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**Changing the Perspective – The Challenges faced by all
Nurses as Forensic Nurses**

Changing the Perspective – The Challenges faced by all Nurses as Forensic Nurses

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Abstract

In Australia, Forensic nursing has traditionally been viewed as an area of health care limited to custodial care, or custodial psychiatric care (Saunders, 2000:49). This paper will seek to broaden this view, by examining new research that is expanding the definition of forensic nursing. Several issues have been identified impacting on forensic nursing: forensic nursing in a violent society (Australian Nursing Journal, 2005:5), a lack of awareness among nurses that they actually offer forensic care (Saunders, 200:49), and pertinent ethical dilemmas (Martin, 2001:27). Relevant competencies from the Australian Nursing and Midwifery Council's 'National Competency Standards for the Registered Nurse' will be identified as a resource for managing these issues.

Methodology

As this paper is written in and for the Australian context, material relevant to forensic nursing here in Australia has been utilised where possible, with consideration given to literature from the United States where forensic nursing has been developed to a larger extent.

Forensic Nursing Defined

The definition of forensic nursing centres on the health care response to crime or civil injustice, and involves many aspects of care offered by nurses, and is not limited to the pathologic investigation of death, as is frequently misunderstood (International Association of Forensic Nurses, 1998; Forrester and Griffiths, 2005:44). It is caring for the illnesses or injuries of victims and perpetrators, in many environments within the health system, from emergency departments to courts to the custodial system (IAFN, 1998). Obtaining samples of bodily fluids, describing wounds, physical assessments, interpreting behaviour, patient advocacy, and documenting all the above while maintaining evidence procedures are all duties of forensic care (Stevens, 2004: 54). The essential duty of care is to meet patients' needs, while developing a degree of critical awareness, to recognise and process evidence where it exists (Saunders, 2000:49). Power adds to the scope of potential practice by stating that nurses have an important role to play in preventing cyclical patterns of violence, as part of a health promotion framework (2004:21.) While 1/5 of Australian women suffer domestic violence in their lifetime, this aspect of forensic care is vital (Bowie, 1998; Power, 2004:22). Forensic nursing was identified as a specialty in the early 1990's, however the width of potential

nursing practice within it indicates that can vary more upon context than just the definition of a specialty (IAFN, 1998; Stevens, 2004:54)

Forensic Nursing in a Violent Society

Violence is the causal factor for the majority of patients receiving forensic care in Australia, with 50% of workers experiencing verbal or physical abuse from members of the public (Bowie, 1998). As nurses care for victims of violence, they become part of the above statistic, as they suffer some of the highest rates of workplace violence of all – 1/3 Queensland nurses have been assaulted, in what has been described as an “ ‘endemic’ “ problem; rural and remote nurses have reported sexual assaults and homicides; this explains why nurses were the second highest workers compensation claimants for violence-related incidents (Australian Nursing Journal, 2005:5; Graycar, 2003; Harulow, 2000:27).

These figures apply to all nurses, perhaps even more so to those offering forensic nursing care in the non-stereotyped roles discussed in this paper, as one nurse stated they felt safer working within the custodial system than in previous employment in accident and emergency departments (Witham, 2000:19). The Australian Nursing Journal describes a senior staff member of a rural emergency department who documented 46 violent incidents over four-months during a pilot study in 1998 (Harulow, 2000:29). As awareness of nurses’ forensic role increases, it is foreseeable that instrumental violence could increase as people employ violence and intimidation in attempts to manipulate outcomes (Bowie, 1998).

The ANMC Competencies contain several elements relating to violence in the nursing workplace: recognising the need for caring for self, identifying and responding to unsafe practice, acting to ensure the dignity and integrity of individuals/groups, responding effectively to unexpected situations, and finally recognising and maintaining relationships with members of the health care team (2000:6,13, 21-22, 25-26). These standards could be criticised for the apparent focus on the individual nurse, contributing to a victim-blaming culture, noted by Professor Megan Jane-Johnstone to be prevalent (Harulow, 2000:28). These competencies however apply to nurses at a managerial level who are required to ensure safe outcomes, recognise the rights of their workers to dignity and integrity in the health care setting, support their staff in caring for patients and collaborating as a team (ANMC, 2000:6, 9, 21-22, 25-26). Introducing patient codes of behaviour,

making security more visible, violence intervention training, increased staff and OH&S legislation change have also been suggested as ways of reducing violence in the health care setting (Bowie, 1998; Graycar, 2003; Harulow, 2000:28; Mayhew, 2000)

Lack of Recognition

This second issue identified in literature is that nurses already fill a forensic role to some extent, but lack the full awareness of this to be able to make a more formal contribution (Saunders, 2000:50). Specht, Singer and Henry have found that nursing documentation is of inadequate standard, despite the emphasis placed upon it (2005:21).

This paper seeks to increase the knowledge of the more general population of nurses, to recognise the skills they already have, so as to make a more effective means of care a realistic path for the future.

Evans and Wells found that custodial or custodial psychiatric nurses were alone in recognising the forensic responsibility they had (1999:4). However, the definition of forensic nursing is clearly quite broad and involves skills undertaken by most nurses – blood samples, urinalysis, wound assessments, blood alcohol levels, psychiatric assessments, risk assessments, identification of emotional trauma, and the documentation of all the above (Potter, 2004: 2; Australian Nursing and Midwifery Council, 2000:3). The expanding field of forensic custodial nursing within Australia is increasing in awareness of forensic nursing, according to the Australian Nursing Journal (2000:19), however we would like to raise the point in this paper that it may simply emphasise the already prevalent misconception of the separateness of forensic nursing from ‘regular’ nursing.

The ANMC’s ‘National Competency Standards for the Registered Nurse’ detail professional requirements under the domain of ‘Professional and Ethical Practice’ which covers the need for understanding of legislation, adherence to the law, fulfilling of the duty of care, and accurate documentation of patients and the care offered to them (ANMC, 2000:5). Professional associations such as the IAFN hold a significant role in promoting forensic nursing, in education and research (IAFN, 1998). The competencies relating to professional development and assessment can be fulfilled when information from these resources is put into practice and shared with others (ANMC, 2000:13-15)

Ethical Dilemmas

Seedhouse has described Nursing as an ethical endeavour because its core aims are issues of potentiating human well being, namely, of improving health, assisting in recovery from illness and supporting in death (1998, 45; Henderson, 1969 in Chiarella, 2002:15). Some research has proposed that forensic nurses may especially face ethical difficulties as they are forced “to consider illness, crime, morality, treatment, containment and possibly punishment” (Burnard 1992 in Martin, 2001:25). This statement is made in the context of custodial psychiatry, however it is my opinion in this paper that this may be true for nurses in general, and any specificities relating to forensic nursing can be applied to a nurse in any area caring for perpetrators of crime or negligence. Particular conflicts arising for the nurse may include the need for patient advocacy – how to advocate for perpetrators of rape; confidentiality – how to protect patients from their abusive next-of-kin; the allocation of healthcare resources – should guilty parties receive equal health care as their victims. Mark Beltchev, a forensic custodial nurse in Victoria touches on these conflicts: “...I prefer not to know what they [detainees] are in [custody] for...and that way you treat everyone the same.” (Witham, 2000:19). The scope of this paper is not to investigate these dilemmas specifically, but to raise them as issues of probable concern faced by nurses caring for forensic patients.

The primary means of resolving moral conflict for nurses is through reflection on ethical resources, such as the ANMC Code below, and also through engagement with colleagues in supportive environments, such as a new website offered to Australian Nurses for the discussion of issues related to nursing (Seedhouse, 1998: 43; ANJ, 2005:39)

The ANMC has developed a Code of Ethics alongside the National Competency Standards as a means for examining ethical conflicts. The code contains six value statements, four of which that are particularly relevant here: respect for individuals needs, and upholding quality care for all, heedless of ‘any ground’ for exclusion, honouring of individuals’ choices, and the use of professional judgement in maintaining confidentiality (Johnstone, 1999). The Competency Standards uphold these by legally requiring that the nurse follow these values when engaging in ethical debate and in practice, ensuring confidentiality for clients and acting to ensure the rights of individuals/groups are not compromised (2000:7-9). These requirements and guidelines define the nurses’ role, but also provide a framework from which to examine practice, as an aid in providing competent care, forensic included (Johnstone, 1999).

Forensic nursing is growing as a specialty in the United States, and greater awareness of nursing forensics is growing here in Australia. Whilst not seeking to criticise the development of forensic nursing as a specialty, this paper has highlighted some particularly relevant professional issues from the Australian context, that apply to most nurses as they apply forensic skills that are often not recognised, and often expose them to violence and ethical dilemmas. In summary, for forensic nursing to develop as a specialty, the forensic potential of nurses must be recognised and barriers to its implementation critically approached for resolution.

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