the scoping review process; Supplemental Content 2, <http://links.lww.com/NEP/A211>, is a table of characteristics and findings of included studies.)

Factors Contributing to Grade Inflation

Seven studies examined factors that contribute to grade inflation in the academic setting using a variety of qualitative, quantitative, and mixed-method designs. Five studies were conducted in the United States, one was conducted in Australia, and one was conducted in Canada.

INSTITUTIONAL CHARACTERISTICS/CONSTRAINTS The literature described several institutional characteristics that may contribute to grade inflation. Docherty and Diekmann (2015) found that 16.5 percent of faculty did not experience administrative support when failing students, especially at the end of the program. Faculty perceived that "colleagues were uncomfortable or unwilling to fail students, along with a fear of potential litigation" (p. 229). A perceived lack of support led some faculty to pass students they felt should have failed, a decision that required less documentation. One faculty explained that it is "so time-consuming to meet with administration and the student and write out all of the required documentation" (Beck, 2016, p. 131) as required when students challenge a grade. In contrast, Docherty (2018) reported faculty perceived administrative support for academic decisions but did not always understand the detailed documentation required for a defensible audit trail.

Research indicates that some faculty struggle to resist grade inflation because of concerns of a grievance or poor evaluation (Beck, 2016; Chen, 2018; O'Flynn-Magee & Clauson, 2013). Faculty feared student evaluations influenced administrative decisions regarding annual review and tenure. Consequently, some faculty graded higher for favorable ratings or reduced assignment rigor to avoid negative

ratings. As one faculty explained, “When my students all passed and earned good grades, I had glowing student evaluations” (Beck, 2016, p. 122).

Other institutional factors focus on hiring practices. Chen (2018) noted that it can be difficult to secure highly qualified faculty. Salamonson et al. (2010) suggested policies for hiring part-time faculty may be less rigorous, and less qualified faculty may contribute to grade inflation. Researchers reported some students gave sessional teachers higher ratings in response to higher grades received from them, suggesting that tenured faculty may have higher expectations for the quality of students’ work.

Additional influences include the type of program, faculty status, and faculty rank. Reynolds (2015) examined letter grades and numeric grades in undergraduate nursing programs in New York State. Reynolds reported faculty in baccalaureate programs awarded more As and fewer Cs than faculty in associate degree programs. Full-time faculty were more rigorous about awarding an A grade and gave Bs more often than adjuncts. Tenured faculty tended to award fewer As and more Cs than nontenured faculty or those on the tenure track.

EXTERNAL STANDARDS External standards may contribute to academic grade inflation. According to Docherty and Diekmann (2015), 15.2 percent of faculty surveyed had graded leniently because students still had to pass the National Council Licensing Examination (NCLEX).

TEAM CONFORMITY Two studies reported that some faculty conformed to the pressures of team grading norms even when they did not believe the student earned the assigned grade (Docherty, 2018; Docherty & Diekmann, 2015). Some faculty internalized peer pressure and raised students’ grades based on how their colleagues graded students.

CONFLICTUAL INFLUENCES AND BIAS Three studies indicated faculty may feel ethically conflicted during grading when they know the student’s clinical competence, name, or stage in the program. O’Flynn-Magee and Clauson (2013) uncovered two themes regarding nurse educators’ beliefs and values that may contribute to grading leniency over objectivity: ensuring ethical practice and applying relational practice. Relational practice emphasizes respect for student effort and promotes self-esteem and sharing power. O’Flynn-Magee and Clauson found that a student’s clinical competence sometimes led to assumptions about their academic work, with faculty “making allowances for gaps” in the academic work of students perceived as a “good nurse” (p. 496). Docherty and Diekmann (2015) reported that knowing the student’s name influenced grading leniency for 33.8 percent of faculty. Similarly, Docherty (2018) reported some faculty were “biased toward their clinical group” when grading papers (p. 339).

Docherty and Diekmann (2015) reported that 43 percent of faculty had awarded higher grades than earned, and nearly 18 percent had passed a student on an examination they felt was a fail. Finally, 40.3 percent of faculty were influenced by the student’s stage in the program. Community college faculty were significantly more likely to fail students at the end of the program than university faculty.

LACK OF CONFIDENCE Three studies indicated lack of experience, and confidence played into grading decisions. According to Beck (2016), “While all of the nursing faculty were impacted in a negative way when reading cruel student comments and low [end-of-course survey] scores, novice faculty were more emotionally troubled by them [which] led to them questioning their teaching competence, and associated feelings of uncertainty, anxiety, and a loss of self-esteem” (p. 130). Chen (2018) also found inexperienced faculty had difficulty being objective and lacked confidence to grade critically. This lack of confidence may push some faculty to rely on the next faculty evaluator to properly assess performance (Docherty, 2018).

STUDENT INCIVILITY One study found student incivility directed at faculty contributed to grade inflation. Beck (2016) reported that “(a) faculty are exposed to a wide variety of unacceptable student behaviors that can have long-lasting, devastating effects; and (b) faculty concerns about student comments that were hurtful, disturbing, and unrelated to teaching effectiveness” (p. 4). Faculty reported student incivility as “rude and disrespectful communication, arguing, the student raising his or her voice and inflection, sending messages that lacked appropriate tone, as well as students making deliberate threats intended to intimidate the faculty member” (p. 123).

Strategies to Mitigate Grade Inflation

Seven of the 12 studies included in this review examined the grading practices of nurse educators and/or strategies to mitigate grade inflation. The studies included both quantitative and qualitative designs. Six studies originated in the United States, and one originated in Canada.

GRADING PRACTICES AND STRATEGIES A national descriptive study found many faculty relied on tradition rather than evidence when making grading decisions (Oermann et al., 2009). The researchers developed a survey and collected data about faculty demographics, assessment strategies, and grading practices; “how it is always done” was very (33 percent) or moderately (50 percent) important” (p. 276) in decisions about assessment and course grades. In the Oermann et al. (2009) study, strategies used to evaluate learning in the cognitive domain included written papers, group projects, case studies, care plans, teacher-made examinations, standardized examinations, and self-assessment. Faculty reported having annual discussions about teaching strategies, the validity and reliability of strategies, and the weight assignments contributed to course grades. However, they expressed concern that “nothing was done in their programs to improve the validity and reliability of their assessment methods” (p. 276).

Faculty in several studies described their commitment to grading consistency. Strategies to foster authentic grading included establishing program standards and grading criteria or rubrics (Bickes & Schim, 2010; Kilanowski & Bowers, 2017; Oermann et al., 2009; O’Flynn-Magee & Clauson, 2013; White & Heitzler, 2018), faculty development (Bickes & Schim, 2010; Oermann et al., 2009), anonymous grading (Bickes & Schim, 2010; Docherty, 2018), multiple reviewers (Docherty, 2018; Oermann et al., 2009), establishing interrater reliability (Kilanowski & Bowers, 2017), buddying new and experienced markers (O’Flynn-Magee & Clauson, 2013), eliminating group work (White & Heitzler, 2018), valid and reliable examinations (White & Heitzler, 2018), and standardized examinations (Oermann et al., 2009).

PEDAGOGICAL INTERVENTIONS Although the literature recommended strategies to promote consistent grading, few studies evaluated the effectiveness of those strategies. Of the 12 studies reviewed, four addressed the efficacy of one or more evaluation methods. Using a preexperimental design, Bickes and Schim (2010) examined grade distributions before and after implementation of rigorous evaluation methods in a nursing course. Objective evaluation methods included a revised grading rubric, faculty education about the rubric, and blind grading of papers. Bickes and Schim reported that revised evaluation methods resulted in significantly fewer A grades (from 88 percent to 49 percent) and more C grades (from 7 percent to 15 percent). Similarly, White and Heitzler’s (2018) retrospective comparative study examined whether increasing the rigor of evaluation methods in a graduate course, through multiple-choice testing and

precise grading rubrics, affected students' grades. Implementation of objective evaluation methods resulted in a statistically significant decrease in grades. The researchers reported that, prior to course revision, A was the modal grade (79.4 percent). Following revisions, the modal grade was A– (32.2 percent) followed by B+; the percentage of C grades “more than doubled” (p. 76).

In contrast, some studies suggested that standardized processes may not be enough to deter grade inflation. In two studies, faculty shared that interpretation of a rubric hindered objective grading, and some faculty did not follow rubrics (Docherty, 2018; Docherty & Diekmann, 2015). One participant expressed frustration at seeing grades awarded that students did not deserve based on the rubric (Docherty, 2018). Kilanowski and Bowers (2017) examined the interrater reliability of faculty teaching different sections of an online course with identical assignments and grading rubrics. Final course grades in all 19 sections were above the 90th percentile, indicating that “student performance is high and is reliably assessed as such, or the online program suffers from grade inflation” (p. 360).

DISCUSSION

As Davis et al. (2009) noted, the “strengths of a scoping study lie in its ability to extract the essence of a diverse body of evidence and give meaning and significance to a topic” (p. 1398). Using the Arksey and O'Malley (2005) framework, 12 studies were reviewed to answer the research question: What is known from the existing literature about academic grading practices and grade inflation in nursing education? Based on this review, academic grading emerges as a complex faculty responsibility grounded in ethical and relational competencies that may support or hinder student development and professional formation.

The core values of integrity and veracity are embedded in the scholarship of teaching and inherent in professional ideals (NLN, 2016). Ethical integrity guides the nurse educator's moral compass in supporting the veracity of assessment closely aligned with the student's actual performance. Integrity is grounded in caring student-faculty dialogue and constructive feedback that reflects an authentic evaluation of the student's performance, with both parties upholding professional ideals. However, faculty who engage in grade inflation, regardless of the reason, may experience moral distress. The academic arena presents many challenges; nurse educators are too often faced with obstacles that prevent them from acting in a morally responsible way when grading student performance. This, in turn, leads to moral distress among nurse educators who know they have a moral responsibility to be truthful in their grading yet cannot act on it because of a variety of environmental constraints and lack of support, including peer pressure (Docherty, 2018; Docherty & Diekmann, 2015), student complaints and grievances (Beck, 2016; Chen, 2018; O'Flynn-Magee & Clauson, 2013), and supervisor complacency and administrative consequences (Docherty & Diekmann, 2015). Nurse educators who find themselves experiencing these challenges and obstacles experience not only lack of support but also moral distress. When left unresolved, nurse educators may leave their positions or seek another profession. Thus, further study of grade inflation is warranted through the prism of multiple layers of organizational constraints and influences that contribute to moral distress within the academic environment.

Implications for Nursing Education

Given the call in the seminal literature for a more highly educated nursing workforce (Benner et al., 2010; Institute of Medicine, 2011), the findings support an evidence-based approach to assessment and

evaluation that supports student development and professional formation as complex thinkers, effective communicators, evidence-based practitioners, and developing writers. Written assignments help students develop essential cognitive skills by challenging them to a) appraise and synthesize the nursing literature and summarize findings; b) identify, appraise, and apply evidence to nursing practice; c) evaluate nursing and related theories and apply them to practice; d) communicate ideas clearly and efficiently; and e) develop discipline-specific writing skills (Oermann & Gaberson, 2021, p. 159).

Despite the importance of higher order thinking and writing skills for contemporary nursing practice, this scoping study revealed that some faculty overlooked gaps in the academic work of students perceived to be good clinicians (O'Flynn-Magee & Clauson, 2013) or graded leniently because students still needed to pass the NCLEX-RN (Docherty & Diekmann, 2015). These findings support Oermann et al.'s (2009) conclusion that evaluation and grading decisions in prelicensure nursing programs may be “driven by the need to have students pass the NCLEX-RN rather than other equally important factors” (Oermann et al., 2009, p. 278).

At all levels of nursing education, student achievement of clinical and academic outcomes is essential. Grade inflation hinders professional formation by sending the erroneous message that students are more competent than they actually are. Lenient grading “distorts the signaling and reward function of the entire assessment process” (Wosik, 2014, p. 32). Consequently, students may develop inflated beliefs about their achievement of course outcomes, such as their writing proficiency, and fail to recognize opportunities for improvement that would support their ongoing professional formation and prepare them for advanced studies.

Breaches in sound grading practices may also contribute to moral distress among faculty (Ganske, 2010). As evident in this review, students learn that verbal complaints, grievances, and, for some, harsh comments on evaluations may be rewarded with reduced assignment rigor or higher grades they did not earn (Beck, 2016; O'Flynn-Magee & Clauson, 2013). Ultimately, grade inflation may foster student incivility and entitlement attitudes, behaviors that may be carried over into the workplace.

The core values of integrity and veracity are crucial to the scholarship of teaching. Therefore, it is essential that nurse educators take action by first evaluating whether grade inflation is a problem in their program or individual courses. In this regard, a systematic review of course grade distributions provides important internal data about curriculum rigor and is a logical first step. The results of this review can be presented for faculty discussion at which time opportunities to maintain or improve course rigor and strategies to minimize grade inflation may also be explored (Kilanowski & Bowers, 2017).

This scoping review identified a range of assessment and evaluation strategies that can be implemented by nurse educators to foster authentic grading of students' academic work. These strategies include a) establishing program standards and grading criteria or rubrics, b) educating faculty, c) anonymous grading of written work, d) assigning multiple reviewers for written assignments, e) buddying new and experienced markers, f) establishing interrater reliability, g) eliminating group work, h) creating valid and reliable examinations, and i) using standardized examinations. Although further research is warranted, studies included in this review that evaluated the effectiveness of assessment and evaluation strategies suggest they can be effectively used by faculty to strengthen course rigor and reduce academic grade inflation. For example, establishing program standards and grading criteria or rubrics is essential. Rigorous grading rubrics support faculty objectivity during grading and also communicate

clear expectations to students regarding assignment expectations (White & Heitzler, 2018).

Assessment and evaluation practices, feedback provided to students, and grading decisions should be grounded in best practices and students' achievement of course and program outcomes. Within a supportive learning environment, faculty and students engage in a collaborative learning partnership that allows students to thrive and flourish (Del Prato, 2017).

Faculty create a supportive learning environment by communicating caring and respect for students as adult learners and by applying principles of appreciation to prevent a defensive posture (Del Prato, 2010). This approach sends a positive message to students about their strengths and lessens faculty discomfort in delivering honest, constructive feedback about areas needing improvement. Faculty can anticipate that honest constructive feedback may invoke discomfort for some students. However, substantial evidence indicates that mild cognitive dissonance can prompt student development toward more complex thinking and intellectual growth (Del Prato, 2017). In this context, a supportive faculty-student relationship is essential to delivering authentic constructive feedback in ways students can hear.

The findings of this scoping review highlight the ongoing problem that some faculty lack formal preparation in the science of nursing education (NLN, 2017). This lack of knowledge may hinder confidence in giving constructive feedback and grading with integrity. Nurse leaders have called for educational reforms that depend on nurse educators with specialized knowledge in the science of nursing education as a subspecialty within higher education (Benner et al., 2010; NLN 2017). Indeed, the need for highly qualified faculty with a deep knowledge of clinical practice who *also* know how to teach to support adult learning and professional development has never been greater.

Given the growing reliance on clinical experts transitioning to the faculty role, as well as adjunct sessional faculty, nursing programs need policies for hiring and mentoring qualified faculty. The findings of this review also suggest that coursework in educational assessment and evaluation should be required for a faculty appointment. In addition, formal mentoring programs to onboard and support new and seasoned faculty members are urgently needed (Nick et al., 2012). Faculty development and mentoring programs focused on best practices in student assessment, including barriers to authentic assessment and the impact of grade inflation on student learning and development, should be made available to all faculty. Mentoring faculty in best practices should also include strategies to support professional ideals of integrity, veracity, and expert communication to help faculty manage angry students who complain about grades and apply pressure to change grades (Beck, 2016; O'Flynn-Magee & Clauson, 2013). In this way, support is provided to counteract incivility and moral distress experienced by faculty and students alike.

Economic influences have been a major driver in changing the academic landscape into corporate organizations (Hubbell, 2015). To compete and survive financially, academic leaders must focus their attention on revenue streams and the bottom line, increase admission numbers, maintain retention and progression rates, increase timely graduation rates, maintain a competitive reputation, and advantage graduates for career opportunities. Unclear organizational structures, policies, and governance procedures; little to no support for faculty who uphold standards of excellence; and fears of litigation have contributed to the changing academic landscape and the underlying issues surrounding breaches to academic integrity (Chen, 2018). It is imperative that nurse leaders take action by working with

institutional leaders to transform academic environments in ways that operationalize best practices in student assessment and support faculty in academic decisions (Diekmann, 2018).

Strengths and Limitations of the Review

This scoping review presents the current range of evidence regarding academic grading practices and academic grade inflation in colleges of nursing. The findings should not be generalized beyond that nor conclusions be drawn other than those presented. Levac et al. (2010) and Peters et al. (2015) recommended a more rigorous approach to this type of knowledge synthesis. Recommendations applied to this scoping review include the following:

- conducted a systematic search of international nursing education literature,
- consulted with faculty stakeholders,
- analyzed and reinterpreted the extant literature,
- identified implications for nursing education practice, and
- provided recommendations for future research.

Additional strengths of this review relate to the strategies used to ensure identification of all available evidence. The search was conducted with the assistance of a library scientist. Nursing, higher education, and interdisciplinary databases were searched, and an online search engine (Google Scholar) was used to avoid missing relevant gray literature or conference proceedings.

A limitation of this review is that the majority of studies were conducted with small samples in a single nursing course, at a single site, or within one geographical region. A major limitation is that few studies evaluated the effectiveness of assessment and evaluation strategies to mitigate academic grade inflation in nursing education. Also, only nursing education literature was included. Finally, we only reviewed English language research; we excluded one Italian study that may have met inclusion criteria and contributed to the findings.

Implications for Nursing Education Research

Excellence in nursing education requires research "guided by the integrity of ethical codes of conduct applied in the implementation of studies in teaching and practice" (NLN, 2016, 2020). To this end, research aimed at implementing and evaluating strategies to mitigate grade inflation in nursing education are urgently needed.

Research is needed to develop valid and reliable instruments to study the grading practices of nurse educators and to better understand the extent to which nurse educators have been prepared in the science of nursing education or higher education. Robust multicourse, multisite, and multimethod research using larger sample sizes would make a significant contribution to the science on evidence-based teaching and assessment practices.

Research comparing the academic grading practices of faculty in prelicensure baccalaureate programs with those in RN to baccalaureate programs would make a valuable contribution. Finally, given the increasing reliance on part-time faculty, research to examine the attitudes and grading practices of part-time and adjunct faculty and how colleges of nursing can best support course rigor and grading consistency between full- and part-time faculty is needed.

CONCLUSION

The aim of this scoping study was to map and integrate the literature on academic grading practices and grade inflation in nursing education. What is clear is that academic grade inflation is a complex problem; it is grounded in multiple challenges associated with institutional influences, external standards, conformity, subjective influence,

lack of specialized knowledge in student assessment and grading best practices, and lack of confidence. These factors are not isolated nor unique to nursing education; they often relate to multiple circumstances and unintentional considerations in the decision-making process to breach grade integrity. However, several solutions with the potential to mitigate these breaches have been identified, and a call to implement changes in grading practices can no longer go unanswered.

REFERENCES

- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education in nursing*. <https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
- American Association of Colleges of Nursing. (2011). *The essentials of master's education in nursing*. <https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32. 10.1080/1364557032000119616
- Beck, D. (2016). *Nursing faculty experiences with student evaluations*. Doctoral dissertation, ProQuest 10124235.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. Jossey-Bass.
- Bickes, J. T., & Schim, S. M. (2010). Righting writing: Strategies for improving nursing student papers. *International Journal of Nursing Education Scholarship*, 7, Article 8. 10.2202/1548-923X.1964
- Chen, R. K. (2018). Determinants of course grades in allied health sciences programs. *Journal of Allied Health*, 47(1), 35-44.
- Davis, K., Drey, N., & Gould, D. (2009). What are scoping studies? A review of the nursing literature. *International Journal of Nursing Studies*, 46, 1386-1400. 10.1016/j.ijnurstu.2009.02.010
- Del Prato, D. M. (2010). *The lived experience of associate degree nursing education: Conditions and barriers in the learning environment that shaped students' learning, identity development, and success*. Syracuse University. ProQuest 3429053.
- Del Prato, D. M. (2017). Transforming nursing education: Fostering student development towards self-authorship. *International Journal of Nursing Education Scholarship*, 14(1), 20170004. 10.1515/ijnes-2017-0004
- Docherty, A. (2018). Failing to fail in undergraduate nursing: Understanding the phenomenon. *Nursing Education Perspectives*, 39(6), 335-342. 10.1097/01.NEP.0000000000000350
- Docherty, A., & Dieckmann, N. (2015). Is there evidence of failing to fail in our schools of nursing? *Nursing Education Perspectives*, 36(4), 226-231. 10.5480/14-1485
- Donaldson, J. H., & Gray, M. (2012). Systematic review of grading practice: Is there evidence of grade inflation? *Nurse Education in Practice*, 12, 101-114. 10.1016/j.nepr.2011.10.007
- Duffy, K. (2003). *Failing students: A qualitative study of factors that influence the decisions regarding assessment of students' competence in practice*. <https://www.researchgate.net/publication/251693467>
- Ganske, K. (2010). Moral distress in academia. *Online Journal of Issues in Nursing*, 15(1), 1-1. 10.3912/OJIN.Vol15No03Man06
- Hubbell, L. (2015). Students aren't consumers. *Academic Questions*, 28(1), 82-89. 10.1007/s12129-015-9473-4
- Hughes, L. J., Mitchell, M., & Johnston, A. N. (2016). 'Failure to fail' in nursing - A catch phrase or a real issue? A systematic integrative literature review. *Nurse Education in Practice*, 20, 54-63.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. National Academies Press.
- Kilanowski, J. F., & Abbott, M. B. (2017). Investigating interrater reliability in an online RN-to-BSN program: Disparate conclusions. *Journal of Nursing Education*, 56(6), 360-363. 10.3928/01484834-20170518-08
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science*, 5, 69-77. 10.1186/1748-5908-5-69
- National League for Nursing. (2012). *The scope of practice for academic nurse educators*. Author.
- National League for Nursing. (2016). *Research priorities in nursing education 2016-2019*. Author.
- National League for Nursing. (2017). *Graduate preparation for academic nurse educators [NLN Vision Series]*. www.nln.org/newsroom/nln-position-documents/nln-living-documents
- National League for Nursing. (2020). *Research priorities in nursing education 2020-2023*. www.nln.org/professional-development-programs/research/research-priorities-in-nursing-education
- Nick, J. M., Delahoyde, T. M., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S. B., Lasater, K., Reising, D., & Siktberg, L. (2012). Best practices in academic mentoring: A model for excellence. *Nursing Research and Practice*, 2012, 937906. 10.1155/2012/937906
- Oermann, M. H., & Gaberson, K. B. (2021). *Evaluation and testing in nursing education* (6th ed.). Springer.
- Oermann, M. H., Saewert, K. J., Charasika, M., & Yarbrough, S. S. (2009). Assessment and grading practices in schools of nursing: National survey findings part I. *Nursing Education Perspectives*, 30(5), 274-278.
- O'Flynn-Magee, K., & Clauson, M. (2013). Uncovering nurse educators' beliefs and values about grading academic papers: Guidelines for best practices. *Journal of Nursing Education*, 52(9), 492-499. 10.3928/01484834-20130819-01
- Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidelines for conducting systematic scoping reviews. *International Journal of Evidence Based Healthcare*, 13, 141-146.
- Reynolds, D. (2015). Variability of passing grades in undergraduate nursing education programs in New York State. *Nursing Education Perspectives*, 36(4), 232-236. 10.5480/13-1235
- Rojstaczer, S., & Healy, C. (2012). Where A is ordinary: The evolution of American college and university grading, 1940-2009. *Teachers College Record*, 114(7).
- Salamonson, Y., Halcomb, E. J., Andrew, S., Peters, K., & Jackson, D. (2010). A comparative study of assessment grading and nursing students' perceptions of quality in sessional and tenured teachers. *Journal of Nursing Scholarship*, 42(4), 423-429.
- Scanlan, J. M., & Care, W. D. (2004). Grade inflation: Should we be concerned? *Journal of Nursing Education*, 43(10), 475-478.
- White, K. A., & Heitzler, E. T. (2018). Effect of increased evaluation objectivity on grade inflation. Precise grading rubrics and rigorously developed tests. *Nurse Educator*, 43(2), 73-77. 10.1097/NNE.0000000000000420
- Wosik, D. (2014). Measuring the quality of the assessment process: Dealing with grading inconsistency. *Practitioner Research in Higher Education*, 8(1), 32-40.

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