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## Executive Director at the New Jersey Board of Nursing

D . C i , D, , , became executive director of the New Jersey Board of Nursing (NJBON) on May 31, 2016, after eight years as an assistant professor at the Seton Hall University College of Nursing. Dr. Carolina spoke with *Leader To Leader* about the transition from education to regulation, and the challenges and rewards of leading a board of nursing (BON).

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I was encouraged to apply for the position by a former professor. Honestly, being the executive director of the NJBON was a role that I had never considered assuming professionally.

I have been a nurse for 29 years. My professional experiences include nursing management, education, and clinical practice in critical care, community health,
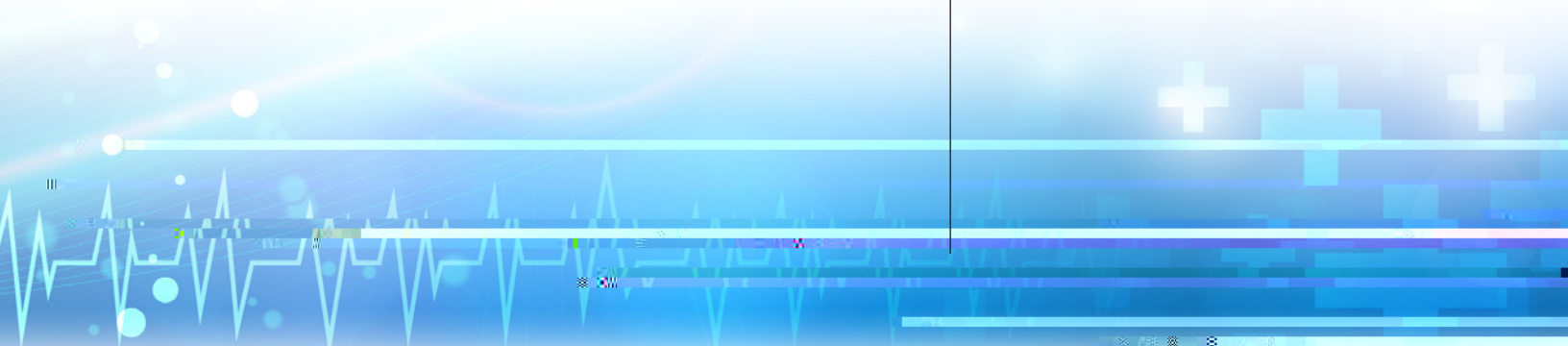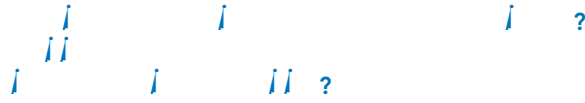
There really isn't a typical day as an executive director of a BON. Generally, my day

> " The staff are great people who work hard, so I do a lot of mentoring and coaching in an effort to maximize their potential."

I also gain a great deal of satisfaction from interacting with former students who visit the board (not via discipline proceedings).

My nearly 30 years of professional experience in nursing management, education, and clinical practice have provided me with a broad perspective of nursing. Understanding what constitutes safe, competent nursing practice is critical in this role. In addition, those experiences gained during my time as a full-time faculty member have informed many decisions made by the board in terms of monitoring, approving, and accrediting nursing education programs in the state.

> " Understanding what constitutes safe, competent nursing practice is critical in this role."

The most difficult aspect of the transition was the unknown and learning how to navigate the bureaucracy. I think others looking to move into nursing regulation should not be afraid to ask questions and to seek advice as needed.

I want to add how supportive NCSBN has been in facilitating my transition into the role as Executive Director. I have been assigned a wonderful mentor, Karen Scipio-Skinner, executive director of the District of Columbia Board of Nursing, who has been very helpful to me. Karen calls or emails me periodically to offer support and advice. Alicia Byrd, director of Member Relations at NCSBN, has also been very supportive by checking in, calling and emailing to ask if I need help in any way. I really appreciate their desire to assist me in being a successful executive director. ◆
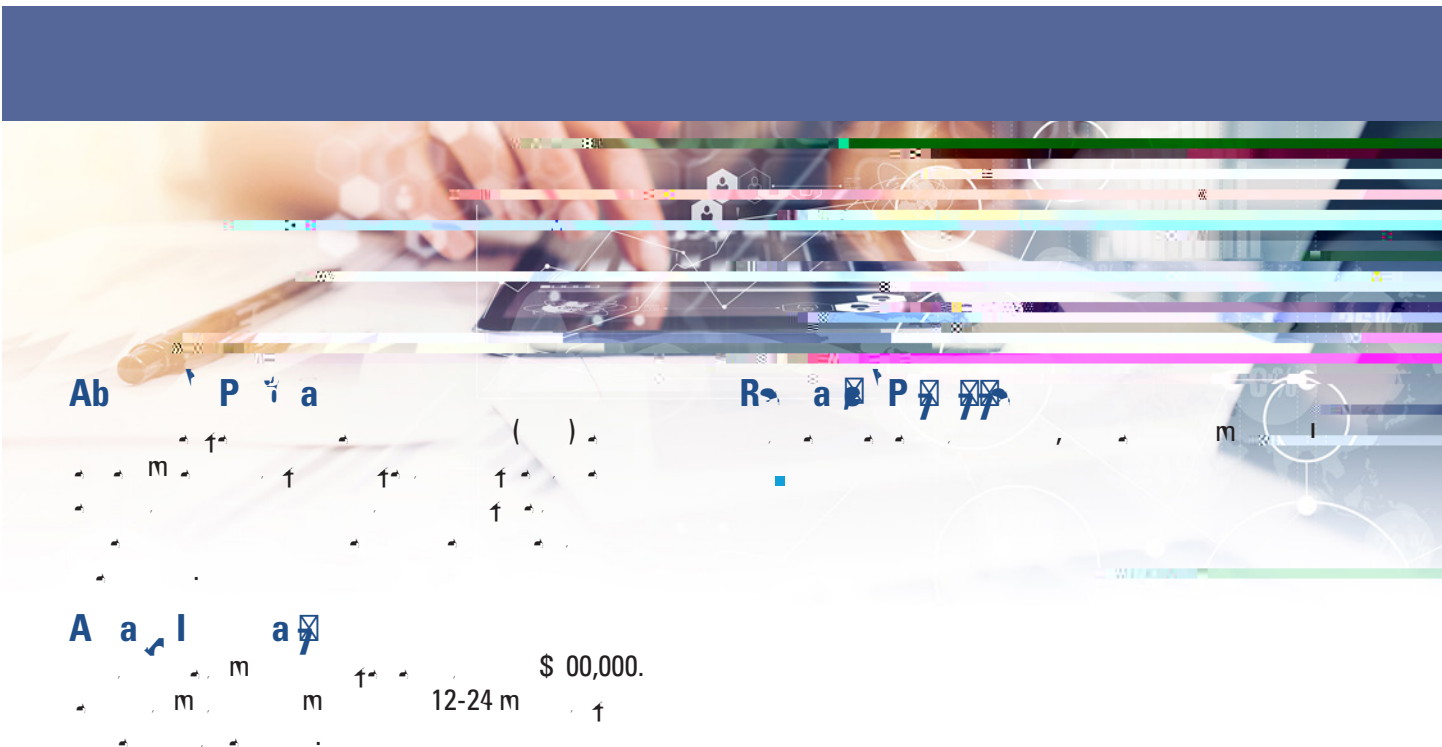
R eports have shown that male nurses are disproportionately represented among the nurses receiving discipline by boards of nursing (BONs). The proportion of male nurses disciplined is roughly twice that of female nurses. In the October 2016 issue of the *Journal of Nursing Regulation*, Richard A. Smiley, MS, MA, statistician, Research, and Carey McCarthy, PhD, MPH, RN, director, Research, published the article, *A Mixed-Methods Study of Gender Differences in Nurse Reporting and Nurse Discipline*, to examine the overrepresentation of male nurses receiving discipline by BONs. This study explored whether the disproportion was due to gender-related bias at the level of reporting or at the level of discipline. We spoke with statistician Richard Smiley, co-conductor of the project, on how the study was conducted, its results, and potential opportunities for follow-up work.

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In order to explore this topic in depth, a panel of researchers with expertise in the areas of nursing discipline, sociology, gender studies and forensic psychology was convened. From these discussions a determination was made that the first topic to consider was whether the disproportionate levels of discipline were due to gender-related bias. It was noted that bias could arise at both the point at which nurses are reported to the BON and at the point at which nurses are disciplined by the BON.

To look at the question of whether or not there was bias in the reporting of nurses, we composed 10 short vignettes which depicted situations in which a nurse's action could be considered a violation of the Nurse Practice Act (NPA). Each of the vignettes were worded in three different ways: one in which it was clear that the nurse in the scenario was a female; another in which it was clear that the nurse in the scenario was a male; and one in which it was impossible to determine the gender of the nurse.

These vignettes were used in surveys which were sent out to a nationwide random sample of nurses. Each respondent received a survey containing a random mixture of gender-neutral, female and male versions of the vignettes. Respondents were told whether or not the nurse in each vignette was in fact reported and were asked to indicate their level of agreement with that decision.

To look at the question of whether or not there was bias in the discipline of nurses, data from the 2013 Criminal Conviction Case Review was used. The study was a retrospective review of the nurses reported to the BON for a criminal conviction in 2012 and 2013. We started by doing an overall comparison of the actions taken by the Boards against male

We found no evidence of bias against male nurses in the reporting of the violations of the NPA that the vignettes addressed. In addition, no evidence was found of systematic bias against male nurses in the disciplinary actions assigned to nurses by BONs.

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While the main part of our study did not uncover the reason(s) for the disproportional representation, supplemental research suggested some avenues that might be worth pursuing in search of an answer. From the vignette study we know that some types of violations are much more likely to get reported than others. From the *National Nursing Workforce Survey* and numerous articles in the literature on gender and nursing, it is known that men are disproportionately represented in specialties that involve more direct contact with patients. It is possible that nurses working in these specialty areas may be committing violations that have a higher probability of being reported. We hope to explore this possibility in the future by adding a question to the Taxonomy of Error, Root Cause Analysis and Practice-Responsibility (TERCAP) survey, which would identify the specialty area in which the nurse under investigation worked. ◆

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Social Media in Nursing

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Nurses must understand and apply these guidelines for the proper use of social media.

S a a :

DO

- Recognize your obligation to protect patient privacy and confidentiality.
- Maintain professional boundaries.
- Comply with your employer's policy related to electronic and social media.
- Report any breaches of privacy or confidentiality.

DON'T

- Electronically transmit any patient-related information or images.
- Share any identifiable patient information on social media sites.
- Refer to patients in a disparaging manner.
- Post disparaging or offensive comments about
 Develop the field of nursing regulation by building regulatory e