Academic Entitlement, Personality, and Academic Performance Among Graduate Health Students

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Objectives

- Define academic entitlement and differentiate its prevalence, key characteristics, and implications in higher education
- Discuss the role that various demographic and personal factors have in the expression of academic entitlement

What is academic entitlement?

- A "tendency to possess an expectation of academic success without a sense of personal responsibility for achieving that success" (Chowning & Campbell, 2009)
- Abbreviated as "AE" for the rest of this presentation
- Examples of academically entitled behavior
- Relevance to healthcare
- Students with AE in healthcare programs may be unprepared to meet the rigorous standards required in patient care.

Background Data

- Every year, over **400,000 patients** experience preventable harm in the hands of healthcare providers
- Much of the existing AE research focuses on undergraduates; only a few studies have examined graduate healthcare students
- Studies of AE and healthcare graduate students show a positive correlation of AE with:
  - course remediation
  - entitled expectations of professors' roles in the presence of lower academic performance
  - discrepancies between student and faculty beliefs regarding academic expectations

Types of Tools

Academic Entitlement Questionnaire (AEQ)

Narcissistic Personality Inventory (NPI)

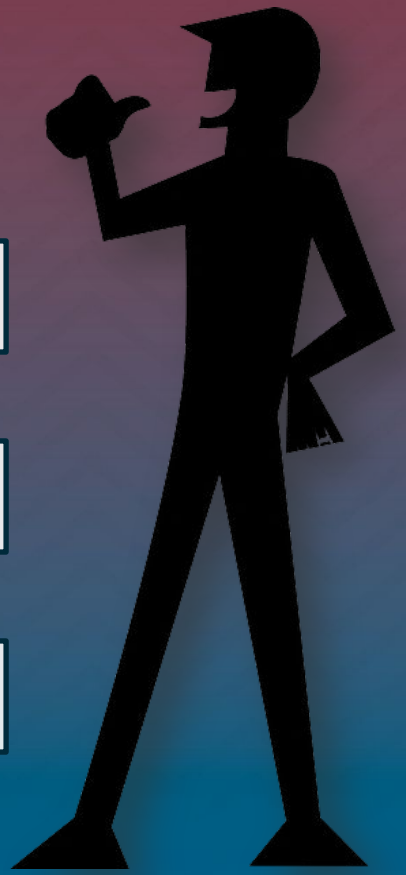
Social Desirability Responding (BIDR)

AEQ Scoring

- Several validated scales
  - Academic Entitlement Questionnaire (AEQ) by Kopp et al. (2011)
- Likert scale
- 8 statements
  - “Because I pay tuition, I deserve passing grades”
  - “It is the professor's responsibility to make it easy for me to succeed”

Narcissistic Personality Traits

- Current AE and narcissism relationship
- Impact on self-improvement
- Narcissism in healthcare



NPI Scoring

- Narcissistic Personality Inventory (NPI-8) by Schmalbach et al. (2020).
- 8 paired statements
  - Participants chose which statement of each pair sounded most like them
  - “It makes me uncomfortable to be the center of attention” vs. “ I really like to be the center of attention.”
  - “I am much like everybody else” vs. “I am an extraordinary person.”

Social Desirability Responding

Self-reported data

+

Survey anonymity

→

Need for SDR

SDR Scoring

- Balanced Inventory of Desirable Responding (BIDR-16) by Hart et al. (2015)
- 16 statements with Likert scoring
  - Originally a 40-item model
  - “I sometimes tell lies if I have to”
  - “When I hear people talking privately, I avoid listening”
- Outliers were eliminated

Significance of this Study

- The value of a postsecondary degree would be vacuous for numerous stakeholders if students were able to contest grades when their work does not demonstrate necessary accuracy or mastery of the material.
- Social work graduate students had decreased satisfaction with field experience as AE increased
- Patient healthcare quality

Stakeholders

- Students
- Professors
- Universities
- Patients

Research Question

Is there a correlation between AE, narcissistic personality traits, and academic performance among healthcare graduate students at Rosalind Franklin University?

Aims of the Study

- Explore and expand theories of AE through survey data of graduate healthcare students
- Quantify AE prevalence among RFU graduate healthcare students
- Describe the correlation between AE and student personality traits (NPI, SDR)
- Identify student demographics linked to AE
- Raise awareness among students, educators, universities, and the public
- Develop actionable recommendations for university policies to address AE

Organizational Need

AE is under-researched

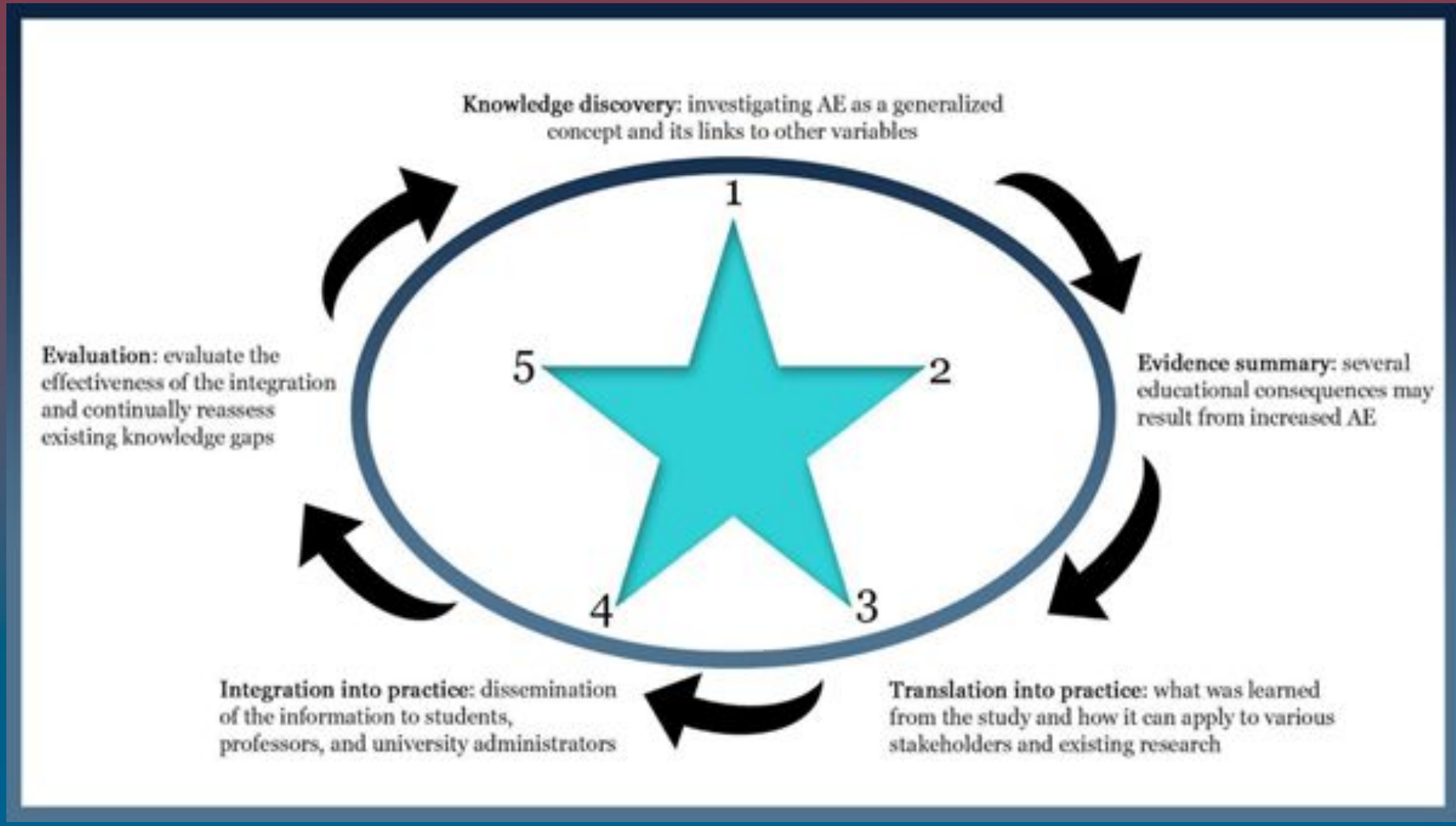
Links to academic dishonesty, poor academic performance, and more

SWOT analysis

Barriers to Overcome

- Validated tool options
- Survey response total
- Self-reported data
- Interpretation of AE results/numbers
- Small sample size for subgroup analysis

Theoretical Framework
ACE Star Model



Project Finalization

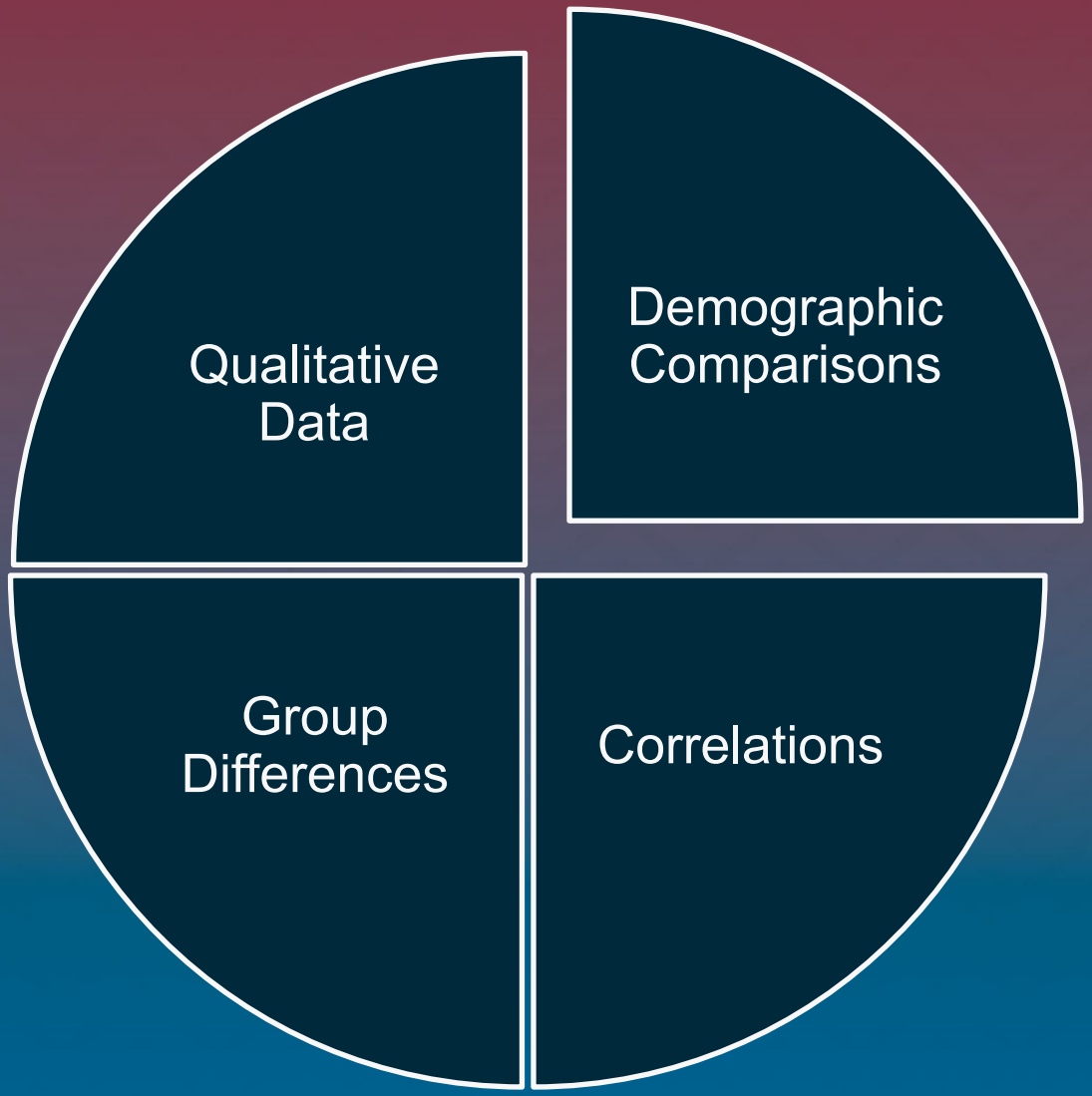
Institutional Review Board (IRB) exemption approval

Pilot testing

Methods

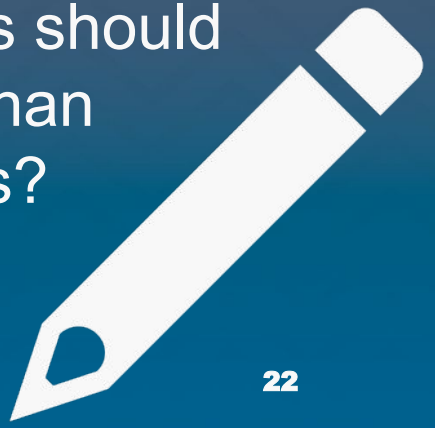
- Design: non-experimental, descriptive cross-sectional
- Survey consisted of items from 3 validated tools
  - AEQ
  - NPI
  - BIDR
  - 2 open ended qualitative items
- Qualtrics survey invitation sent via email to 1,940 currently enrolled RFU healthcare graduate students
- Timeline: 18 months (Fall 2023- Spring 2025)

Analysis Plan



Qualitative analysis

- Two free-response questions at the end of the survey:
  - Please explain why you agree or disagree that students should be given opportunities to increase their grade if they have failed a knowledge assessment?
  - Please explain why you agree or disagree that graduate students in healthcare programs should be held to a higher knowledge standard than others non-healthcare graduate programs?



Demographic	*n* (%)
Age	
18-24 years	36 (27)
25-31 years	77 (58)
32-38 years	13 (10)
39 years and older	6 (5)
Mean Age (SD): 27.65 (5.255)	
Biological Sex Assigned	
Male	38 (30)
Female	93 (70)
Prefer not to say	1 (1)
Gender	
Male	39 (30)
Female	89 (67)
Non-binary	1 (1)
Prefer not to say	3 (2)
Ethnicity	
Native American/Alaskan	2(2)
Asian/Pacific Islander	24 (18)
Black/African American	12 (9)
Hispanic	13 (10)
White/Caucasian	69 (52)
Multiple/other	3 (2)
Prefer not to say	9 (7)
Country of Origin	
USA	113 (86)
Outside of USA	19 (14)

Demographic	*n* (%)
Years Matriculated in Program	
1 year	47 (36)
2 years	43 (33)
3 years	24 (18)
4 years	10 (8)
5 years	3 (2)
6 or more	5 (4)
Mean Years (SD): 2.20 (1.275)	
Parent to child/children	
Yes	16 (12)
No	116 (88)
Marital Status	
Single, never married	85 (64)
Married or domestic partnership	40 (30)
Widowed	1 (1)
Divorced	4 (3)
Separated	1 (1)
Academic College Enrolled	
Chicago Medical School	44 (33)
College of Health Professions	24 (18)
College of Nursing	38 (29)
College of Pharmacy	8 (6)
College of Podiatric Medicine	18 (14)
Graduate Postdoctoral Studies	0
Military Background	
Yes	4 (3)
No	128 (97)

Demographic	*n* (%)
Education Outside of USA	
No school attended	11 (8)
Primary (ages 5-11)	4 (3)
Secondary (ages 12-18)	4 (3)
Bachelor's degree	0
Graduate degree	0
Employment Status	
Full time	6 (5)
Part time	42 (32)
Unemployed, seeking	10 (8)
Unemployed, not seeking	74 (56)
Loans Owed after Graduation	
None	17 (13)
$1,000-$100,000	20 (15)
$101,000-$200,000	46 (35)
More than $201,000	49 (37)
Workforce Time before Matriculation	
None	13 (10)
Less than 1 year	7 (5)
1-2 years	31 (24)
3-5 years	46 (35)
6-8 years	15 (11)
Greater than 8 years	20 (15)
Mean Years (SD): 3.78 (1.421)	

Influence of Age and Loan Burden

Age	AEQ Mean (SD)	NPI Mean (SD)	BIDR Mean (SD)
18-24 years	30.11 (14.587)	2.53 (1.748)	72.14 (8.858)
25-31 years	33.64 (14.559)	2.88 (1.987)	76.42 (10.596)
32-38 years	28.92 (13.156)	1.77 (1.739)	73.85 (11.746)
39 years and older	41.5 (18.086)	3.33 (2.658)	75.67 (8.802)
Overall means	**32.57 (14.679)**	**2.70 (1.946)**	**74.96 (10.260)**

Loans Owed After Graduation	AEQ Mean (SD)	NPI Mean (SD)	BIDR Mean (SD)
None	32.57 (17.823)	3.64 (2.620)	71.43 (10.135)
$1,000-$100,000	31.55 (13.960)	2.35 (1.599)	74.20 (10.631)
$101,000-$200,000	30.78 (14.303)	2.67 (1.802)	76.67 (10.135)
More than $201,000	35 (14.503)	2.65 (2.006)	74.14 (10.247)
Overall means	**32.57 (14.679)**	**2.70 (1.946)**	**74.96 (10.260)**

Influence of Work Experience

Military Background	AEQ Mean (SD)	NPI Mean (SD)	BIDR Mean (SD)
Yes	28 (17.029)	3.5 (1.732)	82.5 (7.234)
No	32.71 (14.654)	2.67 (1.953)	74.73 (10.272)
Overall means	**32.57 (14.679)**	**2.70 (1.946)**	**74.96 (10.260)**

Workforce Time before Matriculation	AEQ Mean (SD)	NPI Mean (SD)	BIDR Mean (SD)
None	32.54 (16.611)	2.92 (1.754)	73.15 (10.343)
Less than 1 year	33.14 (12.020)	1.86 (1.215)	67.43 (7.678)
1-2 years	30.61 (12.677)	3.06 (2.065)	75.74 (11.009)
3-5 years	33.04 (14.411)	2.57 (1.785)	75.35 (9.336)
6-8 years	32.40 (19.153)	2.47 (1.642)	76.13 (11.928)
Greater than 8 years	34.45 (15.463)	2.75 (2.613)	75.80 (10.521)
Overall means	**32.57 (14.679)**	**2.70 (1.946)**	**74.96 (10.260)**

Correlations of Attributes

Attributes Examined	Spearman Correlation (r value)	2-Tail Significance (p value)
AEQ:NPI	-0.105	0.230
AEQ:BIDR	-0.127	0.147
AEQ:GPA	-0.044	0.633
NPI:GPA	-0.088	0.358
NPI:BIDR	0.093	0.270
High NPI: BIDR	-0.417	0.034 ★
BIDR:GPA	0.208	0.027 ★

Program-Specific Observations

Academic College Enrolled	AEQ Mean (SD)	NPI Mean (SD)	BIDR Mean (SD)	GPA Mean (SD)
Chicago Medical School	29.93 (13.941)	**3.02 (2.074)**	72.80 (9.964)	3.635 (0.498)
College of Health Professions	35.38 (17.052)	2.50 (2.246)	72.54 (9.864)	3.582 (0.390)
College of Nursing	31.24 (15.388)	2.42 (1.703)	**81.05 (9.681)**	**3.918 (0.157)**
College of Pharmacy	34.75 (12.384)	2.63 (1.188)	69 (5.043)	3.057 (0.365)
College of Podiatric Medicine	**37.11 (11.822)**	2.78 (2.016)	73.28 (9.535)	3.399 (0.514)
Graduate Postdoctoral Studies	-	-	-	-
Overall Mean	**32.57 (14.679)**	**2.70 (1.946)**	**74.96 (10.260)**	**3.647 (0.439)**

Qualitative Findings

Themes on opportunities to increase grades

A student should pass if he/she does what they are supposed to do (21%)

Exams should be multimodal and reflect real-world skills (18%)

Everyone has tough times/extenuating circumstances and should be given a chance (49%)

Effort needs to be shown for a chance at remediation (14%)

Themes on healthcare students and higher standards

Responsibility for patients' lives/safety/society (70%)

Complex knowledge required for job (15%)

Hard to compare program standards (6%)

Each graduate field should have its own high standards (8%)

Discussion

Major findings

- No statistical significant correlations with AE
- Impactful educational correlations identified

Comparative insights

- AE prevalence
- Demographic trends

Research contributions

- Narcissism not the primary predictor of AE
- Mitigating AE with clear communication
- AE considered low compared to previous research

Recommendations for Future Study

- Other personality traits or sociocultural factors
- Replication and validation
- AE relationship to clinical performance
- Intervention strategies
  - AE reduction programs
  - Policy implementation
- Investigate the clinical impact

References