Does a Relationship Exist Between the Type of Initial Violation and Recidivism?

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This research study used a retrospective quantitative descriptive correlation design to determine if a relationship exists between the type of violation for which a nurse was initially disciplined by the Arizona Board of Nursing (BON) and recidivism. The hypothesis of the study stated that such relationships exist. The researcher examined the BON's discipline data bank for the years 2002 through 2012 to find specific violations that were likely to lead to multiple disciplinary actions. Based on this examination, the researcher chose the five categories of violations that were most likely to be associated with recidivism. The point-biserial correlation (rpb) was computed to identify if any significant linear relationship existed between categories of violations and repeated disciplines and revealed no statistically significant relationship. Thus, the study concludes that the null hypothesis cannot be rejected. Future research is recommended to identify specific initial violations that may have a relationship with recidivism, rather than descriptive categories of initial violations that may have such a relationship.

Nurses who are disciplined by boards of nursing (BONs) for violations of the nurse practice act (NPA) are often disciplined more than once (Booth & Carruth, 1998; Kelly & Clevette, 2005). A 2009 study found that 34.8% of disciplined nurses had a prior legal history and a 56.4% recidivism rate (National Council of State Boards of Nursing [NCSBN], 2009). Despite the knowledge that many disciplined nurses are multiple offenders, little research is available identifying the specific initial violations that are most likely to lead to future violations and multiple disciplines (NCSBN, 2009).

The majority of the literature on professional discipline discusses the social context of the nurse after being disciplined. Studies addressing nurses' attitudes and feelings are explored in relationship to NPA violations, but the literature has minimal research analyzing the relationship between NPA violations and the number and types of repeat violations. Though several studies on recidivism focus on substance abuse violations, recidivism rates among nurses with other types of initial violations have received little formal analysis (Daprix, 2003; Davis, 2014; Hudspeth, 2007; Pugh, 2009).

Establishing a link between certain violations and recidivism could assist BON members in determining which violations may require special interventions. If BON members knew which initial violations were associated with recidivism, they could consider additional disciplinary requirements, such as longer periods of monitoring, more education and evaluation, and closer supervision, as conditions of probation. These requirements may provide the nurse with the further knowledge, skills, and attitudes needed to reduce the chances of repeated violations.

Theoretical Framework

Nurses use critical thinking to integrate scientific and nursing knowledge into a foundational awareness and understanding from which they experience a clinical situation that influences patient outcomes. Personal knowledge is a quality that stems from the personal experiences between the nurse and patient (Fitzpatrick & Whall, 2005). The result of expert nursing is the integration of scientifically supported, well-planned care with the compassion and healing art of the expert nurse to provide each patient with the best of science and the art of nursing (Audain, 2007).

Skill and Moral Agency

Nursing theorist Patricia Benner explored the experienced nurse's clinical competence related to skills and moral agency. Benner believes that skill and moral responsibility link the development of expertise and clinical practice (Benner, 2004; Benner, Tanner, & Chesla, 2009). Benner states that expert moral agency requires excellent moral sensibilities, perceptual acuity, "embodied know-how," skillful engagement, respectful relationship, and the ability to respond to a situation in a timely fashion.

Benner's study of the nursing skills and moral agency along the continuum of experience is the framework of this study. Benner demonstrated that the behavior of nurses changes as they gain experience over time (Benner, 2004). In Benner's theory, a nurse's skill and abilities improve as the nurse becomes more experienced. Clinical situations are better understood, and the expert nurse has professional knowledge and the ability to foresee potential eventualities in the clinical setting. Moral agency is developed through experience over time and the knowledge gained through a variety of clinical situations. Knowledge alone

does not prepare the nurse with moral agency. To understand the moral agency of an expert nurse, one must observe the totality of the experience. An observer cannot witness one day or one event during a nursing shift and appreciate the intrinsic value in the work. For the expert nurse, the practice of nursing is more than a profession: It is an identity.

Transformational leadership in nursing will assist the RN in recognizing risky behaviors that lead to violations of the NPA. Florence Nightingale stated, "For us who nurse, our nursing is a thing, which, unless we are making progress every year, every month, every week, take my word for it, we are going back" (Florence Nightingale Foundation, 2012). Transformational leadership identifies qualities such as authentic accountability, enthusiasm, energy, commitment, and interpersonal skills that are crucial to bridging the gap between theory and practice.

Information gained from this study will help determine if a lack of moral agency plays a role in recidivism rates of registered nurses (RNs). For example, Benner's theory of novice to expert suggests that a nurse's skill and moral agency will improve with more experience (Benner, 2004). Thus, a novice nurse is more likely to violate the NPA and continue to do so until experience is acquired.

Purpose and Overview of the Study

The purpose of this quantitative correlational study was to determine if a relationship exists between the specific type of violation for which a nurse is initially disciplined and subsequent violations. The hypothesis of the study stated that such relationships exist.

In determining the independent and dependent variable for this study, the researcher questioned why so many nurses appear frequently before the BON for NPA violations. One common theme appeared to be substance abuse, but it was unclear if there were other relationships between the types of violations and the recidivism rate. The Arizona BON staff did not have information on RNs with repeated disciplines, but an examination of the BON's discipline data bank revealed specific violations that were likely to lead to multiple disciplinary actions. Based on this examination, the researcher chose categories of violations that were most likely to be repeated.

BONs use nine descriptive categories of discipline, and within each category are specific violations. For example, within the *drug related* category, violations include drug statute violation; unauthorized prescribing, dispensing, or administering medications; error in prescribing, dispensing, or administering medications; and diversion of controlled substances. From the nine categories, the researcher chose five because of the frequency with which violations in these categories appeared in the discipline section of the Arizona BON quarterly journal. The descriptive categories of discipline examined in this study are as follows:
- Unsafe practice or substandard care

- Criminal conviction or adjudication
- Drug-related violations
- Confidentiality, consent, or disclosure violations
- Misconduct or abuse.

Method

Permission to use the Arizona BON discipline data bank was obtained on December 14, 2012, from the executive director. Upon obtaining Institutional Review Board (IRB) approval from the University of Phoenix, the researcher obtained the data from the BON through the executive director. The BON provided the data in a format to keep nurses' identity confidential. The researcher appropriately coded data for use by a designated statistician. Any publication of the study results will report aggregate data and information only.

Design

For this retrospective quantitative descriptive correlation design study, the researcher analyzed information from the discipline data bank of the BON for the years 2002 through 2012 to determine if a relationship exists between nurses initially disciplined for violations in the five selected categories and nurses with multiple disciplines.

For this correlational study design, the point-biserial correlation (rpb)—a special case of the Pearson product-moment correlation®—was computed to identify whether any significant linear relationship existed between categories of violations for which nurses were initially disciplined and recidivism.

Population and Sample

The target population was all RNs in the BON discipline data bank with violations of the NPA between 2002 and 2012. The BON disciplines approximately 2% of nurses with complaints against them, which is approximately 50 nurses a year in Arizona. Thus, the population pool for the 11-year study period was approximately 500 nurses. Exclusion criteria included nurses whose violations were not in the five selected discipline categories, nurses disciplined for violations before RN licensure, and nurses with a home state other than Arizona.

The quantitative correlational study includes a criterion for significance (alpha) set at 0.05. A probability level of 0.05 indicates a 5% chance of rejecting the null hypothesis. For this level of significance, the Z-value is 1.96 or approximately 2.0, meaning approximately +/-2 standard errors, centered on the proportion. Using a statistical level of significance of p = 0.05, a confidence interval of 0.99, and a population size of 500, a minimum sample of 476 participants would be required for the results to be generalizable. The sample method is nonrandom and used a discipline data bank consisting of archival data.