

# LETTERS

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## WHO'S WATCHING NURSES?

The recent article "Probation and Recidivism: Remediation Among Disciplined Nurses in Six States" (*Original Research*, March) is misleading and invites prejudice and exclusion of nurses in the workforce at a time when the inclusion and retention of nurses is increasingly important to the health of society.

The authors conclude that health care regulators and nursing employers should be aware and wary of the association between a history of criminal conviction and the likelihood of committing a violation that requires state nursing board disciplinary action.

This conclusion is based on a study in six states of 207 nurses ranging from LPNs to advanced practice RNs (APRNs). According to the authors' research, 39%—that's 81 nurses—recidivated or had disciplinary action subsequent to a history of criminal conviction. But it's important to note that more than 300,000 RNs (this doesn't include LPNs) are licensed in the six states studied—Arizona, Maryland, Nebraska, Massachusetts, North Carolina, and Minnesota—according to 2007 estimates on [www.statehealthfacts.org](http://www.statehealthfacts.org). The finding isn't statistically significant when you're talking about

81 nurses in a pool of this magnitude.

The recidivism rate for the general adult population incarcerated for drug offenses is more than 47% within three years, according to the Bureau of Justice Statistics.<sup>1</sup> If anything, nurses at all levels of practice should be more cognizant of behavioral risk factors and supportive of their colleagues' efforts to contribute and maintain competence in the often stressful health care environment.

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## REFERENCE

1. Hughes T, Wilson DJ. *Reentry trends in the United States: recidivism*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics; 2002 Oct 25. <http://www.ojp.usdoj.gov/bjs/reentry/recidivism.htm>.

*Coauthors Elizabeth H. Zhong and Kevin Kenward respond:*

The subjects of our study were 207 disciplined nurses who were put on probation in 2001 for practice-related violations in six states. The data were retrieved from the database of the entire nursing workforce in the six participating states. The relatively small number of discipline cases is an indication of the overall high quality of the nursing practiced in these states. Furthermore,

as we explained in our article, among the discipline cases, only those that met the criteria of our study were used for the research. For example, we focused only on practice-related probation cases and excluded the cases solely involving substance abuse without direct violation in patient care. We used a total of 88 cases for analysis that met the sample size requirements for logistic regression. Our findings are statistically significant (please see page 54 of our article for the analysis and limitations of the study).

Regarding concerns that our study results invite prejudice and the exclusion of nurses, we're confident that the licensure boards, the nurses, and AJN's readers will draw their conclusions based on the scientific evidence and understand the goal of our study: to help the disciplined nurses return to safe practice and build a safer health care system.

One minor point: comparing criminal statistics (the data from the Bureau of Justice Statistics) with our study results, in our opinion, is inappropriate. However, we agree that disciplined nurses need support to maintain competence at work, as we discussed in our article. Remediation programs are one way to do this.