





Disciplinary processes for nurses, from organizational supervision to outcomes: A document analysis of a regulatory authority's decisions

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Funding information

Finnish Association for Nurses

Abstract

Aim: This study aims to explore the disciplinary processes for nurses, from organizational supervision to final decisions by the Finnish regulatory authority.

Background: Regulatory authorities are responsible for protecting the public, by ensuring that they receive safe, competent and ethical nursing care, but little is known about the disciplinary processes for nurses.

Methods: This is a retrospective document analysis of 296 disciplinary decisions by the Finnish regulatory authority from 2007 to 2016. The data were analysed using a quantitative design with descriptive statistics.

Results: We studied 204 disciplined nurses (81.4% female) with a mean age of 43.5 years. The disciplinary process comprised organizational supervision, complaints, investigations and decisions. Nurses with substance abuse issues were more likely to face criminal investigations and receive temporary decisions. The process lasted from under 1 month to years and could have profound effects on nurses, colleagues and nurse managers and compromise patient safety.

Conclusion: This study identified key factors that could inform the disciplinary processes for nurses. More knowledge is needed about how organisations ensure patient safety when unprofessional conduct is suspected.

Implications for Nursing Management: Retaining nursing professionals is vital due to global shortages, and more attention should be paid to organizational supervision and support for nurses during disciplinary processes.

KEYWORDS

complaints, disciplinary action, nursing management, professional regulations, registered nurses

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1 | BACKGROUND

Nurse managers must intervene if nurses' lack the expected professional competencies, do not comply with standards or laws, betray trust (Kunyk et al., 2016) or risk the public safety of patients (Brous, 2012). Nurse managers can alert the authorities to any circumstance that may endanger patient safety (Finnish Ministry of Justice, 2008). Most professional standard violations are handled by nurses' employers if there is clear, convincing evidence that they do not pose a serious life or death risk (Hudspeth, 2009). Health care organisations protect patient safety by providing models to supervise professional competence and standards of practice (Cronquist, 2013; Eisenmann, 2020; Hudspeth, 2009).

Regulatory authorities have a statutory responsibility to protect the public by ensuring that nurses offer safe care and have professional and ethical competencies (Brous, 2012; Kunyk & Deschenes, 2019). The disciplinary process begins with complaints about serious patient safety risks. Authorities consider each complaint in detail (Beardwood & Kainer, 2015; Cronquist, 2013; Raper & Hudspeth, 2008) and decide whether a nurse is competent, ethical and provides safe care (Johnstone, 2019; Koskenvuori et al., 2019; Poikkeus et al., 2014). They must investigate complaints that allege violations of professional legislation (Beardwood & Kainer, 2015; Raper & Hudspeth, 2008). Investigators have the right and duty to collect details of allegations against nurses, so that nursing boards can consider the evidence and make decisions. In Finland, the National Supervisory Authority for Welfare and Health is responsible for handling complaints about the treatment of patients who are severely and permanently injured or die after a suspected medical error or malpractice (Finnish Ministry of Justice, 2008). Its Board can sanction nursing professionals if they violate professional legislation. These can include temporary, permanent or indefinite decisions that restrict, suspend or remove the nurse's rights to practice or a written warning (Finnish Ministry of Justice, 1994; Finnish Ministry of Justice, 2008). If a nurse does not agree to their professional capacity and health being investigated, the Board may prohibit them from practising or using their professional title (National Supervisory Authority for Welfare and Health in Finland, 2019).

Earlier studies have described disciplinary procedures in the nursing profession from the point of view of authorities (Balestra, 2012; Eisenmann, 2020; Kim et al., 2014), nursing management (Ritter et al., 2018; Traynor et al., 2014) and nurses (Kunyk & Deschenes, 2019; Maurits et al., 2016; Smalls, 2014). Studies have concluded that nurse managers use different problem-solving methods on daily basis and that these are predominantly discussions that define, manage and resolve situations with employees. (Aitamaa et al., 2019; Laukkanen et al., 2016). There has been a lack of research on how organisations intervene with regard to nurses' professional conduct before disciplinary processes begin. This is important, especially for nurse managers, so that they can ensure that patients and nurses benefit from safe environments and structures.

Authority level regulation is based on national legislation (Brous, 2012; Cronquist, 2013; Kunyk & Deschenes, 2019;

Smalls, 2014), and disciplinary actions are based on statutory violations and have consequences for a nurse's professional career (Kunyk, 2015; Livingston et al., 2012). Although disciplined nurses represent a small percentage of the nursing population, previous studies have reported patient integrity violations (Azuri et al., 2014; da Silva et al., 2016), mistakes in nursing practice (Azuri et al., 2014; Benton et al., 2013; Hester et al., 2011), risky behaviour (Azuri et al., 2014; Hudson & Droppers, 2011; Zhong et al., 2009) and other professional incompetence (Benton et al., 2013; da Silva et al., 2016; Zhong et al., 2009). Nurses have been subject to disciplinary actions, such as reprimands, limitations, probations, suspensions, licence revocations and being removed from nursing registers (Azuri et al., 2014; Benton et al., 2015; Chiarella & Adrian, 2014; Eisenmann, 2020; Millbank, 2020). Health care professionals, nurse managers and patients have a poor understanding of how complaints about unprofessional conduct by nurses are investigated and resolved by authorities (Papinaho et al., 2021). In addition, little is known about what effect the length of the disciplinary process has on nurses who continues to work under temporary disciplinary decisions.

The aim of this study was to explore the disciplinary processes for nurses, from organizational supervision to final decisions by the Finnish regulatory authority. We did this by analysing anonymized decision documents on disciplinary procedures.

Our research questions were:

- What organizational supervision procedures were put in place before nurses were reported to the regulatory authority?
- How did the disciplinary process proceed once a formal complaint had been received by the authority?
- What investigations did the authority carry out concerning the nurses' professional competence?
- What disciplinary decisions were made?
- How were the nature of the complaints and the nurses' background factors associated with the disciplinary decisions?

2 | METHOD

2.1 | Study design

This study used systematic, retrospective document analysis (Bowen, 2009; Kaae & Traulsen, 2015; Rasmussen et al., 2012). The research data comprised disciplinary decisions issued by the Finnish Board of National Supervisory Authority for Welfare and Health between January 2007 and December 2016 against registered nurses (RNs) with educational level degrees and those with professional titles such as public health nurses, midwives and paramedics.

2.2 | Research environment

The Finnish board issues approximately 200 decisions a year against health care professionals for serious threats to patient safety. About

20% of the decisions relate to RNs which equates to 0.3% of the registered population. The Board investigates whether the complaints can be substantiated (Finnish Ministry of Justice, 1994) and a quarter of the investigations result in sanctions. Remarks and written warnings received by health care professionals have been recorded in the Central Register of Healthcare Professionals for 10 years. The Register also states whether their right to practice has been restricted or removed or they have been suspended from using their professional title (National Supervisory Authority for Welfare and Health in Finland, 2019).

2.3 | Data collection

The National Supervisory Authority for Welfare and Health selected 325 decisions against nurses from 2007 to 2016. We examined 324 decisions relating to 204 RNs in this study, and 28 were coded as one decision as they had the same outcomes. This meant that the final data comprised 296 decisions: 288 final decisions and 8 open cases with just initial decisions. One nurse could receive several decisions relating to the same complaint. The disciplinary decisions comprised documents that ranged from tens to hundreds of pages and included the finding of investigations and the nurses' own reports and explanations. The data were transferred to an electronic observation matrix.

2.4 | Data analysis

We analysed 18 of the 34 fields in the observation matrix, and the information was converted into numerical variables. These covered demographics, when and why the complaint was made, the type of complaint, the complainant and any organizational supervision procedures put in place before the complaint was made. They also detailed any investigations, when the first and the last available decisions were made and the type and permanence of the decisions. We used SPSS Statistics® version 25.0 (IBM Corp, New York, USA) to produce descriptive statistics. Fisher's exact test was used to explore categorical variables, and frequencies and percentages were used to demonstrate statistically significant associations between the reasons for the complaints, the nurses' background factors and disciplinary decisions. Significance was set at $p < .05$.

2.5 | Ethical considerations

The study was approved by the Finnish National Supervisory Authority for Welfare and Health in October 2017, subject to a written agreement on the security and confidentiality of the data. The principles of good scientific practice were followed and respected during the data collection and when reporting the results.

3 | RESULTS

3.1 | Organizational supervision before the complaint

Most (81.4%) of the 204 disciplined nurses were female, with a mean age of 43.5 (range 25–61) years. The majority (82.4%) had been subject to supervision by their nursing directors, head nurses, nurse managers or staff nurses. About two thirds (67.6%) of the nurses had their contracts terminated. Other methods of organizational supervision included administrative conversations (55.9%) and investigating a nurse's ability to work (33.8%), written warnings (17.6%) and restrictions on the nursing tasks they could perform (11.8%). Most of the nurses (82.4%) needed social and health care services, such as substance abuse support services (54.4%). Half of them received support from occupational health care services (50.0%) and only a few an occupational safety service (2.9%) (Table 1).

3.2 | Disciplinary process from the complaint to the decision

3.2.1 | Complaints

The complaints that the authority received (Figure 1) were written (50.2%), oral (38.9%) or instigated by the authority (1.5%). The majority (95.1%) comprised one complaint and the rest (4.9%) comprised two or more complaints about the same case. Most (52.5%) came from an organizational administrator, nurse manager (17.2%) or police official or the judiciary (13.2%). Other complainants (16.2%) were the health care professional or organisation responsible for the nurse, such as a physician, a pharmacy, a social insurance institution or the nurse themselves. The complaints included issues such as substance use disorders or working under the influence (43.1%), stealing medicine (32.4%) and a reduced ability to work (14.2%). Other reasons (10.3%) included falsifying documents, being suspected of a crime, neglecting prior regulatory agreements and stealing patients' money (Table 1).

3.2.2 | Investigations

The authority requested an average of 15 investigations per case (range 1–73) about the nurse's professional competence, including reports from officials, physicians or other responsible health care professionals, employers, the social insurance institution, the police, a court or nurses themselves. Documents about the nurses' health, including their medical records, were also requested. In 45.6% of cases, the authority asked the nurse to undergo a health assessment. Just under half (48.0%) were the subject of a criminal investigation. Some nurses (12.3%) had been subject to previous disciplinary action, including requirements to inform the regulators where they were current working, paying attention or notices, restrictions or written warnings. (Table 2).

TABLE 1 Information about the complaints

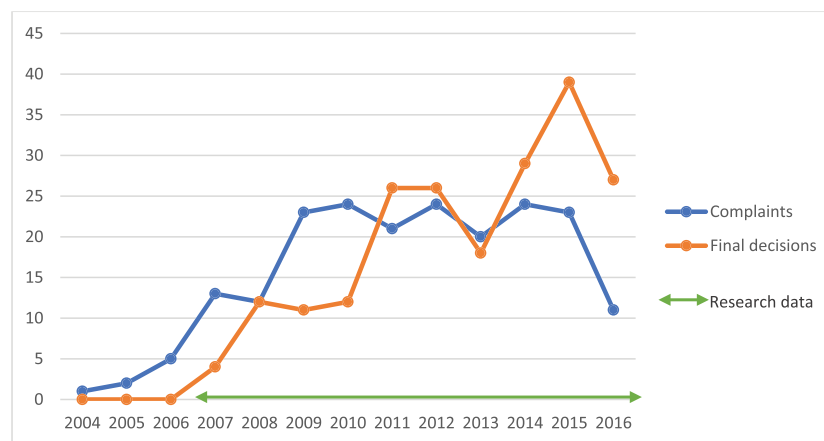
	<i>n</i>	%	Mean	Range
Nurses age	204	100	43.5	25–61
25–34	39	19		
35–44	64	31		
45–54	75	37		
55–61	24	12		
Missing data	2	1		
Gender	204	100		
Female	166	81.4		
Male	38	18.6		
Type of the complaint	204	100		
Written	102	50.2		
Oral	79	38.9		
Other	4	1.5		
Missing information	19	9.3		
Organizational supervisory procedures based on the documents	168	82.4		
Terminate a working contract	138	67.6		
Administrative conversation	114	55.9		
Investigate nurses ability to work	69	33.8		
Written warning	36	17.6		
Restrict nursing tasks	24	11.8		
Notice	6	2.9		
Reported social and health care services	168	82.4	2.05	1–5
Substance abuse service	111	54.4		
Occupational health service	102	50.0		
Psychiatric service	77	37.7		
Social work service	14	6.9		
Occupational safety service	6	2.9		
Complainant	202	99		
Organizational administrator	107	52.5		
Nurse manager	35	17.2		
Policy or judiciary	27	13.2		
Other	33	16.2		
Missing	2	1.0		
Reason for the complaint	204	100		
Substance abuse	88	43.1		
Stealing medicine	66	32.4		
Reduced ability to work	29	14.2		
Other reason	21	10.3		

3.2.3 | Decisions

A total of 296 disciplinary decisions were issued for 204 RNs, and they had one to three decisions each. The 257 decisions were permanent (76.0%), temporary (49.5%) or indefinite (0.5%). One third (35.3%) had both a temporary and a permanent decision. Written

warnings were issued in 63 (30.9%) cases: 39 were issued on their own, and they did not state whether they were temporary or permanent, and 24 were issued with other decisions. Nurse with just temporary decisions were younger than those with just permanent decision (39 vs. 45.3 years). Most received specified restrictions (41.7%) or were suspended from practising (40.7%), and almost one third (31.9%)

FIGURE 1 Frequency of the complaints and final decisions per each year ($n = 204$)



had their licences to practice revoked. In addition, the authority required for a nurse to report their current working place to them in 16.2% of the cases (Table 2).

The time it took to reach a final decision ranged from less than 1 to 64 months, and the mean time ranged from 3 to 21 months, depending on the type of decision. Suspensions took the longest time (Figure 2). We found that 33.3% of the initial decisions took less than a month from the complaint and 54.4% took less than 6 months. A quarter (24.5%) of the final decisions were delivered in under 6 months.

3.3 | Associations between the complaints and nurses' background factors and disciplinary decisions

We found that 10.3% of the 204 nurses who were accused of substance abuse and 27.5% of those who were accused of stealing medicines, faced a criminal investigation ($p < .001$). Just under fifth (17.2%) of the 204 nurses received a temporary decision ($p = .017$) because substance use was involved and 24.5% received a written warning ($p < .001$). When it came to terminating nurses' working contracts, there were no statistical differences between reasons for the complaints even though substance abuse was the most common issue (Table 2). Nurses who were suspended were more likely to be facing a criminal investigation (25.0%) ($p < .002$), had been working less than a year (19.6%) ($p < .002$) and had two or more employers (24.5%) ($p < .014$). We also found statistical significance between the 11.3% of the nurses whose licences were revoked and a criminal investigation ($p = .016$) and using social and health care services, such as substance abuse support (29.4%) ($p = .010$). Most of the licence revocations were permanent (31.9%) ($p < .001$), and temporary decisions were more likely to be suspensions (33.8%) ($p < .001$) (Table 3).

4 | DISCUSSION

This study produced new knowledge by exploring how a Finnish regulatory authority disciplined nurses, from the organizational supervision

before the complaint, to the complaint to the authority, and its investigations and decisions. The organisations' roles and procedures were poorly identified in the decision documents and the disciplinary process was hard and lengthy, with far-reaching consequences for nurses. According to disciplinary decisions, a third of the nurses had been supervised by their organizations before the complaint was made. In addition, our results noted that some nurses had previous disciplinary procedures. The current cases covered their private and working lives, and some were also undergoing criminal investigations. Some nurses received temporary restrictions during the investigation and were able to continue working.

4.1 | Systematic structures for organizational supervision

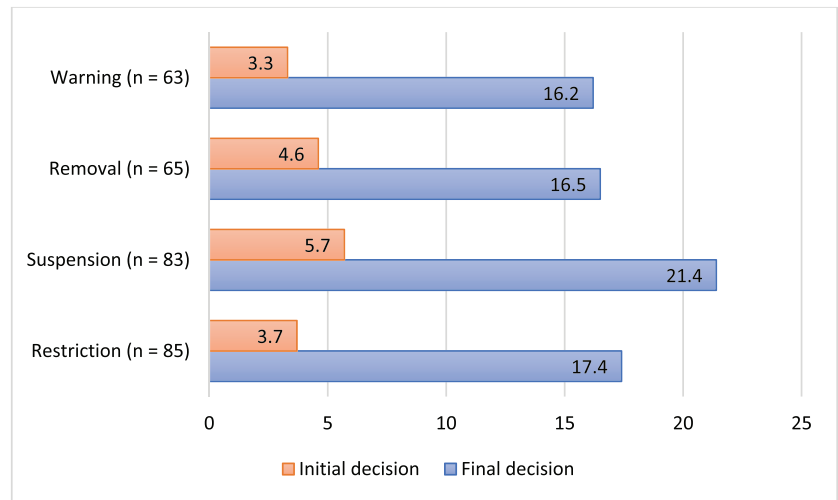
The disciplinary decisions showed that organizational supervision varied, nurse managers has a central role in the process but very little detail was documented. In line with earlier studies, nurse managers had used a number of methods to tackle work-related problems (Aitamaa et al., 2019; Laukkanen et al., 2016). Our findings showed that the majority of these supervision procedures involved terminating the nurse's working contract. Nurse managers were guided by protocols that stated that they should terminate contracts when they were faced with serious issues, such as working under the influence or stealing medicine. However, they may not have had enough knowledge, experience, alternatives or systematic structures to handle these situations in other ways (Aitamaa et al., 2021; Kuntatyönantaja [Municipal Employer], 2021). This meant that nurses could still work elsewhere or faced unemployment with limited access to support services. Health care organisations should have systematic procedures in place and encourage nurse managers to observe problems (Cooper et al., 2014), report issues and help nurses to receive support (Green, 2019). We also need to determine whether existing protocols are adequate and widely disseminated and what support nurse managers need to deal with potential unprofessional conduct.

TABLE 2 Associations between disciplinary process-related factors and the reasons for the complaints

	Reasons for complaints							
	Substance abuse		Stealing medicines		Decreased ability to work		Other reasons	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	p value
	204 (100)	88 (43.1)	66 (32.4)	29 (14.2)	21 (10.3)			
Previous disciplinary actions	25 (12.3)	12 (5.9)	7 (3.4)	2 (1.0)	4 (2.0)	.300		
Social and health care services	168 (82.4)	75 (36.8)	53 (26.0)	25 (12.3)	15 (7.4)	.221		
Criminal investigation	98 (48.0)	21 (10.3)	56 (27.5)	7 (3.4)	14 (6.9)	.105		
Authority's request for a health assessment	93 (45.6)	41 (20.1)	32 (15.7)	12 (5.9)	8 (3.9)	.496		
Termination of a working contract	138 (67.6)	66 (47.8)	50 (36.2)	9 (6.5)	13 (9.4)	.624		
Type of decision	296							
Restriction	85 (41.7)	34 (16.7)	31 (15.2)	11 (5.4)	8 (3.9)	.819		
Suspension	83 (40.7)	29 (14.2)	30 (14.7)	13 (6.4)	11 (5.4)	.348		
Revocation	65 (31.9)	30 (14.7)	16 (7.8)	13 (6.4)	6 (2.9)	.810		
Written warning	63 (30.9)	50 (24.5)	11 (5.4)	0 (0)	2 (1.0)	.025		
Authority's requirement to report a working place	33 (16.2)	15 (7.4)	12 (5.9)	2 (1.0)	4 (2.0)	.754		
Permanence of decision	257							
Temporary	101 (49.5)	35 (17.2)	37 (18.1)	16 (7.8)	13 (6.4)	.257		
Permanent (incl. indefinite)	156 (76.5)	66 (32.4)	50 (24.5)	25 (12.3)	15 (7.4)	.590		

**Statistical significance, $p < .05$.

FIGURE 2 The mean time of the process according to initial and final decisions (months)



4.2 | Protecting patient safety

The regulatory authority received written and oral complaints when there were concerns about high risks to patient safety. The notifications were usually made by organizational administrators or nurse managers. Nurse managers could contact the authority about how to handle a situation or if they needed to know how the complaints procedure worked (Supervisory Authority for Welfare and Health, 2017). Numerous officials could raise concerns about public safety, as the complaints procedure could also be triggered by a police, judiciary or pharmacy representative. Different channels for making complaints are needed, but we also need to know more about nurse managers' perceptions of, and competencies for, notification and supervising.

Complaints were frequently about substance abuse or stealing medicine (Papinaho et al., 2021), in line with a previous study (Papinaho et al., 2019). Substance abuse problems have been common factors in disciplinary procedures as they pose a serious risk to patient safety (Azuri et al., 2014; Kunyk, 2015; Kunyk et al., 2016; National Council of State Boards of Nursing [NCSBN], 2011). Nurses with substance abuse or other work-related problems may need considerable support and ongoing care (Eisenmann, 2020; Kunyk & Deschenes, 2019; Tanga, 2011). As our results demonstrated, most of the disciplined nurses used social and health care services (82.4%) and half of them used substance abuse support services. We found that only half of the nurses received support from occupational health services, even though employers are responsible providing these (Ministry of Social Affairs and Health, 2001). Only a few nurses had mentioned to have an occupational safety service during the process. That meant that disciplined nurses who were undergoing disciplinary investigations may not have received enough support services and systematic models are needed to tackle this issue. In addition, it is important to address the roles that occupational health and safety services play in disciplinary process at an organizational level.

4.3 | How the investigation aimed to produce an overview of a nurse's life

The disciplinary decisions showed that the authority evaluated the nurse's professional competence and any safety risks they posed during the investigation phase. The results showed no systematic structure for what kind of information was collected, but investigations were legally required to establish the underlying facts (Finnish Ministry of Justice, 1994; Finnish Ministry of Justice, 2008). These could include obtaining wide-ranging, multiple reports about the patient care provided by the nurse and their ability to work (Finnish Ministry of Justice, 2008). This could be quite stressful for the nurse when their career and private life were both under scrutiny.

Disciplinary procedures have been shown to compromise a nurse's privacy (Cady, 2009), and the authority stated that almost half of the nurses had to undergo a health assessment. Sometimes, the first time that nurse managers became aware of an investigation was when the authority requested details of a nurse's professional competence. In addition, nearly half of the disciplined nurses faced a criminal investigation during their disciplinary case, mostly due to allegations of stealing or driving a car under the influence of alcohol or drugs.

4.4 | The final decision and the consequences

Our results confirmed earlier studies on the types of decisions (Azuri et al., 2014; Benton et al., 2015; Chiarella & Adrian, 2014; Eisenmann, 2020; Millbank, 2020). Half of the disciplined nurses received temporary initial decisions, and this was most likely to be a suspension. A previous study found that this tended to be due to serious infractions of professional conduct (Cady, 2009). We found that permanent licence revocations were most common in substance abuse cases, in line with an earlier study (Millbank, 2020). Most substance abuse, such as working or coming to work under the influence

TABLE 3 Associations between the disciplinary process factors and disciplinary decisions

	Types of decisions											
	n (%)	Restriction		Suspension		Revocation		Written warning		Requirement to report a working place		
		n	p value	n	p value	n	p value	n	p value	n	p value	
Temporary	204 (100)	85 (41.7)	.033	83 (40.7)	<.001**	65 (31.9)	.765	63 (30.9)	<.001**	33 (16.2)	.057	
Permanent (incl. indefinite)	156 (76.5)	70 (34.3)	.131	68 (33.3)	.135	65 (31.9)	<.001**	40 (19.6)	.007**	17 (8.3)	.001**	
Social and health care services	168 (82.4)	72 (35.3)	.353	65 (31.9)	.262	60 (29.4)	.010**	55 (30.0)	.240	26 (12.7)	.618	
Criminal investigation	98 (48.0)	46 (22.5)	.119	51 (25.0)	.002**	23 (11.3)	.016**	16 (7.8)	<.001**	17 (8.3)	.706	
Earlier criminal history	37 (18.1)	13 (6.4)	.464	20 (9.8)	.095	14 (6.9)	.437	11 (5.4)	1.000	4 (2.0)	.460	
Previous disciplinary actions	25 (12.3)	11 (5.4)	.829	6 (2.9)	.084	8 (3.9)	1.000	7 (3.4)	.821	4 (2.0)	1.000	
Nurse's working career												
<1 year	74 (36.3)	30 (14.7)	.765	40 (19.6)	.002**	27 (13.2)	.196	18 (8.8)	.109	8 (3.9)	.123	
≥1 year	116 (56.9)	80 (39.2)		36 (17.6)		31 (15.2)		60 (29.4)		21 (10.3)		
Employer												
1	57 (27.9)	30 (14.7)	.098	17 (8.3)	.014**	14 (6.9)	.161	20 (9.8)	.141	14 (6.9)	.021**	
≥2	108 (52.9)	41 (20.1)		50 (24.5)		39 (19.1)		25 (12.3)		11 (5.4)		

**Statistical significance, $p < .05$.

of substances, resulted in a written warning, in common with an earlier study (Hudson & Droppers, 2011). The authority could also monitor and control where a nurse was working while a disciplinary issue was being investigated, by making it a requirement for them to notify the authority of their current employer.

Disciplinary actions could also restrict nurses by requiring them to be supervised by a colleague and control the medication they could administer or the nursing tasks they could perform (Finnish Ministry of Justice, 1994; Hudson & Droppers, 2011). Nurse managers and colleagues should be made aware of the authority's restrictions, but this can be difficult, due to privacy policies. Restrictions relating to administering medication can be effective but can also be visible and attract criticism of the restricted nurse (Hanson & Haddad, 2021; Martyn et al., 2019).

4.5 | Disciplinary processes and their far-reaching effects

Previous studies have provided little information about how long disciplinary processes lasted, and our finding suggested they could take years. Initial decisions were taken quite quickly if there was a serious risk to patient safety and then the authority carried out more detailed investigations into the nurse's professional competence and the actual risk to patient safety (Finnish Ministry of Justice, 1994; National Supervisory Authority for Welfare and Health in Finland, 2019). Nurses may try to avoid detection, because they feared disciplinary action, and this allowed possible dangerous practices to continue (Monroe & Kenaga, 2011). Disciplinary action may be intended to protect the public, but nurses struggle with the stigma of being blamed (Kunyk, 2015; Livingston et al., 2012). Studies have identified that censure can be a barrier to a nurse's recovery and some can be reluctant to disclose a problem as they are worried about the possible consequences (Eisenmann, 2020). These can include losing their licence to practice, their professional identity and their ability to earn a living (Johnstone & Kanitsaki, 2005). The disciplinary process also poses possible dangers for patients if nurses work for long periods of time while being monitored by the authority and their professional conduct declines (NCSBN, 2011). Our results showed that when nurses finally received sanctions, after being under investigation for months or years, this could affect their ability to work and have permanent consequences for their nursing career.

Disciplinary processes affect all those involved, including the nurse managers who supervise nurses and their colleagues. We also wonder how many unprofessional conduct cases go undetected. Colleagues play an important role in reporting risky behaviour (Pohjanoksa et al., 2019) or supporting colleagues, but it is normally organizational administrators who complain to the authorities. In addition, nurse managers cannot know every employee in their unit well. That is why more specific knowledge is needed about organizational supervision, self-regulation and how to intervene.

4.6 | Limitations

The study limitations relate to the document analysis research method. Nurses could have undergone several separate disciplinary processes over the 10-year study period, which may have led to data bias, including demographic variables (Rasmussen et al., 2012). Also, the documents were not designed for research use and may not have included full or accurate information. For example, only one third of the nurses were reported to have had some earlier organizational supervision, even though the real frequency was clearly higher, and details of support services were not systematically collected and reported in the decision documents.

5 | CONCLUSION

This study confirmed earlier studies on the types of disciplinary actions at the national regulatory authority's level and compared with previous studies demonstrated a disciplinary process as a whole. The role of the nursing management, and the procedures that were implemented when Finnish nurses were suspected of unprofessional conduct, varied during the disciplinary process, according to the authority's decision documents. That is why further empirical research is needed. A structured model for reporting and registering organizational supervision would support nurse managers to handle practice-related problems better. It was clear from our study that some working contracts were guided to be terminated without consideration for other options. However, it was unclear how common organizational supervision was, when it was used or whether nurse managers had enough knowledge to make a notification and intervene and supervise when nurses were suspected of unprofessional conduct.

In addition, there needs to be more systematic communication between the regulatory authority and employers, including a structured model for sharing information. Our study raised issues about the need for effective and organized support for disciplined nurses. Receiving sanctions after being under investigation for a long period of time can harm a nurse's ability to work and permanently affect their career. It is also unclear how patient safety is affected while cases are being investigated.

5.1 | Implications for nursing management

Disciplinary processes affect nurses' careers and lives, and they should be humanely treated and receive support from their colleagues and nurse managers at this difficult time. It is important that nurses, and their colleagues and nurse managers, are more aware of disciplinary processes and that everything is done to retain nurses, due to the serious global shortage of nursing professionals. More attention needs to be paid to effective organizational supervision and support for nurses who are undergoing disciplinary procedures.

ACKNOWLEDGEMENT

We would like to thank The National Supervisory Authority for Welfare and Health in Finland for their collaboration. Open access funding enabled and organized by Projekt DEAL.

CONFLICT OF INTEREST

The authors have no conflicts of interest declare.

ETHICS STATEMENT

The study was approved by the Finnish National Supervisory Authority for Welfare and Health in October 2017, subject to a written agreement on the security and confidentiality of the data.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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How to cite this article: Papinaho, O., Häggman-Laitila, A., Pasanen, M., & Kangasniemi, M. (2022). Disciplinary processes for nurses, from organizational supervision to outcomes: A document analysis of a regulatory authority's decisions. *Journal of Nursing Management*, 1–11. <https://doi.org/10.1111/jonm.13679>