

Canadian Nursing Supervisors' Perceptions of Monitoring Discipline Orders: Opportunities for Regulator-Employer Collaboration

Farah Ismail, MScN, LLB, RN, FRE, and Sean P. Clarke, PhD, RN, FAAN

Employers are uniquely situated to assist regulators by monitoring nurses practicing with conditions and restrictions resulting from a discipline order by a regulator. However, attitudes, perceptions, and contextual factors may impact employers' participation, and their education and training needs must be considered. A quality-improvement study was conducted to target these areas and provide direction to regulators in developing education and outreach efforts for employers.

Employers are essential partners in monitoring the practice of disciplined nurses, especially those who have been ordered to undergo education, those whose practices have been restricted, and those who are expected to have their practices overseen. However, working with the regulatory process in general and with discipline orders in particular is not always easy for employers because of a lack of familiarity with the disciplinary process, constraints on their resources, and complex and conflicting responsibilities to their employees, their institutions, and their professional regulatory bodies (Budden, 2011; Tanga, 2011).

To meet their obligations to the public in the face of rising standards, more cases, and increasing costs, regulators must collaborate closely with employers. Even though the proportion of disciplined nurses is small, the workload has increased as nurse workforces have grown. Nationally representative U.S. data from 1996 to 2006 suggest that the proportion of licensed nurses who were disciplined rose from 0.1% to just under 0.2%, but the number of disciplined nurses rose from 3,000 to 8,000 across the 44 state boards (National Council of State Boards of Nursing [NCSBN], 2009).

In Canada, as in many other countries, regulatory bodies have the power in appropriate circumstances to require nurses found to have breached standards of practice to complete remedial education and can also place conditions on their return to nursing practice, including monitoring of the care these nurses provide. Generally speaking, employers are asked to assist in implementing and monitoring compliance with discipline orders in cases in which nurses are found to lack judgment and skill in specific domains or to have intentionally broken practice rules with generally good intentions—for instance, in connection with medication administration (Ismail & Clarke, 2014). The College of Nurses of

Ontario, the regulatory body responsible for the largest number of nurses in Canada (akin to a state board in the United States), determined that a redesign of educational programs, materials, procedures, and policies for improving regulator-employer collaboration was a priority. However, a review of the literature revealed no research documenting employers' perspectives on collaborating with regulators. Therefore, a needs assessment of employers in Ontario was conducted to provide information about employers' involvement in the process and to direct next steps in enhancing regulator-employer partnerships.

The literature review highlighted key issues that were incorporated into the needs-assessment questionnaire. One issue was the notion that remediation is at the core of discipline orders. *Remediation* has been defined as the process of evaluation, counseling, and education to improve nursing practice at work (Harding & Connolly, 2012, p. 50). It includes learning and reflection about nursing conduct standards, close supervision, mentoring, and specific remediation of knowledge and skill deficits (NCSBN, 2012). The workplace is the logical venue for remediation and employers are well placed to observe practice. However, clarifications are required to prevent role confusion and allow all parties to identify the discipline order as the source of authority for oversight of and modifications to a nurse's practice (Harding & Connolly, 2012, p. 51).

Because the employers' primary goals are to hire enough nurses to provide competent, effective care and ensure that safe care is delivered, employers may be concerned about how discipline monitoring disrupts workflow. In particular, employers may not feel they have the time, money, resources, skills, and experience to effectively monitor nurses (Tanga, 2011), and smaller institutions may not have the staff to participate in the process

(Budden, 2011). The attitudes and perceptions, contextual factors, and education and training needs of employers were believed to be important considerations for employer engagement in discipline monitoring.

This article describes the needs assessment undertaken by the regulator in Ontario, Canada, and provides a review of the methods used and a summary of the findings and resulting implications.

Methods

The regulatory body, the College of Nurses of Ontario, provided internal approval for this anonymous short survey as a quality-improvement initiative. To meet funder and possible publication requirements, the study was further reviewed by the Western Institutional Review Board and approved as acceptable without full research ethics review.

A cross-sectional survey of nurses in leadership roles in Ontario was conducted in 2014. Potential respondents were identified from the regulator's database of nurses who renewed their membership for 2014, were employed in Ontario, and consented to be contacted via e-mail regarding opportunities to participate in nursing-related research. The goal was to obtain a representative sample of 600 to 1,000 nurses responsible for oversight and evaluation of nursing practice in a variety of settings. Approximately half of the 6,500 nurses listed in the database as having administration as their area of responsibility or having a position title of middle or senior manager were contacted. Participation was voluntary.

Those who agreed to participate were directed to a short online survey administered using a secure Web-based platform widely used in higher education, research, and market research and operated by Qualtrics (www.qualtrics.com). Respondents had 3 weeks to complete the survey. Contact information for the researcher was provided so participants could ask questions. To improve response rates, the researcher sent a reminder e-mail to nonrespondents at the end of week one and the end of week two (Dillman, Smyth, & Christian, 2009).

A set of survey questions was developed based on a review and analysis of the literature. Specifically, questions addressed the basis for discipline monitoring, the legal framework, and the constraints faced by employers as well as strategies for increasing employers' engagement (Ismail & Clarke, 2014). Demographic information was collected as well as data about participants' roles and work settings. The survey included questions about attitudes and perceptions about discipline monitoring, contextual factors that may impact involvement, and training needs. Throughout the survey, respondents were presented with free-text entry boxes so they could elaborate on their responses. Because it was anticipated that many participants would not have exposure to discipline monitoring, a hypothetical scenario in which an employer was monitoring a nurse who was disciplined for a series of medica-

tion errors was developed. Respondents were asked general questions about discipline orders and about their opinions regarding the hypothetical case. Consultants who had first-hand knowledge of discipline monitoring confirmed that the survey instructions were comprehensible and that the survey could be completed in 15 minutes. The consultants' feedback was incorporated into the final version of the survey.

Descriptive analyses (frequency counts and percentages) of relevant fixed-response questionnaire items were employed followed by a preliminary content analysis to identify themes in free-text responses (LoBiondo-Wood & Haber, 2010). Chi-square analyses were conducted to examine whether responses to the fixed-choice questionnaire items varied systematically by previous experience working with nurses with a discipline order and by work setting.

Results

Of the 2,928 nurses who received e-mail invitations, 1,648 completed the survey (a response rate of 56%). The 1,301 respondents who reported being currently involved in hiring, managing, or supervising nurses were the targets of the survey whose responses were analyzed further. Among these respondents, approximately 85% held middle and senior manager job titles, and 64% indicated that 10 or more nurses reported to them. Approximately 36% worked in hospitals, 26% in long-term care facilities, and 38% worked in community and other settings. Of the 1,301 respondents, 94% were female; 73% were between ages 40 and 59; and 60% held university credentials as their highest level of education. Only 32% reported that they had ever supervised or managed a nurse with a discipline order.

Need for Remediation

As indicated in Table 1, nearly all employers agreed with the fundamental ideas behind employer involvement in monitoring the practice of disciplined nurses. Among respondents, 90% or more believed that remediation was necessary to help nurses return to practice safely and that their participation in the process was important. In the free-text responses, one respondent wrote that "to ensure [a nurse] is practicing safely, monitoring... would be an essential component." Another stated that "a good mentoring program and direct observation of her medication administration is imperative." A strong majority of respondents also felt they could be effective when participating in discipline monitoring and were confident they could carry out their role in relation to a discipline order.

Employer Obligations and Concerns

As Table 2 shows, the majority of the employers understand their reporting obligations and the importance of knowing about disciplinary outcomes. However, when considering a hypothetical situation involving a nurse with a discipline order, only 18% of

TABLE 1

Attitudes and Perceptions: Remediation and Return to Safe Practice (N = 1,285 to 1,292)

Statement	Somewhat or Strongly Agree
It is important for the nurse practicing with a discipline order to review the professional standards and guidelines to help improve his or her practice.	98%
The nurse should meet with a nursing expert to discuss his or her discipline order and develop ways to prevent the conduct from occurring again.	98%
Employers can participate in discipline monitoring by auditing the nurse or providing supervision.	97%
Employers' participation in discipline monitoring can be effective in helping the nurse return to practice.	95%
Supervising the nurse and conducting random audits of his or her practice is effective in helping the nurse return to practice safely.	94%
I understand what the College* expects of me with respect to monitoring the nurse.	91%
Mentoring can help the nurse learn from his or her former errors.	90%
This discipline order protects the public.	89%
I am confident that I could carry out my role regarding this discipline order if I were the supervisor.	89%
I know whom I can contact at the College if I need support regarding my supervision of the nurse.	72%
The nurse could return to nursing practice safely after being the subject of this discipline order.	54%
My workplace will support my decision to hire the nurse and provide me with resources I require.	39%
I would be willing to hire the nurse even though he or she is the subject of this discipline order.	18%

*The "College" refers to the regulatory body the College of Nurses of Ontario.

respondents reported that they would hire such a nurse, and low proportions reported confidence that the nurse in the hypothetical scenario could safely return to practice and that support and resources would be available to transition the nurse to practice (54% and 39%, respectively). One respondent wrote that her "organization would be hesitant to hire a nurse with proven clinical gaps when there are nurses available to be hired that do not have restrictions or...learning plans." Another respondent explained that employers "play an important role in monitoring discipline orders," but the challenge is the time required to monitor and report on practice issues.

Significant numbers of the respondents were unsure about how the hypothetical case would unfold in their settings: 39% said they neither agreed nor disagreed that they would be willing to hire the nurse, and another 14% said they did not know whether they agreed or disagreed. Similarly, 39% of respondents said they neither agreed nor disagreed that they would be willing to hire the nurse and another 14% said they did not know whether they agreed or not with that statement. Similarly, 41% of the respondents neither agreed nor disagreed or did not know how they felt about the statement with regards to the nurse's ability to return safely to practice after a discipline order. Finally, 40% said they neither agreed nor disagreed or did not know whether they agreed that their workplace would provide resources to support the nurse's supervision.

Almost one-third of respondents did not express an opinion regarding whether discipline monitoring would be possible

in their setting. For instance, 28% of the respondents did not voice an opinion about whether or not discipline monitoring would require excessive staff resources. One respondent commented that she was unsure of "what resources would be needed" to provide effective monitoring and that monitoring could require "extra staff and time." Moreover, 29% did not express an opinion about whether participating in discipline monitoring would disrupt workflow. Although no significant associations were found between survey responses and facility or setting type, two respondents stated that in small agencies and long-term care, expertise, time, and staff can be limited, which can make discipline monitoring difficult.

Experience Monitoring Discipline Orders

Comparisons of respondents who had experience managing nurses with discipline orders versus those who did not have such experience and comparisons of respondents from the three major types of practice settings (hospitals, long-term care, and other settings such as clinics and community settings) were conducted. The sample sizes were relatively large, and the comparisons were numerous; therefore, even differences across groups at a significance level of $p < .05$ were interpreted with caution. Relatively few differences between respondents with and without experience were found, though employers with experience were more likely to know whom to contact at the regulatory body for assistance (78% vs. 70%) and when and what to report to the regulator (87% vs. 82%). Unexpectedly, employers who had experience

TABLE 2

Situational and Contextual Factors: Legal Requirements and Constraints in Relation to a Hypothetical Situation (N = 1,283 to 1,292)

Question	Somewhat or Strongly Agree
I understand why the College requires the nurse to report the outcome of her discipline order.	97%
I know when and what I should be reporting about the nurse's practice and conduct to the College.	84%
It is clear to me who should be responsible for monitoring the discipline order at my organization.	80%
Monitoring the discipline order requires too many staff resources.	21%
Participating in monitoring the discipline order disrupts employees' workflow.	19%
I do not have the skills and experience to effectively monitor a discipline order.	6%

with nurses working with discipline orders were consistently less positive about the process. For example, employers with experience monitoring discipline orders were considerably more likely to report that involvement would disrupt workflow (24% vs. 16%, $p = .001$). Overall, differences by setting were small and only statistically significant for a minority of items. Findings did not suggest that employers from long-term care and other nonhospital settings felt especially burdened by the prospect of implementing discipline orders. The limited patterns that were identified suggested that hospital-based employers, who seemingly would have more resources, were less positive about the discipline process and their ability to participate in it.

Need for Training

Even though the majority of the respondents felt that they had the skills necessary to provide discipline monitoring, 83% felt that they and others at their facility required training. One respondent explained that it would be helpful to have "clear guidelines about what to report" in the form of a template, and another explained that she would expect the discipline order would be "clear." Of the total 1,648 respondents, 58% preferred online training in the form of learning modules or a webinar; 57% expressed a preference for in-person training; and 41% thought written materials were needed to address learning needs in this area.

Implications and Conclusions

In this study, attitudes and perceptions about discipline monitoring, situational and contextual factors that impact participation in discipline monitoring, and the needs and preferred modes of training and education were described by employers from a large Canadian jurisdiction. The response rate of 56%, which was nearly double the expected rate, indicates the employers' interest in the subject and the feasibility of using a short, focused online survey at a time of skepticism about response rates in survey research.

Because of this study, the College now has baseline data and an awareness of employers' attitudes and perceptions and an understanding of situational and contextual factors that impact

employers' ability to participate in discipline monitoring. Similarly, the regulatory body is able to develop focused education and training based on the preferences of employers who participated in this study. Specifically, the results suggest that programs should focus less on the general philosophy of remediation, discipline orders, and the idea of employer participation. Instead, they should directly address practical issues and concerns, especially those related to attitudes toward hiring nurses with discipline orders and the feasibility of integrating nurses with practice restrictions into their staff.

Although the respondents were generally positive about discipline orders, they were divided when presented with a specific case and asked about their ability to deal with it, their resources for dealing with it, and the possibility of remediation for a specific type of practice issue. Fewer than 20% of employers indicated that they would be willing to hire a nurse with a common practice problem for which remediation is hypothetically possible. Interestingly, employers in hospitals, which typically have more resources, were not more positively disposed to being involved in monitoring discipline orders, nor were employers who had previous experience working with a nurse with a discipline order. These findings suggest that deep-rooted beliefs and perceived organizational constraints may have important influences on reintegrating disciplined nurses. Further research can be conducted with employers to better understand their attitudes as well as barriers that might exist. While it may be easier for regulators to address organizational barriers, it may be necessary to also address fears and concerns.

This study provides practical considerations for regulators and a basis for future collaboration with employers involved in this process. Anecdotally, it is the authors' understanding that many regulators intend to call on employers more frequently to assist with monitoring and enforcing discipline orders; however, the researchers are not aware of any previous surveys of employers regarding their engagement in monitoring programs.

The results of this study should stimulate regulators seeking to partner with employers in the discipline monitoring process to ask more questions and problem solve rather than assume

that generally positive attitudes will easily translate into allocating the resources needed to address the challenges that disciplined nurses may face in reintegrating into the workforce.

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Farah Ismail, MScN, LLB, RN, FRE, is Manager, Prosecutions and Monitoring, College of Nurses of Ontario, Toronto, Canada. **Sean P. Clarke, PhD, RN, FAAN**, is Associate Dean for Undergraduate Programs and a professor, Boston College, Chestnut Hill, Massachusetts.