Professional Lives 'Lost' to the Health Workforce through Misconduct: A Case Analysis.

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INTRODUCTION

This research examines factors leading to disciplinary against health professionals in New Zealand for professional misconduct. It examines factors contributing to situations where health professionals fail to exercise the judgement necessary to practice professionally. A multiple case study approach was used to analyse Health Practitioners Disciplinary Tribunal cases that were heard between 2012 and 2014. Each case represents examples where elements of a health professional's behaviour in a specific clinical and/or social context can be analysed and interpreted in relation to the normative expectations of their profession.

Research data

Data were developed from 33 case reports published full text on the Health Practitioners Disciplinary Tribunal website involving registered health professionals who were found guilty of professional misconduct or conduct reflecting adversely on fitness to practice between 2012 and 2014. Competence notifications, cases not found against the health professional, and health professionals not practising at the time of the complaint were excluded.

Profession	Number	Male	Female	Registered Workforce*
Nursing	17	8	9	52,729
Medicine	8	6	2	15,366
MRT	2	2	-	3,002
Psychologist	2	1	1	1,225
OST	3	3	-	436
Dentist	1	1	-	2,824
Total	33	21	12	* Approximate numbers 2014

DuBois, et al. (2012). Environmental Factors Contributing to Wrongdoing in Medicine: A Criterion-Based Review of Studies and Cases. *Ethics & Behavior*, *22*(3),163-188. doi:10.1080/10508422.2011.641832
McNulty, N., Ogden, J., & Warren, F. (2013). 'Neutralizing the Patient': Therapists' Accounts of Sexual Boundary Violations. *Clinical Psychology & Psychotherapy*, *20*(3), 189-198. doi:10.1002/cpp.799
Pugh, D. (2011). A fine line: the role of personal and professional vulnerability in allegations of unprofessional conduct. *Journal of Nursing Law, 14*(1), 21-31. doi:10.1891/1073-7472.14.1.21

RESEARCH METHOD

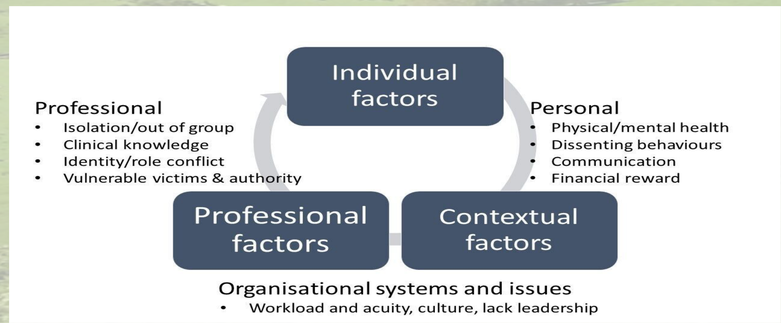
Case study research analyses 'real world' issues that are observable, focusing attention on the relationships between actual experiences and professional or disciplinary knowledge. In this research findings were developed inductively, creating theoretical interpretations grounded in an iterative process of cross case synthesis. Of particular interest were the circumstances under which decisions or judgments were made in the practice context to understand why a health professional may have acted or responded in a particular way.

Framework for data analysis

1. Identifying the professional mandate for practice in the specific setting of the case, and
2. Analysing how contextual, personal & professional factors impacted on the health professional's capacity to shape his/her practice according to normative professional values.

LITERATURE REVIEW

Factors influencing professional conduct



There is a complex interplay between the normative expectations of the profession and individual, professional and contextual factors that impact on health professionals' capacity to engage in relationships with clients, families or whanau and colleagues.

FINDINGS

DISCUSSION

The analysis shows three key elements that are present in the examination of cases, including professional, personal and organisational factors. The findings indicate that health professionals were incapable of responding adequately to situations because they were unable to modify or moderate behaviour that they either knew, or ought to have known, was inappropriate. In some cases the behaviour was planned and involved a degree of deception. The absence of practice 'bench-marking' was noted in cases where practitioners were either working in isolation or were isolated within teams. An inability to reflect on practice with colleagues was associated with defensiveness, or dissenting behaviours, that were exacerbated within team conflict or organisational or unit culture that allowed a 'normative drift' in professional values. Practice 'behind closed doors', particularly with complex and challenging clients, was an element of the context where practitioners foregrounded their own personal needs or interests to the detriment of the therapeutic outcome.

Limitations of study

The HPDT Case Notes did not identify demographic characteristics apart from gender. Information about age, years of practice, and country of origin would have created a more accurate profile of health professionals needing greater support in practice.