

A Mixed-Methods Study of Gender Differences in Nurse Reporting and Nurse Discipline

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Introduction: Studies consistently show that male nurses are overrepresented in the group of nurses who are disciplined by boards of nursing (BONs). This study explored whether the overrepresentation was due to gender-related bias at the level of reporting or at the level of discipline. **Methods:** Potential reporting bias was studied by a national randomized survey to elicit hypothetical reporting practices of nurses. Potential bias in the discipline of nurses was explored using descriptive statistics and propensity score matching techniques with existing National Council of State Boards of Nursing data sets—one on criminal convictions in nurses and one on practice errors committed by nurses. **Results:** One significant difference in the survey responses suggested a possibility of small bias in favor of male nurses in one hypothetical reporting circumstance. Analysis of the discipline data revealed the frequency of disciplinary actions assigned to male and female nurses who had criminal convictions for driving under the influence, fraud, and theft were similar. No differences were found between male and female nurses in disciplinary outcomes for practice-related errors. **Conclusion:** No evidence was found that suggests the overrepresentation of males in the group of nurses who are disciplined by BONs is due to gender-related bias at the level of reporting or at the level of discipline.

Keywords: Board of nursing, gender bias, gender differences, male nurses, nurse discipline

Studies consistently show that although male nurses are underrepresented in the nursing workforce, they are overrepresented in the group of nurses who are disciplined by boards of nursing (BONs) for violations of the nurse practice acts of individual states and territories (Hudson & Droppers, 2011; Waneka, Spetz, & Keane, 2011; Zhong & Thomas, 2012). A review of nurses disciplined by all BONs from 2003 to 2013 showed that 17% of the cases involved male nurses—almost twice the percentage of male nurses (9%) in the nursing workforce at the time (National Council of State Boards of Nursing [NCSBN] unpublished data, 2014; Health Resources and Services Administration, 2013).

Reports of unequal treatment of male nurses in the workplace are longstanding (Anthony, 2004; Armstrong, 2002; Burtt, 1998; Porter-O'Grady, 1995; Weber, 2008). Although participation by males in nursing can be traced back to the profession's infancy, nursing was seen as something that came naturally to women because it involved nurturing, motherly, and feminine work; men were considered inappropriate caregivers (Evans, 2004; Nightingale, 1969; Nilsson & Larsson, 2005). Males who chose to go into nursing often gravitated towards action-oriented emergency care and acute-care positions (Squires, 1995; Stokowski, 2012), roles that had more direct contact with patients, and roles

that involved more risk (Williams, 1995; CNA, 2009; O'Lynn, 2013).

Data indicate that, in the general population, men commit more crimes than women. The U.S. Sentencing Commission reports that 86.5% of all crimes are committed by males (Schmitt & Jones, 2014). Not only do males commit crime at higher rates than women, the crimes are more serious and violent, and the offenders are more prone to recidivism (Heidensohn & Silvestri, 2012).

Literature that specifically focuses on gender differences in the discipline of nurses is sparse. A review of nurses disciplined in Missouri showed that, compared with female nurses, male nurses had higher rates of discipline, were disciplined more severely, and surrendered their nursing licenses more frequently (Evangelista and Sims-Giddens, 2008). The cause of between-gender differences in the discipline of nurses for violating the nurse practice act has not been formally studied, suggesting an opportunity to fill an important gap in our understanding of this phenomenon.

The following study was conducted to investigate potential causes of the overrepresentation of males in the population of disciplined nurses and to identify implications for BONs. A panel of experts from the areas of forensic psychology, sociology, discipline, and gender differences in nursing were consulted regarding their knowledge and perception as to why male nurses are

TABLE 1

Vignette Text on Survey Instrument on Gender Differences in Nurse Reporting

Vignette Topic	Vignette Shorthand	Vignette Text ^a
Medication administration	Wrong drug	A nurse takes medicine from the medication station. Tagamet was ordered, but Tigan is given to the patient. Both medications are labeled correctly. This medication error is the third made by the nurse.
Medication administration	Wrong dosage ^a	A test dose of 10 mg of mannitol is ordered for a child. The nurse independently calculates how much drug to draw up. Instead of giving the test dose, the nurse gives 100 mg of mannitol, which is the typical dosage for a child who is the size of the patient. This medication error is the third made by the nurse.
Patient neglect or abandonment	Cigarette break ^a	A nurse has a bad morning and asks another nurse to cover while the nurse takes a cigarette break. The nurse does not come back for an hour. A seizure medication is not given at the appropriate time, and a patient has convulsions.
Patient neglect or abandonment	Leaves room ^a	A nurse is assisting a doctor with a procedure and makes a mistake (dropping something on the floor, handing the doctor the wrong item, etc.). The doctor verbally abuses the nurse, and the nurse storms out of the room in the middle of a procedure.
Scope of practice	Cannot read telemetry	A nurse who is unable to read telemetry is told to float to the cardiology department. The nurse accepts a patient being monitored with telemetry, does not recognize a change in the patient's cardiac rhythm, does not notify the physician of the change, and the patient undergoes cardiac arrest.
Scope of practice	Certified Nurse Assistant (CNA) takes charge	A new graduate RN needs to do a procedure that only a nurse has the authority to do. A CNA with a reputation as a bully tells the RN "I'll take care of it. I was a military medic and always do that here." The RN backs down and allows the CNA to do the procedure.
Substance abuse	Alcohol on breath	A nurse reports for duty with the smell of alcohol on the breath. Later that day the nurse commits a medication error.
Substance abuse	Switches urine sample ^a	A nurse is required to submit a urine sample for drug testing. The nurse is caught switching the urine with another sample.
Unprofessional conduct	Massages patient	A nurse sees a patient in the cafeteria. The nurse walks up behind the patient and massages the patient's shoulders.
Unprofessional conduct	Asks for loan	A nurse who is a single parent tells a patient how hard it is to make ends meet. The patient offers the nurse a loan, and the nurse accepts the money.

Note. RN = registered nurse.

^a Gender-neutral version shown. Surveys also included vignettes in which the nurse was identified as male or female.

^b Vignette concluded with a statement that the nurse was not reported.

overrepresented in the group of nurses who are disciplined and asked to provide recommendations for research. The panel suggested first exploring whether or not gender bias was playing a role in the findings, noting that bias can occur both at the point of reporting a violation and at the point of administering discipline. Out of this discussion, the following four research questions were developed:

1. Are there differences in the way nurses and nurse managers and executives perceive the actions of male vs. female nurses?
2. Are there differences in the way that BON staff and members (primarily investigators and attorneys) perceive the actions of male vs. female nurses?
3. Are there differences in the disciplinary actions administered by BONs to male and female nurses who have committed a comparable practice violation?

4. Are there differences in the disciplinary actions administered by BONs to male and female nurses who have committed a comparable crime?

Research Questions 1 and 2

Methods

To address the first two questions, a national survey of nurses and BON staff members involved in investigations was conducted. Institutional review board approval for the survey was obtained from the Western Institutional Review Board. A sample of 6,000 nurses was randomly selected from a national nursing mailing list. This sample size was chosen for adequate power to conduct a subanalysis on nurse managers and executives in the sample. In addition, the survey was sent to all 517 members of the NCSBN Disciplinary Knowledge Network—a group consisting primarily of investigators and attorneys from boards of nursing who were

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