Original Article

Characterization of professional conduct proceedings involving nursing personnel*

Caracterização de processos éticos envolvendo profissionais de enfermagem

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ABSTRACT

Objective: to characterize professional conduct proceedings involving nursing personnel, as adjudicated by a professional council. **Methods:** cross-sectional descriptive study. We analyzed 178 professional conduct proceedings using descriptive statistics (absolute and relative frequencies) to describe the study variables. **Results:** the main complainants were nurses (33%) and the professional council (20%); nursing technicians were most often the respondents (45%). Adverse events were the leading complaint topic (36%). Case dismissal was the most frequent outcome (44%), followed by verbal warning (31%). Articles 24 and 45 were most frequently violated, and 76% of cases were processed within 1–2 years. **Conclusion:** the proceedings analyzed suggest the violations reflect training-related and institutional determinants, underscoring the phenomenon's complexity. It is essential to strengthen error-prevention and patient safety initiatives to reduce harm. **Contributions to practice:** the findings reinforce the relevance of professional ethics education and support continuing education strategies in nursing.

Descriptors: Nursing; Ethics, Professional; Ethics, Nursing; Liability, Legal; Professional Review Organizations.

RESUMO

Objetivo: caracterizar os processos éticos envolvendo trabalhadores de enfermagem, julgados por um conselho profissional. **Métodos:** trata-se de uma pesquisa transversal descritiva. Foram analisados 178 processos éticos por meio de estatística descritiva, com frequências absolutas e relativas para caracterização das variáveis. **Resultados:** os principais denunciantes foram enfermeiros (33%) e o conselho profissional (20%); e os mais denunciados foram os técnicos de enfermagem (45%). Os eventos adversos foram o principal motivo das denúncias (36%). O arquivamento foi o desfecho mais frequente (44%), seguido da advertência verbal (31%). Os artigos mais infringidos foram o 24 e o 45, e o tempo de tramitação foi entre um e dois anos (76%). **Conclusão:** os processos éticos analisados sugerem que as infrações envolvem determinantes formativos e institucionais, o que evidencia a complexidade do fenômeno. Torna-se necessário fortalecer ações de prevenção de erros e de segurança no cuidado, com foco na redução de danos. **Contribuições para a prática:** os achados reforçam a relevância da educação ético-profissional e subsidiam estratégias de educação permanente na enfermagem.

Descritores: Enfermagem; Ética Profissional; Ética em Enfermagem; Responsabilidade Legal; Organizações de Normalização Profissional.

Introduction

Nursing is a profession committed to caring for people in all their dimensions. This care draws on scientific and technical knowledge, as well as theoretical and philosophical foundations, integrated with the profession's ethical and legal principles; it is grounded in nursing's own body of knowledge across the human, social, and applied sciences and is carried out in everyday practice in management, care delivery, education, teaching, and research[1]. In addition to scientific and technical knowledge and practical know-how, ethical considerations and respect are integral to nursing practice[2].

Technical preparation is indispensable for nursing personnel, but so is a thorough understanding of professional legislation and the Code of Ethics for Nursing Professionals (CENP), recognizing these documents as normative references that guide practice across settings. This understanding is vital to ethical conduct and helps prevent errors stemming from lack of competence, carelessness, or inattention, while ensuring adherence to the foundations and principles that underpin safe and responsible practice. In doing so, it promotes excellent care grounded in a commitment to dignity and respect for the human person[3-4].

Ethical violations are harmful acts committed by nursing personnel and may involve patients, coworkers, or employing institutions. Such unethical events can contribute to injury or harm to patients or to other members of the nursing workforce and other health workers; they may stem from inattention, insufficient dexterity or skill, or inadequate scientific and technical knowledge to perform a given nursing procedure[5].

Importantly, adverse events can occur with any professional, under any circumstances. Accordingly, it is essential to foster a patient safety culture in care delivery through regulatory standards, institutional guidelines, technical training for nursing and health teams, and protections for professional practice[6].

Ethical problems among nursing professionals and other health professionals are common. During the COVID-19 pandemic, these problems became more pronounced, requiring multidisciplinary knowledge, policies, and planning to guide practice and future education. Ethical frameworks need to be revised or developed and widely applied in nursing care, with encouragement and contributions from national nursing organizations, educators, and nursing leaders[7].

Ensuring ethical, competent professional practice is a shared responsibility of institutions and professionals. It calls for social and ethical engagement, individual and collective critical awareness, and continued investment in scientific training and in strengthening the profession's political capacity. In this context, continuing education serves as a strategic and indispensable tool for consolidating this commitment to meeting the population's health needs[8].

In other countries, similar concerns related to professional practice have also been discussed. Studies conducted in Finland and China found unethical behavior among nursing professionals is a multifaceted phenomenon, related to both personal formation and professional training, with direct repercussions for care delivery. These studies also underscore the need for further research examining how the nursing community can identify, control, and reduce adverse events, as well as the implications of such conduct[9-10].

Given these challenges, professional ethics education is fundamental to preventing errors. In this sense, it is important to strengthen a patient safety culture within healthcare institutions, promoting conscientious attitudes among nursing professionals and the interprofessional team. This process requires ethical commitment, effective communication among workers, and understanding that errors should be addressed through nonpunitive approaches[11].

This topic has gained prominence in recent years, underscoring the essential role of professional councils in investigating suspected CENP violations and overseeing professional practice in defense of society[6]. However, Brazilian literature on unethical events and their associated factors remains scarce.

Against this backdrop, and to identify factors

that contribute to high-quality care and professional ethics education, this study sought to answer the following question: What are the characteristics of professional conduct proceedings processed and concluded at the Regional Nursing Council/*Conselho Regional de Enfermagem* of Santa Catarina (Coren-SC) between 2017 and 2021?

The study objective was to characterize professional conduct proceedings involving nursing personnel, as adjudicated by a professional council.

Methods

Study design and setting

This cross-sectional descriptive study was conducted in Florianópolis, Santa Catarina, Brazil.

Study period and data source

Data were collected from March to June 2022 by reviewing the minutes of the Coren-SC ordinary plenary meetings addressing professional conduct proceedings. Data from 178 professional conduct proceedings were identified and included.

Eligibility criteria

All professional conduct proceedings adjudicated by the council between 2017 and 2021 were included. No publicly accessible adjudicated cases were excluded from the analysis. To compile the study corpus, data were retrieved from the official Coren-SC website.

Data collection

The documents analyzed were the minutes of the ordinary plenary meetings, which contain information on professional conduct proceedings processed and concluded at the Regional Nursing Council of Santa Catarina. Cases were presented in anonymized form to protect confidentiality and privacy of the professionals involved (complainant and respondent).

Data were recorded in a spreadsheet using a standardized extraction form that included the case number and year, as well as the complainant's and respondent's professional categories. In addition, the complaint topic, the violated articles, the outcome (case dismissal or a disciplinary sanction—verbal warning, fine, or formal censure), and case processing time were extracted using the predefined form. The variables analyzed were the professional categories of the complainant and respondent, complaint topic, the most frequently violated Code of Ethics articles, outcome (case dismissal or disciplinary sanction), and case processing time.

Data processing and analysis

Data were entered into a Microsoft Excel 365 spreadsheet and double-checked to ensure consistency and accuracy. Variables were organized and categorized according to the study objectives.

Results were presented using descriptive statistics, including absolute and percentage frequencies, measures of central tendency (mean and median), and measures of variability (standard deviation, and interquartile range). Normality of the "case processing time" variable was assessed using the Kolmogorov–Smirnov test (statistic = 0.291; $p<0.001$), with a 5% significance level.

Case processing time (the interval between case initiation and adjudication) ranged from 1 to 6 years. Because the distribution was non-normal (Kolmogorov–Smirnov test), data were summarized using the median and interquartile range: 2 (1–2) years. In the categorical analysis of case processing time, 76% (136) of cases were concluded within 1–2 years, whereas 2.2% had processing times of 5–6 years, reinforcing the distribution's asymmetry (mean ± standard deviation: 2.067 ± 1.006).

Ethical aspects

This study was approved by the Research Ethics Committee of the Federal University of Santa Catarina under Opinion No. 5,799,600/2022 and Certificate of Presentation for Ethical Review No. 65252422.6.0000.0121.

Results

A total of 178 professional conduct proceedings adjudicated between 2017 and 2021 were analyzed. Of these, 35% were adjudicated in 2019 (63 cases), followed by 2018 (58; 32.6%) and 2017 (37; 20.8%). A decrease was observed in 2020 (18; 10.1%) and 2021 (2; 1.1%) following the temporary suspension of Regional Nursing Councils' activities during the COVID-19 pandemic.

The adjudicated proceedings were organized across six dimensions: complainant type; respondent category; complaint topic; violated Code of Ethics article; case outcome (disciplinary sanction); and case processing time.

Nurses were the most common complainants (58; 33.0%), followed by Coren-SC acting ex officio (on its own initiative) (57; 32.0%), family members (26; 15.0%), nursing technicians (17; 10.0%), physicians (15; 8.0%), and individuals from other categories (1.0%). Notably, the total number of complainants (182) exceeded the number of cases analyzed because some cases involved multiple complainants.

Regarding respondents' professional category, complaints were filed against nursing technicians (83; 45.0%), nurses (82; 44%), nursing assistants (14; 7%), and the nursing team in general (14; 7%). The total number of respondents (193, based on the sum across categories) exceeded the number of cases analyzed, indicating some proceedings involved more than one respondent.

We identified 33 complaint reasons that led to professional conduct proceedings, grouped into 9 thematic categories. Most proceedings were related to adverse events (Table 1).

Table 1 – Professional conduct proceedings, by complaint reason and thematic category. Florianópolis, SC, Brazil, 2022

Complaint topics by thematic category	n (%)
Adverse events	
Associated with negligence, lack of technical competence, or recklessness	43 (23.0)
Medication-related, associated with negligence, lack of technical competence, or recklessness	24 (13.0)
Interprofessional disputes	
Relationships: workplace bullying	6 (3.2)
Relationships: physical aggression	5 (2.7)
Relationships: abuse of power	4 (2.1)
Relationships: verbal aggression	4 (2.1)
Relationships: interpersonal communication	3 (1.6)
Relationships: scope-of-practice disputes	3 (1.6)
Relationships: defamation	2 (1.0)
Relationships: insubordination	2 (1.0)
Racial discrimination	1 (0.5)
Disrespect for hierarchy	1 (0.5)
Criminal offenses	
False statements in documents	10 (5.4)
Diversion of medications and supplies	5 (2.7)
Sexual harassment of a patient	3 (1.6)
Sexual harassment of a colleague	3 (1.6)
Medical record fraud	1 (0.5)
Theft	1 (0.5)
Bribery and coercion in a bidding process	1 (0.5)
Aggression and mistreatment	
Patient mistreatment	15 (8.2)
Physical assault against a patient	3 (1.6)
Verbal aggression against a patient	2 (1.1)
Unlicensed practice	
Unlicensed practice of medicine	14 (7.0)
Unlicensed practice of nursing	2 (1.0)
Social media	
Inappropriate social media posts	8 (4.3)
Posting a patient's photo on social media	3 (1.6)
Medical record documentation	
Missing nursing documentation	3 (1.7)
Irregularities in vital sign documentation	2 (1.1)
Recording incorrect information in the medical record	1 (0.5)
Photographing the medical record without authorization	1 (0.5)
Shift abandonment	
Shift abandonment	4 (2.4)
Leaving the unit without supervisory authorization	1 (0.6)
Professional conduct	
Unprofessional behavior	4 (2.0)

Of the total proceedings analyzed, 157 (88%) were adjudicated under Cofen Resolution No. 311/2007, which was in effect when the professional conduct proceeding was initiated. After Cofen Resolution No. 564/2017 entered into force, 21 (12%) pro-

ceedings were adjudicated under its articles. Given the differences in article numbering and wording across the two resolutions, the findings were reviewed in light of both instruments.

The CENP's content was largely consistent across the two resolutions, with changes limited to the articles' wording and numbering. Figure 1 shows the equivalence of the most frequently violated articles under the two resolutions.

Equivalent articles across the two Cofen resolutions		
Text in Cofen Resolution No. 311/2007	Text in Cofen Resolution No. 564/2017	Number of violations
Art. 12 Ensure that individuals, families, and the community receive nursing care free from harm arising from lack of technical competence, negligence, or recklessness.	Art. 45 Provide nursing care free from harm arising from lack of technical competence, negligence, or recklessness.	40
Art. 5 Practice the profession with justice, commitment, equity, effectiveness, dignity, competence, responsibility, honesty, and loyalty.	Art. 24 Practice the profession with justice, commitment, equity, effectiveness, dignity, competence, responsibility, honesty, and loyalty.	34
Art. 9 Commit and/or be complicit in a crime, misdemeanor offense, or any other act that violates ethical and legal principles.	Art. 72 Commit or be complicit in a crime, misdemeanor offense, or any other act that violates ethical and legal principles in the exercise of professional practice.	11
Art. 25 Record in the patient's medical record the information inherent and essential to the caregiving process.	Art. 36 Record in the medical record and other documents the information inherent and essential to the caregiving process clearly, objectively, legibly, in chronological order, completely, and without erasures.	10
Art. 13 Critically assess one's technical, scientific, ethical, and legal competence and accept assignments or duties only when able to perform them safely for oneself and others.	Art. 62 Carry out activities outside one's technical, scientific, ethical, and legal competence, or that do not ensure safety for the professional, the individual, the family, and the community.	9
Art. 32 Carry out any prescription that compromises a person's safety.	Art. 80 Carry out any prescription or procedure that compromises a person's safety.	8
Art. 31 Prescribe medications and perform surgical procedures only in cases provided for under current legislation and in emergencies.	Art. 79 Prescribe medications not established in public health programs and/or not included in routines approved by a health care institution, except in emergencies.	7
Art. 33 Provide services that, by their nature, fall within another professional's scope only in emergencies.	Art. 81 Provide services that, by their nature, fall within another professional's scope only in emergencies, or when expressly authorized under current legislation.	6
Art. 8 Promote and be complicit in insults, slander, and defamation against members of the nursing team, the health care team, workers from other fields, nursing organizations, or institutions.	Art. 71 Promote or be complicit in insults, slander, and defamation against individuals and families; members of the nursing and health care teams; nursing organizations; workers from other fields; and the institutions where one practices professionally.	4
Art. 42 Sign nursing actions one did not perform, and allow one's actions to be signed by another professional.	Art. 88 Record and sign nursing actions one did not perform, and allow one's actions to be signed by another professional.	4
Art. 56 Perform and direct the performance of acts contrary to the Code of Ethics and other standards regulating nursing practice.	Art. 61 Perform and/or direct acts contrary to the Code of Ethics and to the legislation governing nursing practice.	3
Art. 77 Use any form of pressure or bribery with individuals or legal entities to obtain any type of advantage.	Art. 68 Resort, in the exercise of the profession, to coercion, omission, or bribery with individuals or legal entities to obtain any type of advantage.	2

Figure 1 – Most frequently violated articles under Cofen Resolutions No. 311/2007 and No. 564/2017. Florianópolis, SC, Brazil, 2022

Regarding outcomes in the 178 professional conduct proceedings, 184 outcomes were recorded (some proceedings resulted in more than one outcome): case dismissal (82; 44.6%), verbal warning (57; 31.0%), fine (25; 13.6%), and formal censure (20; 10.9%).

Case processing time ranged from 1 to 6 years, with a median of 2 (1–2) years. In the categorical analysis of case processing time, most proceedings were concluded within 1–2 years (136; 76.4%), whereas 2.2% had processing times of 5–6 years (4; 2.2%).

Discussion

In this study, nurses were the main complainants. They play a central role in patient safety by identifying potential risks for errors, ensuring high-quality care, and acknowledging their professional duty when errors occur. Safeguarding patient safety is a core nursing principle and a patient right[12].

The second most common complainant was Coren-SC, acting ex officio (on its own initiative), when the Council's President initiates a complaint after learning of a potential ethical violation through a violation notice or other reliable sources, such as information from inspections, the ombuds office, or communications forwarded by competent authorities (e.g., the Public Prosecutor's Office). Complaints forwarded by Nursing Ethics Committees also stood out, highlighting these committees' role within healthcare institutions. In practice, they guide professionals' ethical conduct, provide education, disseminate the CENP, and, when necessary, notify the Regional Nursing Council within their jurisdiction. In doing so, they strengthen oversight of professional practice and protect the public[13].

Family members also featured prominently as complainants. Complaints were filed by patients and/or family members and involved harm arising from culpable acts by nursing personnel, including negligence, lack of technical competence, or recklessness. Depending on the nature of the culpable act, such ethical violations may lead to legal action against nursing personnel, including as co-defendants[14-15].

Nursing technicians were the most frequently named respondents. This pattern may reflect their day-to-day duties: they provide much of the direct patient care and perform many of the hands-on procedures. This is further compounded by the fact that nursing technicians make up the largest segment of the nursing workforce in Brazil[15], including within the Regional Council examined here, where they account for 66% of registered professionals.

The relationship between care roles and adverse events is also documented in the literature. A review of errors and adverse events in intensive care units found that these occurrences were most often attributed to the nursing team because of their frequent, direct patient care[16].

Nurses were the second most frequently named respondents, with only one fewer complaint than nursing technicians. Some complaints are linked to nurses' shared accountability for errors committed by nursing technicians and nursing assistants—an arrangement provided for under the Professional Practice Law and the CENP[1]. In nursing, teamwork requires partnership and coordination to function effectively. A professional may be held accountable for their own actions as well as for others' actions when they delegate a task or procedure. Thus, both the professional who delegated the task and the professional who carried it out may be held jointly accountable for the action performed[5,17].

It is important to note that nursing personnel perform distinct roles, consistent with their legal scope of practice and technical competencies. In the professional conduct proceedings analyzed in this study, some cases resulted in different sanctions for each professional category within the same proceeding, reflecting each respondent's level of responsibility in the alleged violation.

Among the complaint reasons, adverse events were the most frequent, accounting for 36%. Both medication-related and non-medication-related adverse events were associated with negligence, lack of technical competence, or recklessness.

All nursing personnel have ethical responsibility for the care they provide to patients. Scientific, moral, and ethical training shapes nursing professionals' accountability for what they are duty-bound to assume: patient care. When professionals fail to assume or fulfill this duty, the profession is weakened, and ethical and legal principles are violated. Nursing personnel (nurses, nursing technicians, and nursing assistants) are responsible for delivering and ensuring the continuity of safe, high-quality nursing care for themselves and for patients[18].

In medication-related adverse events, medication administration errors stood out, including administration without a prescription, errors in administering blood components, incorrect infusion rates, and wrong-route administration. These errors directly affect patient safety, and nursing is intrinsically involved in this process. Because these errors are multifactorial, contributing factors include fatigue, lack of knowledge, personal factors, workload, interruptions, and system failures. Interventions are needed to identify and modify these factors to reduce such adverse events[19].

Well-organized, collaborative, and technically qualified nursing teams can recognize signs and symptoms suggestive of risk for complications, deliver high-quality care, and prevent inappropriate practices and undesirable events. Ongoing professional development is essential to minimize patient harm[20].

In contrast to interprofessional practice principles, the second most frequent reason for complaints involved conflicts among professionals (17%), particularly workplace bullying, abuse of power, physical aggression, verbal aggression, and poor interpersonal communication. In this context, preventive strategies are needed to reduce the risk of workplace violence, including adequate staffing. This measure can reduce workload and the need for overtime, while also enabling education and training programs to strengthen conflict management. Raising managers' awareness of the harmful effects of workplace violence through campaigns, media outreach, and specific legislation may also be beneficial[21].

Communication is a key strength in nursing interpersonal relationships, whereas its absence is a weakness. Valuing professionals, along with strengthening positive interpersonal bonds, can make a significant contribution to improving the organizational climate and supporting high-quality team performance in health service[22].

Miscellaneous crimes accounted for 13% of the complaints in this study, with document falsification, diversion of medications and supplies, sexual harassment of patients, and sexual harassment of colleagues standing out within this category. In nursing, in addition to constituting an ethical violation, recording or signing nursing actions one did not perform—and allowing another professional to sign one's actions—is considered a criminal offense because the patient's medical record is a private document; therefore, making a false entry or altering a recorded fact constitutes a crime[5]. Aggression and patient mistreatment accounted for 11% of complaints and included mistreatment as well as physical and verbal aggression against patients.

Complaints involving unlicensed practice accounted for 8% of proceedings. This category included unlicensed practice of nursing and of medicine. The most common violations included prescribing medications, issuing medical certificates, performing sutures, and managing childbirth complicated by dystocia. Practicing any profession regulated by law without the required training (formal education) and without legal authorization (registration with the relevant professional council) is considered unlicensed practice[1].

In other countries, similar studies have shown both convergences and divergences relative to our findings. In a study conducted in Finland, most cases indicated unprofessional conduct related to substance abuse. Other problems included theft of medications, decreased work capacity, and failure to follow nursing guidelines[9]. These findings suggest that different contexts face shared challenges in sustaining ethical and safe nursing practice.

Accounting for 6% of complaint reasons, the "Social media" category underscores the consequenc-

es of inappropriate technology use, including inappropriate posts and the sharing of patient photos. Although social media has potential as a communication tool, its professional use by nursing personnel still lacks clearly defined boundaries, increasing ethical vulnerability and the risk of privacy and confidentiality breaches. It is essential to include and/or strengthen educational content addressing the ethical and responsible use of cyberspace, emphasizing the legal and deontological principles involved and the implications for both professional and personal life[23-25].

Accounting for 4% of complaint reasons, the "Medical record documentation" category highlights the importance of documentation as a nursing duty. Nursing practice fundamentally depends on clear, accurate, and up-to-date information, which is essential for safe decision-making and for improving the quality of care delivered[26]. Nursing documentation is the primary tool for evaluating the quality of nursing work and accounts for 50% of the patient-care information in the medical record. Documentation failures and noncompliant entries by health professionals compromise patient safety and the quality of care[27].

Professionals should understand that nursing documentation is an important tool that supports nurses in care planning and in developing nursing care plans. It also provides a basis for reflective review of the care delivered, patient outcomes, and the development of nursing progress notes[28].

The "Shift abandonment" category accounted for 3% of the reasons for professional conduct proceedings initiated by the council. It encompasses shift abandonment itself as well as leaving the unit without supervisory authorization. Professionals need to be clear that shift handoff is a key patient-safety practice for ensuring continuity of care.

Overall, nursing errors can have multiple consequences for patients and for professionals themselves, compromising patient safety and causing physical and psychological harm to both those receiving care and the nursing team. They may also increase health system costs because of inefficient resource use and re-

work. Such situations can undermine professionals' credibility and the institution's public image. Therefore, it is essential to implement effective management measures and ongoing education programs, and to conduct multicenter studies that deepen understanding of these errors within nursing practice[29].

In analyzing the most frequently violated CENP articles, this study considered proceedings adjudicated under the two Codes of Ethics in effect during the period covered. The CENPhas been updated and modernized, incorporating up-to-date legal provisions at the national and international levels through a collective process with public participation[30]. After mapping equivalence between the two codes, the most frequently violated CENP articles in this study were Articles 24 and 45. In both resolutions, their content addresses nursing care, professional conduct and accountability, and criminal offenses.

In addition to keeping their technical knowledge up to date, nursing professionals need to develop legal knowledge relevant to their profession to reduce the risk of civil and criminal liability. Brazil's Penal Code states that "ignorance of the law is no excuse"[5]. The most common sanction in the proceedings analyzed was a verbal warning, suggesting that most identified cases were of lower severity[1].

Notably, the complaint topics identified in this study are consistent with international findings and with investigations conducted in other Brazilian states. However, distinctive patterns emerged in complaints related to medical record documentation and improper social media use.

Most proceedings were concluded within 1–2 years, indicating the council's commitment to the timely processing and adjudication of professional conduct proceedings.

Study limitations

The study's main limitations relate to the lack of publicly available data, which would have enabled a deeper understanding of the phenomenon and more

robust conclusions through cross-tabulation of variables. The analysis was limited to the information available on the Regional Nursing Council's website; for example, there were no data on where the complaints occurred (e.g., hospitals, primary care clinics, outpatient clinics). Such information could support broader analyses of institutional contexts and their potential influence on ethical conduct. Likewise, information on years in practice, number of concurrent jobs, and recurrence (or absence) of repeat offenses was not available.

Contributions to practice

These findings underscore the importance of professional ethics education in nursing and provide valuable support for implementing continuing education strategies designed to promote high-quality care in health services. In addition, the results can inform governmental and institutional policies and management actions to foster a more ethical, safe, and humanized professional practice. They also point to the need to strengthen ethics education in undergraduate curricula, develop continuing education programs and support initiatives for reported professionals, and expand support for multicenter studies.

Conclusion

In the professional conduct proceedings, the most frequent complaints were filed by nurses and by the professional council. Nurses and nursing technicians were the most frequently reported categories. The main reasons involved adverse events associated with negligence, lack of technical competence, or recklessness, and the most frequently violated CENP articles were Articles 24 and 45. Case dismissal and verbal warning were the most common outcomes, and most proceedings were processed within 1–2 years.

Analysis of the proceedings examined in this study indicates that unethical behavior by nursing professionals is a complex phenomenon. The patterns observed for complainants and respondents—and, in particular, the typology of ethical violations—are related to professional training and to the broader historical, social, and political-institutional context in which this work was conducted. These findings underscore the need to invest in actions that can make a significant contribution to reducing errors and harm in the care process.

Authors' contributions

Study conception and design or data analysis and interpretation: **Serpa R.** Manuscript drafting or critical revision for important intellectual content; Final approval of the version to be published; Agreement to be accountable for all aspects of the manuscript, ensuring that any questions related to accuracy or integrity are appropriately investigated and resolved: **Serpa R, Schneider DG, Pires DEP, Benedet SA, Brehmer LCF, Amadigi FR**.

Data availability

The authors state that the dataset supporting the findings is available from the corresponding author upon reasonable request.

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