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## ***2021 NCSBN Scientific Symposium - 2019 NCSBN Criminal Convictions Cohort Study Video Transcript***

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### **Event**

2021 NCSBN Scientific Symposium

More info: [ncsbn.org/15185.htm](https://ncsbn.org/15185.htm)

### **Presenter**

Elizabeth Zhong, PhD, MEd, Research Scientist I NCSBN

- [Woman] Dr. Elizabeth Zhong is a research scientist at NCSBN. She specializes in large-scale research surveys and data analysis, with extensive working experience in the discipline-related fields. Zhong is an ad hoc member of the dissertation committee of the Counseling Psychology Department at Loyola University.

- [Dr. Zhong] Hello. Welcome. It's my pleasure to present you to the NCSBN Criminal Conviction Cohort Study. Do nurses disciplined for criminal conviction pose a risk to public safety? How likely are they to recidivate?

NCSBN has been exploring this topic in the past few years. Since 2015, we initiated a case review study of nurses and the nurse applicants who received disciplinary action for criminal conviction during 2012 and 2015 to determine the type of crimes they were convicted of and the corresponding board actions.

The findings of the study were published in the *Journal of Nursing Regulation* and were presented at the 2016 Scientific Symposium. The current study, we followed up on this group of nurses. We were to check whether they receive the additional disciplinary actions during the five-year post-disciplinary period of time.

Before we start, we would like to recap the 2015 studies. Here, we found that driving under the influence and violation of Controlled Substances Act were the main crimes reported to the boards of nursing, and probation is the most common disciplinary action taken by the board.

In addition, we found that boards tend to impose more serious board actions, such as license revocation or license suspension, in response to more serious crimes, such as sexual offense or crimes related to nursing practice.

These are the examples of criminal convictions related to nursing practice. Here, we see violation of Controlled Substances Act is the most common one. Here, reported fraud were mainly related to insurance fraud. For the current study, we followed up with this group of nurses and tried to address the following questions.

First, how frequently did the nurses who were disciplined by boards of nursing for a criminal conviction and retained an active license commit new violation or crimes during the five-year post-disciplinary time frame? Do nurses who are disciplined for the board for a criminal conviction and retain an active license pose a risk to public safety?

What particular types of criminal conviction or other factors are associated with elevated or reduced risk of recidivism? This is a 10-year case review study. We evaluated nurses who received disciplinary action during 2012 to 2013 for criminal conviction. Any violations committed five years prior and post-disciplinary actions were reviewed as well.

Data were extracted from the Nursys database with assistance from the IT department. To supplement the case reviews, we also performed a relative risk analysis to explore the significance of identified trends.

For comparison purpose, we also included a random sample of 2,000 nurses who received disciplinary action for violations unrelated to criminal conviction during the same time period. Nurses who committed a crime before being licensed were excluded from the analysis.

In addition, for the nurses who received disciplinary actions such as license revocation or license suspension without license reinstatement within the five-year post-disciplinary period of time were excluded from the recidivism analysis.

In addition, revision actions without identifiable new violations were excluded from the recidivism analysis. In addition, we also excluded reciprocal action taken by the board based on actions taken from other boards. Two legal consultants read all the board orders to recategorize the type of violations to determine the status of recidivism.

The Western IRB granted NCSBN the IRB exemption approval for the study. Now let's look at the first question. How frequently did nurses who were disciplined by the boards of nursing for criminal conviction and retained an active license commit the new violations during the five-year post-disciplinary time frame?

Our case review showed that 2,429 nurses met the case review criteria. More than 938 of them were removed from the workforce as a result of the 2012 and 2013 board actions. Among those who retained an active license, 38% of them recidivated during the 5-year post-disciplinary period.

Among those who recidivated, 9% of them committed a new crime. And for those who committed a new crime, 58% of them were related to substance use disorder. The 5-year post-disciplinary case review shows that 38% of the nurses in the cohort group versus 36% of the nurses in the control group who retained an active license recidivated during the 5-year post-disciplinary period.

Now you may want to know, do the nurses who are disciplined by the boards of nursing for a criminal conviction and retain an active license pose a risk to public safety? After being disciplined for a criminal conviction, 38% of the nurses recidivated, and 11% of them recidivated with a crime or violation related to nursing practice.

The majority of the nurses who recidivated committed a violation or crime unrelated to nursing practice, including animal cruelty, dropping out of a monitoring program, or failing to meet the licensure board reporting requirements.

Our case review shows that at the time of the 2012 and 2013 disciplinary action, 413 nurses were disciplined for committing practice-related crime. Boards of nursing removed 220 of them from the workforce.

During the 5-year post-disciplinary time, we found that a total of 62 nurses recidivated with practice-related violation or crimes. Now, let's take a look at what types of criminal conviction or other factors are associated with elevated or reduced risk for recidivism.

First, we evaluated the recidivism rate by the types of initial crimes committed by the 1,071 nurses who committed a single crime. And we found out that violation of Controlled Substances Act had the highest recidivism rate, that's 53%.

We found 40% of the nurses who committed a crime related to substance use disorder recidivated versus 30% of the nurses who committed a crime unrelated to substance use disorder. Here, substance use disorders include both violations of Controlled Substances Act and driving under the influence.

Forty-eight percent of nurses who committed a crime related to nursing practice recidivated versus 37% of them committed a crime unrelated to a nursing practice. In addition, we found 43% of nurses who committed multiple crimes versus 36% of nurses who committed a single crime recidivated.

In addition, our analysis shows that nurses who committed violation before the 2012 and 2013 disciplinary actions tended to more likely to recidivate compared to those did not have such a history.

However, that difference was not statistically significant. We also conducted a relative risk analysis, and we found that the following factors associated with elevated risk for recidivism. The nurse committing a violation or crime related to SUD or related to a nursing practice, and the nurses who committed multiple crimes.

Finally, we found that the longer the criminal conviction time before the 2012 and 2013 disciplinary action, the lower the risk a nurse will recidivate. The current analysis was based on data voluntarily submitted by board of nursing. Not all boards submitted detailed case files.

NCSBN research department contacted 24 boards directly to reach over 200 case files. In addition, no direct comparison on the efficacy of disciplinary actions taken by the board is available at this time because we do not have detailed information on the types of remediation opportunities taken by the nurses.

Thirty-eight percent of the nurses disciplined for criminal convictions versus 36% of nurses disciplined for violations unrelated to criminal conviction recidivated during the five-year post-disciplinary time period. So here, we can see, with proper discipline and monitoring, nurses with criminal conviction history did not report a significantly higher recidivism rate than nurses without such a history.

Our analysis further showed that 11% of nurses committed a violation related to nursing practice during the five-year post-disciplinary period which may have patient safety implications. Among the nurses who were disciplined by boards of nursing for criminal conviction and retained an active license, 4% of them recidivated with a violation or crime related to nursing practice within 5 years.

According to our analysis, nurses who committed a crime related to substance use disorders and committed a crime related to nursing practice, and those who committed multiple crimes are at a higher risk for recidivism.

As we all know that substance use disorder is the leading cause for disciplinary actions in nursing. We're very glad to report that NCSBN already initiated a groundbreaking national study to evaluate the outcomes of the substance use disorder monitoring programs.

The finding of the study will publish in the *Journal of Nursing Regulation*, and my colleague, Mr. Richard Smiley, also presents at this conference. Before I finish the talk, we would like to thank Dr. Maryann Alexander, chief officer of nursing regulation, for her support and contribution to the study.

Dr. Alexander is the driving force for the criminal conviction studies. In addition, we would like to thank boards of nursing who generously shared their data with us. In addition, the NCSBN IT department has done a great job on retrieving that data for the current analysis.

Finally, we would like to thank you for taking time to join us. Here is my contact information. Feel free to contact me for any comments or questions. In addition, I'll be glad to take questions at the live Q&A session.

Thank you.

- Hello. Welcome back. So, first of all, thank you for taking time to join the presentation, and now I think it's time for us to gather information from you, how these findings reflect your experience.

We welcome any comments and suggestions. So if you have any questions, please feel free to submit your question to the Q&A section. So let's take a look. Okay.

Hi, Kathy. So I just saw a note that they did not see the PowerPoint presentation. So don't worry. So this presentation will be available online later, and also, I will be happy to send it to you. And we're still waiting for the questions.

So during this time, I would like to give you a brief update on the current study. First, so based on the feedback, we would like to submit the current findings to the *Journal of Nursing Regulation*, and then meanwhile, we are conducting analysis on the control group data.

Oh, this...yeah. So the purpose of the control group analysis will develop a model to predict the risk factor for recidivism. In addition, NCSBN initiated a 10-year nurses' discipline case review study to further determine the discipline trend.

So we hope that the new study findings will be available for you for our next research conferences. Okay. Now we look at the question from Ann [inaudible]. So the question is any of the finding surprised me? What do we think of the findings?

I think, in a way, not a big surprise, but one thing we did find that based on our assumption that nurses without criminal conviction history could have a significantly higher recidivental rate or pose harm to patients.

However, our study shows by proper monitoring and discipline, we found that the recidivental rate for nurses who had a criminal conviction is not significantly higher compared to the nurses who committed a violation without criminal conviction history.

It's a little surprising, but however, I think that's a good sign that it shows the current procedures taken by the boards are useful in reducing the errors. But however, we have to say, even though we do not find a significantly discipline rate for the nurses who committed criminal conviction compared to the nurses without this history.

But as we all know that in general nursing workforce, the discipline rate annually is only less than 0.3%. For our nurses, the criminal conviction nurses, in 5 years, that discipline rate was 38%, in 5 years, yes. Still, they are at risk for public safety.

But we have to say, we have evidence that the current remediation and the discipline action taken by the boards reduce the risk for harm to patients. Yeah, that's something we found. And we're still looking for any other questions. Okay.

So since I didn't see any new questions coming up, so feel free to drop any question to us directly. So I will sign off, and enjoy the rest of the conference. And see you next time.

Thank you. Bye.