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Misconduct among nurses and midwives: A Retrospective Descriptive Study of cases handled at the Uganda Nurses and Midwives Council from 2017 to 2021

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Abstract

Background

Media reports on the misconduct of nurses and midwives, including cases of fake credentials, drug theft, and incompetence, are on the rise. However, there are no published studies currently addressing this issue in Uganda. Therefore, to inform effective regulation of the profession, we analysed the misconduct cases involving nurses and midwives reported to the Uganda Nurses and Midwives Council between 2017 and 2021.

Methods

The study retrospectively described misconduct cases received and handled at UNMC from 2017 to 2021 and their outcomes. Following total population sampling, data were extracted from case files and then input into a structured questionnaire. Analysis was done using Excel and SPSS version 27 to determine means and proportions.

Results

The analysis of 172 misconduct cases received at the Council from 2017 to 2021 unveiled several key insights. Notably, females comprised 85% of the cases, while non-professionals represented 69%. Among these cases, those at the certificate level constituted 76%. Private for-profit Training Institutions were linked to 39% of the cases. Additionally, 51% of the individuals involved were employed. The Eastern region had the highest contribution, accounting for 32% of the cases. The Council identified 93.6% of the cases, with the highest influx occurring in 2017, where both professionals (those registered by the Council) and non-professionals (those as yet to register with the Council) accounted for 25 and 40 cases, respectively. The types of cases handled encompassed Forgery, Impersonation, Insubordination, Negligence, and Professional incompetence. Forgery emerged as the most prevalent offence among both professionals and non-professionals, constituting 96% and 95% of the cases, respectively. As of April 2023, 39% of the cases had concluded. Resolutions varied and included Attachment, Cautioning, De-registering, Dismissal, denial of registration, and Referral to the police. The most common resolution method was public disclosure in the newspapers, accounting for 37.3% of cases.

Conclusion and recommendation

The study identified that the highest number of misconduct cases involved non-professionals at the certificate level, with forgery being the most common offense. Most cases were identified by the Council, and a significant portion were resolved through public disclosure in the newspaper. Understanding the phenomenon of misconduct is crucial for effective regulation, ensuring high-quality nursing and midwifery services, and safeguarding public safety. Further studies are needed to examine misconduct from the public's perspective and to explore the factors associated with it.

Keywords: Disciplinary cases, Misconduct, Midwifery, Nursing, Profession, Regulation, Uganda Nurses and Midwives Council

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Introduction

Misconduct is defined as a continuum of instances that range from illegal actions (prohibited by criminal and civil laws) to actions that are unprofessional (against professional codes of conduct and protocols) or unethical (contrary to societal norms and expectations. (Gabbioneta et al., 2019). Health professionals, by virtue of their training, are constrained from engaging in unethical behaviour or illegal acts, as this poses a risk to the public. (Gabbioneta et al., 2019).

Globally, the percentage of Nurses who face disciplinary action arising from misconduct is quite similar. In the United States, 0.2% of Nurses from 1996 to 2006 were investigated at the highest level. (Kenward, 2008). In one Canadian province, less than 0.5% of Nurses had disciplinary cases from 2007 to 2017 (Kunyk & Deschenes, 2019). In Israel (0.24%), disciplinary action was faced from 2002 to 2012 (Azuri et al., 2014). While in Finland, the regulatory authority investigates fewer than 0.3% cases each year (Papinaho et al., 2022). Low-middle-income countries have limited statistics on the prevalence of disciplinary cases among Nurses and Midwives.

In Uganda, there is limited published evidence on misconduct and disciplinary cases among Nurses and Midwives in Uganda. However, media articles by Etukuri (2022), ("18,000 nurses, midwives illegal," 2018; Ebong, 2024) have reported misconduct cases of Nurses and midwives ranging from using fake documents to open clinics, stealing medical drugs, practising illegally with expired licences or no qualifications, and being rude to patients. These place the safety of the public at risk, thus the need to assess the phenomena of misconduct for effective regulation.

Studies outside Uganda have documented the theories that explain the antecedents of misconduct among health professionals, including theories such as the bad apple, bad barrel, and Bad cellars of misconduct. (Gabbioneta et al., 2019; Kish-Gephart et al., 2010; Muzio et al., 2016; Searle et al., 2017). Other studies have focused on the disciplinary process of misconduct and dealing with professional misconduct among colleagues. (Cooke, 2006; Maurits et al., 2016; Papinaho et al., 2019). Although misconduct is raised on media platforms in Uganda, no study has been conducted in the area, so there is limited information to inform its regulation.

Therefore, the purpose of this study was to describe the misconduct cases that were received and handled at the Uganda Nurses and Midwives Council from 2017 to 2021 and their outcome.

Materials and Methods

The study was a retrospective descriptive study that focused on misconduct case files that were filed at the Council from 2017 to 2021, as this period corresponds with the recruitment of legal officers, which enhanced the availability of cases received and handled. The study

adopted total population sampling, taking on every case that was filed within the specified timeframe, since the total population of the study participants was limited. Data was collected by the Research monitoring and evaluation officer at the Council through a document review of case files and verified by the Inspectorate and Quality Assurance manager and legal officer from December 2022 to February 2023. Information relevant to the study was filled into a structured questionnaire data abstraction tool that collected the demographic characteristics of disciplinary cases, the nature of disciplinary cases received at the Council per year, professional status, and the outcome of the disciplinary cases. Files with missing data were verified with the Human Resource Information system database to fill up the gaps, especially for professionals, and for non-professionals, the missing variable was reported as not recorded or mentioned. (A professional is a nurse/midwife who is registered or enrolled by the Council, while a non-professional is not registered or enrolled by the same. Misconduct was the dependent variable, while the characteristics of the Nurse or midwife in the case were the independent variables. Data was analysed and summarized in frequencies and percentages using MS Excel and SPSS version 2.7 in categories of professional and non-professional. Permission was sought from the Registrar of UNMC and the legal department to access the case files being handled. Personal and identifying details, including the names and telephone numbers of persons involved in the cases, were excluded from the analysis.

Results

Description of the study population

A total of 172 disciplinary cases filed from 2017 to 2021 were studied. Females contributed 85% (147/172), and the non-professionals contributed a high percentage of 69% (119/172). Disciplinary case records were highest among the certificate level in both professional and non-professional, and they contributed a total of 130 (76%) cases, while the least number was the degree level, contributing a total of 4 (2) % cases. Of the cases studied, 67/172 (39%) were from Private for Profit, 47(27%) were from Private Not for Profit, 41(24%) were from public institutions, and 4(2%) were from Foreign (outside Uganda) Institutions. Details of this are in Table 1, below

Of the case records reviewed, 84/172 (49%) did not have a place of work, 30/172 (17%) worked in Health centres (II-IV), 35/172 (20%) worked in Clinics/Drug shops/Medical centres, 20/172 (12%), worked in Hospitals while 3/172 (2%) worked in non-medical institution (school or local government office). In all the regions, misconduct was highest among non-professionals (Central 73%, Eastern 65%, Western 67%, Northern 67%, Outside Uganda 80%). The Eastern region had the highest overall disciplinary case records

of 55/172 (32.0%), while cases outside Uganda were the least with 5/172 (2.9%). There were 4/172 (2.3%) non-professionals whose place of residence was not recorded. Of the 172 cases that were studied, 161 (93.6%) were reported by the Council itself, 5(2.9%)

were raised by an Employer/Workmate, 4(2.3%) were raised by the Public, and 2 (1.2%) were raised by the Security organs (Police/IGG). The details of the description of the study population are below in Table 1.

Table 1: Demographic characteristics of disciplinary cases (N=172)

Characteristic	Professional N=53 n (%)	Non Professional N=119 n (%)	Total N=172 n (%)
Qualifications			
Certificate	37 (70%)	93 (78%)	130 (76%)
Diploma	15 (28%)	12 (10%)	27(16%)
Degree	1 (2%)	3 (3%)	4 (2%)
Not Qualified	0 (0%)	11(9%)	11 (6%)
Training Institutions			
Public	19 (35.8%)	22 (18.5%)	41 (24%)
Private not-for-profit	22 (41.5%)	25 (21.0%)	47 (27%)
Private for Profit	12 (22.6%)	55 (46.2%)	67 (39%)
Foreign (Outside Uganda)	0 (0%)	4 (3.4%)	4 (2%)
Not mentioned	0 (0%)	13 (10.9%)	13 (8%)
Place of Work			
None	14 (26.4%)	70 (58.8%)	84 (49%)
Clinics/Drug shops/Medical centers	5 (9.4%)	30 (25.2%)	35 (20%)
Health centers (II-IV)	17 (32.1%)	13 (10.9%)	30 (17%)
Hospitals	16 (30.2%)	4 (3.4%)	20 (12%)
Institutions/Organizations	1 (1.9%)	2(1.7%)	3 (2%)
Region of Residence			
Central	13 (24.5%)	35 (29.4%)	48 (27.9%)
Eastern	19 (35.8%)	36 (30.3%)	55 (32.0%)
Western	10 (18.9%)	20 (16.8%)	30 (17.4%)
Northern	10 (18.9%)	20 (16.8%)	30 (17.4%)
Outside Uganda	1 (1.9%)	4 (3.4%)	5 (2.9%)
None	0 (0%)	4 (3.4%)	4 (2.3%)
Complainant			
Public	4 (7.5%)	0 (0%)	4 (2.3%)
Employer/Workmate	3 (5.7%)	2(1.7%)	5 (2.9%)
Security organs (Police/IGG)	1 (1.9%)	1 (0.8%)	2 (1.2%)
Council	45 (84.9%)	116 (97.5%)	161 (93.6%)

Nature of misconduct cases received and handled at the Council.

The highest number of professional and non-professional cases were reported in 2017, which were 25 (38%) and 40 (62%), respectively. Likewise, the least number of cases from professionals and non-

professionals were reported in 2021, 2(8and 16(57%) respectively. Across the years from 2017 to 2021, Forgery was the highest case recorded among professionals and non-professionals, with a total of 44 (83%) and 117 (98%) cases, respectively. The details of the other cases recorded each year are in Table 2 below.

Table 2: Nature of misconduct Cases Received at the Council per year and professional status

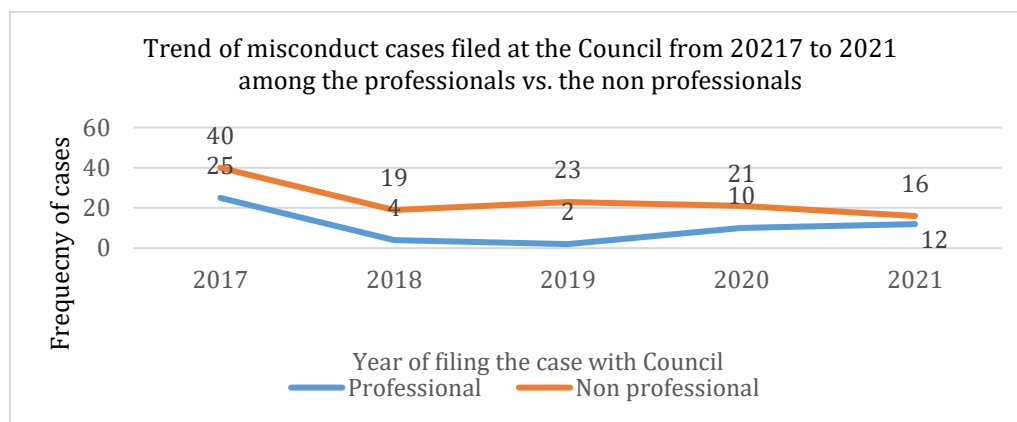
Characteristic	2017 N=65 n(%)	2018 N=23 n (%)	2019 N=25n (%)	2020 N=31 (%)	2021 n N=28n (%)	Total N=172 n(%)
Categories of cases						
Professional	25 (38%)	4 (17%)	2 (8%)	9 (32%)	12 (43%)	53(31%)
Non Professional	40 (62%)	19 (83%)	23(92%)	21 (68%)	16 (57%)	119 (69%)
Nature of cases						
Professional	2017 N=25 n(%)	2018 N=4 n(%)	2019 N=2 n(%)	2020 N=9 n(%)	2021 N=12 n(%)	Total N=53 n(%)
Forgery	24(96%)	2(50%)	2(100%)	6 (67%)	10 (83%)	44(83%)
Impersonation	0 (0%)	0 (0%)	0 (0%)	1 (11%)	0 (0%)	1 (2%)
In subordination	1 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (2%)
Professional incompetence	0(0%)	1 (25%)	0 (0%)	3 (30%)	1(8%)	5(9%)
Negligence	0 (0%)	1 (25%)	0 (0%)	0 (0%)	1 (8%)	2(4%)
Non Professional	2017 N=40 n(%)	2018 N=19 n(%)	2019 N=23 n(%)	2020 N=21 n(%)	2021 N=16 n(%)	Total N=119 n(%)
Forgery	38 (95%)	19 (100%)	23(100%)	21 (100%)	16 (100%)	117(98%)
Impersonation	2 (5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2%)

Trends in misconduct cases received and handled by the Council over the past 5 years

The non-professionals had more cases across the year compared to the professionals. For both the professionals and non-professionals, cases were highest in 2017 with 25 and 40, respectively. In 2018, there was a sharp decrease in cases to 4 and 19 for professionals

and non-professionals, respectively. The non-professionals had a slight increase in cases to 23 in 2019, and it was immediately followed by a gradual decrease to 22 and 16 in 2020 and 2021, respectively. The professionals, on the other hand, had decreased to 2 cases in 2019 and had a gradual increase of 9 and 12 through 2020 and 2021, respectively. Below are the trends elaborated in Figure 1

Figure 1



Status and outcome of the misconduct cases that were handled by UNMC

As of April 2023, the Council had resolved 67 out of the received misconduct cases, which accounted for 39% of the total. On average, these cases took approximately 34 months, or roughly 2 years and 10 months, to conclude.

Among the 67 resolved cases, 27 (40%) involved professionals, while 40 (60%) involved non-professionals. The majority of these resolved cases (37.3%) pertained to public disclosure through the newspapers, whereas only a small percentage (3.0%) were referred to the police. See Table 3.

Table 3: The Conclusion Status of misconduct cases at the Council from 2017 to 2021 (N=172)

Characteristic	Professional N=53 n (%)	Non Professional N=119 n (%)	Total N=172 n (%)
Conclusion status			
No	26 (49%)	79 (66%)	105 (61%)
Yes	27 (51%)	40 (34%)	67(39%)
Outcome for concluded cases			
	N=27 n(%)	N=40 n(%)	N=67 n(%)
De-registration/de-enrollment	5 (19%)	0 (0%)	5 (7.5%)
Caution	11(41%)	3 (8%)	14(20.9%)
Attachment	1(4%)	4 (10%)	5(7.5%)
Dismissal	7 (26%)	6(15%)	13 (19.4%)
No registration/enrollment	0(0%)	3 (8%)	3 (4.5%)
Referral to police	2(7%)	0 (0%)	2 (3.0%)
Publication	1 (4%)	24 (60%)	25 (37.3%)

Discussion

The study retrospectively described the nature of misconduct cases received by the Council from 2017 to 2021 and their outcome status. While earlier studies have reported on the antecedents of misconduct (Searle & Rice, 2021) and the disciplinary process (Papinaho et al., 2022), this study examined misconduct cases received and attended to at the Council from 2017 to 2021 and their outcomes. Therefore, the study identified that the certificate level contributed to the highest disciplinary cases. Most of the cases were for non-professionals, 51% were working, and the Council identified most. The cases handled include forgery, impersonation, subordination, negligence, and professional incompetence. Forgery was highest among both professionals and non-professionals. The cases were concluded by attachment, cautioning, de-registering, dismissal, denied registration, publication, and referral to police. Of the cases concluded, 25(37.3%) resulted in public disclosure in the newspapers.

A significant portion of the cases received involved the lowest cadre of nursing, the certificate level, most of whom were non-professionals often affiliated with private for-profit health training institutions. This prevalence is primarily due to the predominance of certificate-level qualifications among Uganda's Nursing and Midwifery profession. High levels of misconduct cases handled among the lower cadre of nursing are contrary to findings by Kenward (2008), which identified disciplinary cases highest among registered Nurses (63%) as compared to the practical nurses (36%). There are limited studies on misconduct and disciplinary cases among Nurses and Midwives associated with the type of health training institutions. However, forgery and falsification are likely associated with these institutions because they are driven by profit motives, and therefore, verifying the academic credentials of their students upon enrolment is given minimal attention. The forgery and falsification seem to

happen to attain enrolment into nursing schools, or when one loses documents before qualification. Health training institutions are encouraged to take proactive measures, such as publishing disclaimers on documents linked to them. Additionally, they are encouraged to thoroughly scrutinize documents of prospective Nursing/Midwifery students with support from the Council to ensure that students with authentic documents are admitted to their programs. (MoH, 2023). Of the 172 misconduct cases received and handled at the Council, forgery and falsification of documents contributed (83%), impersonation (2%), insubordination (2%), negligence (4%), and professional incompetence (9%). Falsifying documents was equally reported by Papinaho et al. (2022) with an occurrence of 10%. However, the others differ from r misconduct cases handled by other regulatory bodies as mentioned by Papinaho et al. (2022) and Searle and Rice (2021) that include; (32%) stealing medicine, (1.01%) sexual misconduct, (43%) substance abuse, poor performance (5.68%), failure to examine (7.42%), and reduces ability to work (14%). While these cases are frequently reported on media platforms, they are not reflected among the misconduct cases reported to the Council(Etukuri, 2022). This discrepancy likely stems from a knowledge gap within the community regarding the Council's role in ensuring discipline within the Nursing and Midwifery profession. The Council should embark on educating stakeholders on its mandate to regulate the discipline within the profession.

Our study further identified instances of forgery among professionals, some of whom were employed in public hospitals. Nurses and midwives were found to have forged academic and professional documents necessary for employment. Similarly, Searle and Rice (2021) reported qualification fraud and falsification of references among Nurses, and Gabbioneta et al. (2019) identified the integration of unsuitable doctors into the health care system. This suggests that individuals are

resorting to forging documents to gain access to employment opportunities. Therefore, employers must ensure the authenticity of their nurse/midwife employees by validating their credentials with the Uganda Nurses and Midwives Council. Unlike Gabbioneta et al. (2019), this study asserts that unsuitable doctors were deliberately integrated into the healthcare system; this study did not investigate the potential deliberate recruitment of non-professionals. Further research should be conducted to explore this aspect.

Additionally, the study revealed that the Council primarily handles cases identified during the registration process and through health worker validation exercises. Only a few cases are reported by colleagues or employers. This contrasts with Searle et al. (2017), where peers and other staff members were important sources of information about misconduct, and with Cooke (2006), whose study showed that employers accounted for 60% of nursing cases reported, with police accounting for the second-largest group. However, this study is consistent with the findings of Maurits et al. (2016), who documented that 52% Nurses and Midwives found difficulty reporting instances of incompetence among their nurse colleagues. Maurits et al. (2016) further noted that this difficulty was predominant among certified nursing assistants and registered nurses with an associate-level degree experience than it was among registered nurses with a bachelor's degree. The lower reporting of misconduct among Nurses in Uganda may be attributed to the fact that the Nursing and Midwifery profession in Uganda is predominantly at the certificate level. Keeping these findings in mind, the Council must advocate for elevating the nursing profession beyond the certificate level and also collaborate with employers and other key stakeholders to foster discipline among nurses and midwives.

The study found that, on average, it took 34 months (2 years and 10 months) to resolve a case reported to the Council, with durations ranging from 1 month to 67 months (5 years and 7 months). This mirrors findings from Papinaho et al. (2022), where the time span for reaching a final decision ranged from less than 1 month to 64 months. Although this study didn't delve into the factors influencing case resolution times, it did observe that the COVID-19 lockdown, spanning nearly two years, significantly impacted case identification and closures as the disciplinary committee was unable to conduct hearings during this period. A future study could compare the time frame of concluding cases before and after COVID-19 to enable better conclusions.

Furthermore, our study identified that Misconduct cases were handled by public disclosure in the newspaper publication, attachment, caution, de-registration, dismissal, denied registration, and referral to police. This is similar to the study by Millbank (2019) and Cooke (2006), in which case, outcomes were resolved using

reprimands, probation, suspension, revocation, criminal charges and fines, voluntary licence surrenders, and removals from the nursing register. Given that most of these cases resulted in public disclosure in the newspaper, publication, it suggests that individuals involved may have falsified academic or professional documents, indicating possible incompetence in practice. This poses a significant risk to public safety. The study recommends exploring additional disciplinary actions such as probation, suspension, and limitations by the Council.

Limitation

Considering that the study involved a retrospective document review, it was observed that the information gathered from the files lacked standardization, resulting in missing data in some case files. Additionally, the data was exclusively sourced from disciplinary cases handled by the Council, thus limiting its generalizability to cases involving Nurses and Midwives in diverse settings such as courts, policy establishments, and disciplinary committees within work environments. Future research endeavours should be pursued to comprehensively outline miscode and disciplinary cases from the public's perspective, explore factors contributing to misconduct, and devise strategies to mitigate and minimize such incidents within the Ugandan healthcare context. In addition, documentation of cases should be standardized.

Conclusion

This study described disciplinary cases received by the Council from 2017 to 2021 and their status. Our findings indicate that forgery is the most frequently identified case by the Council, and most of these cases are made public. Strengthening regulation through collaboration with other entities, such as the police, employers, health training institutions, and the community, is essential to safeguarding the public from non-professional practitioners.

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Declaration

The study was conducted with permission from UNMC. Data was collected from the files available to the legal team. Given that the study was conducted by the staff of UNMC, there is a likelihood of bias; this was mitigated by collecting data from documentation and not from the subjective opinion of the staff. In addition, this study originated as an operational study, which may limit its generalisability. However, the study was based on existing documents, and all personal identifiers were eliminated.

Disclaimer

The views, opinions, and conclusions expressed in articles published in the Uganda Journal of Nursing and Midwifery (UJNM) are solely those of the respective authors and do not necessarily reflect the official policy, position, or opinions of the editorial board, publisher, reviewers, affiliated institutions, or partners of the journal. While every effort is made to ensure the accuracy, reliability, and integrity of the information published, the Uganda Journal of Nursing and Midwifery (UJNM) and its publisher shall not be held responsible for any errors, omissions, or consequences arising from the use of the information contained in this publication. Readers are encouraged to independently verify clinical practices, drug dosages, procedures, and research findings before application in professional practice.

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