

Forensic Nursing State of the Science: Research and Practice Opportunities

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Introduction: The International Association of Forensic Nurses (IAFN) is the only nursing organization advancing the forensic nursing specialty. The organization seeks to advance the profession, and one mechanism for doing so is development of a research agenda.

Methods: The purpose of this action-based research study was to aid in the development of a forensic nursing research agenda. The study was carried out in two integral stages: (a) focus groups with IAFN members attending the annual conference and (b) reviewing posted IAFN member listserv material.

Results: The findings of this study identified similar gaps of other nursing specialties experiencing “growing pains,” including role confusion and variation in educational preparation.

Conclusion: Findings from this study will inform development of the IAFN 5-year research agenda to advance forensic nursing science and evidence-based practice.

KEY WORDS:

evidence-based practice; forensic nursing research; forensic nursing research gaps

The International Association of Forensic Nurses (IAFN) was established in 1992. The mission of IAFN is to provide leadership in forensic nursing practice by developing, promoting, and disseminating forensic nursing science. Part of the IAFN vision is to define and advance the practice of nursing globally where health, forensic science, and legal systems intersect. To strengthen the research pillar, the IAFN research committee carried out an action-based research study to identify items for the development of a global research agenda.

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The goal of a research agenda is to identify gaps in science to enhance decision-making capacity, the promotion of evidence-based practice, and its translation to state-of-the-art nursing practice and set priorities for further knowledge development (Dols, Bullard, & Gembol, 2010). In addition, a robust research agenda has the potential to promote sustainability of a profession by expanding the theoretical and conceptual base that informs the work of the profession. Development and creation of a research agenda has important ramifications for a discipline as it helps to further define values and scope; shows how the discipline interacts within the political, economic, and societal milieu; and provides a trajectory for the discipline to grow.

To inform development of the IAFN global research agenda, two initiatives were implemented: (a) an action research study (described in this article) and (b) review of the forensic nursing research literature (in progress). Results from both will inform the 5-year IAFN research agenda. The overall purpose of this study was to aid in identification of research priorities and research gaps. Specifically, the aims of this action research project were to inform development of an IAFN research agenda through identification of (a) gaps in forensic nursing knowledge and skills and (b) existing capacity for carrying out forensic

nursing research. Results will be used to inform development of the IAFN research agenda.

The Integrated Practice Model for Forensic Nursing Science (Lynch & Duval, 2009, 2011) was selected to guide the study because it provides a conceptual framework for the role and practice of forensic nursing. Lynch's forensic nursing model brings together the biological, psychological, sociological, spiritual, and legal aspects of patient care and was instrumental in establishing forensic nursing as both a nursing and forensic science specialty (Valentine, 2014). Since its inception in 1990, the model has been revised to the current form (see Figure 1). As a theoretical framework, the Integrated Practice Model for Forensic Nursing Science continues to develop to reflect the evolution of forensic nursing.

Methods and Analysis

Utilizing action research methodology, a qualitative descriptive study was designed to direct the course of this study. Action research aids researchers in the generation of solutions to practice problems while empowering practitioners in the process (Koshy, 2007; Stringer, 2014). Action research raises the engagement of the larger community by raising the consciousness of individual practitioners and empowering

members to implement the collective findings into practice. Qualitative research methods are often employed by researchers who operate under an assumption that meaning is socially constructed by individuals as they interact with their world or work (Munhall, 2012; Richards & Morse, 2013). Researchers using open and inductive research methods do so because they are interested in understanding the specific beliefs and interpretations that are present at a certain point in time and within a particular context; in this study, the context is broadly the burgeoning field of forensic nursing (Richards & Morse, 2013).

During the initial planning of the study, the research committee initiated action research by engaging volunteer participation of IAFN research committee members in semistructured interviews about forensic nursing. The questions were constructed so as to encourage members to contemplate their practice (Koshy, 2007; Stringer, 2014). The IAFN research committee is a standing committee within the IAFN, and although the membership of the committee varies over time, it typically includes researchers actively engaged in forensic nursing research familiar with, and publishing in, the forensic nursing literature. The six research committee members completed an open-ended questionnaire via email (see Table 1) that was designed to elicit attitudes regarding forensic nursing science research before

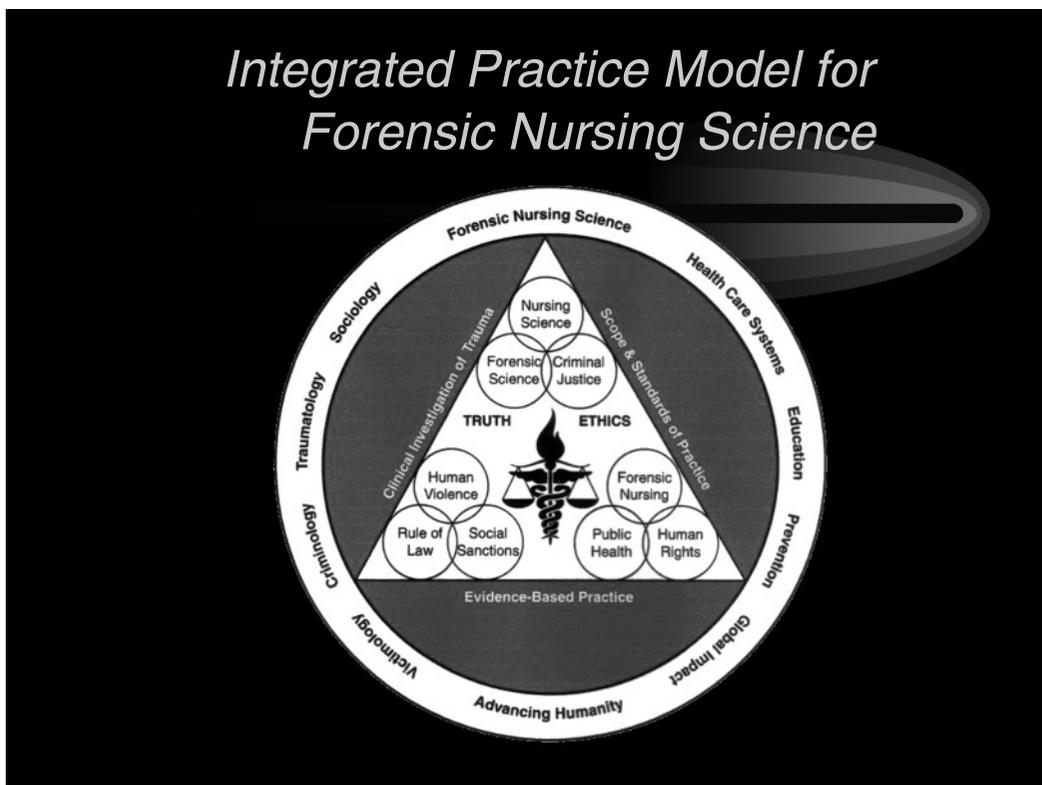


FIGURE 1. Integrated Practice Model for Forensic Nursing Science reprinted with permission from Virginia Lynch. The interplay of multiple disciplines and frameworks illustrated in the model represents the shared value of the criminal justice, forensic science, and nursing science.

TABLE 1. Interview Guide for Forensic Nurse Research Initial Planning Survey

<i>Instructions: Please read and provide detailed responses based on your perception, experiences, and background. Do not include any personal identification or reference to where you work/live. Responses are to be emailed back by >>>>>>>>.</i>
1. Tell me about a time when you really feel like you impacted another nurse.
2. Tell me about a time when you really feel like you impacted your patient/client.
3. What are the gaps in knowledge impacting your practice?
4. What are some things in your academic preparation that could have prepared you better?

the development of the agenda for the purpose of informing development of a focus group interview guide for IAFN members regarding their views of forensic nursing science research and practice (see Table 2; Koshy, 2007; Krueger & Casey, 2009; Stringer, 2014). Return of the questionnaire with responses was considered consent. The participating committee members provided demographic (e.g., gender, age, highest degree, forensic setting, years of forensic practice) and narrative responses to questions addressing personal experiences specific to their forensic nursing practice, which informed the focus group interview guide used in Stage 1 (see below).

The study included two interconnecting stages (see Figure 2). Stage 1 was composed of semistructured focus

TABLE 2. Stage 1 Interview Questions

1. Tell me about a time when you really feel like you impacted another nurse.
2. Tell me about a time when you really feel like you impacted your patient/client.
3. What are the gaps in knowledge impacting your practice?
4. What are some things in your academic preparation that could have prepared you better?
5. What is the purpose of forensic nursing? Why do you do it? ^a
6. Tell me where you go to find information. ^a
7. What are the major resources, for example, a textbook, research article, or other science-based information sources, impacting your forensic nursing practice? ^a
8. What kind of things are you seeing that need to be added to forensic nursing education? ^a
9. Where do you go if you have a forensic-nursing-specific practice issue? ^a
10. What information-based resources do you seek? ^a
11. Have you ever had a situation when a colleague or collaborator had a different opinion? How did you communicate and/or resolve these differences? ^a
^a Questions added for Stage 1.

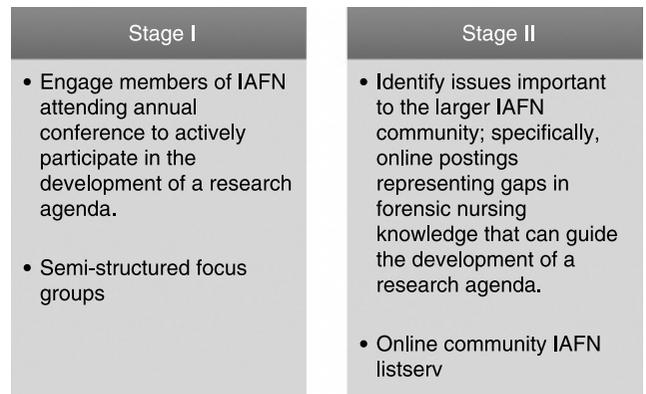


FIGURE 2. Study stages. The figure depicts the overall summary of the interconnected stages of the study that were guided by action research.

group interviews consisting of forensic nurses and researchers. The intent of this stage was to engage members of IAFN to actively participate in the development of a research agenda through a structured discussion. Stage 2 was a thematic analysis of topics on the IAFN online community, a forum that facilitates online discussions initiated often by a member inquiry or comment. The online forums capture questions posed by IAFN members, which are often about practice or policy issues not yet fully developed in the forensic nursing literature or simply not known by the member. A thematic analysis of this content was deemed to be beneficial to the development of the research agenda, alongside the other data sources being gathered. The research was approved by the University of Texas Health Science Center Institutional Review Board. Consent was obtained from the IAFN research committee at Stage 1 when the participant assented to contribute to the discussion only after verbal description of the study purpose and benefits was shared. Stage 2 data were available in the online domain that is available to IAFN members only. Access, use, and distribution of the publicly posted inquiries or responses are in accordance with the “guidelines for members” as listed on the IAFN Web site.

Stage 1

Stage 1 included a voluntary sample of IAFN members who attended the 2015 annual IAFN conference. IAFN members were informed of the focus group meetings in the conference agenda and through verbal announcements by room monitors during the conference. The intent was to engage IAFN members in the development of a research agenda and elicit their voices through an inclusive focus group methodology. Participants were nonrandomly placed into two semistructured focus groups of 14 and 15 participants, respectively, and guided through a semistructured dialogue by two members of the research committee (Koshy, 2007; Stringer, 2014). See Table 2 for the focus group interview guide used in these discussions. Implied consent was obtained after

verbal description of study purpose, benefits, and risks was provided and the participant decided to contribute to the discussion and stay in the focus group. The focus groups were audio recorded and transcribed verbatim. Participants were advised to refrain from mentioning specific names or organizations; any that were named were de-identified in the final transcripts. Four research committee members conducted a quasi-inductive latent content analysis process that included (a) reviewing the transcripts, (b) individually coding descriptively, (c) comparing coding strategies, (d) reconciling codebook differences, and (e) identifying representative thematic categories for the coded data (Munhall, 2012; Richard & Morse, 2013; Richards & Morse, 2013).

Stage 2

Stage 2 included examination of the IAFN member posts in the discussion forum available through the Forensic Nurses Web site. The inquiries and responses were those posted from December 1, 2013, through March 1, 2016. The IAFN online member community includes 78 different forums specific to topics of interest to members or subspecialty within forensic nursing and various organization committees. When members post a topic, they are permitted to post a query to a specific topic section, for example, death investigation or clinical practice. However, members can cross-post to other topic sections. Members are welcome to post questions, updates, or concerns regarding forensic practice, education, or research. The online member community is accessible to members only, and members have the option to post messages “publicly” or “privately.” Only publicly posted queries were included for analysis. The reviews were strictly observational, as interview questions regarding research gaps were not posed to the online community.

The postings were analyzed by three research committee members for evidence of gaps in practice, skills, and available resources as well as identified topics of interest that feel outside these broad categories. Using a latent content analysis, the researchers separately reviewed and coded the list-serv data, then compared their coding schemes, reached consensus on a codebook, finished coding, and then categorized the codes into broad categories representing the core study foci (Richards & Morse, 2013). De-identified data were stored in a secure, encrypted University of Texas Health Science Center electronic system.

Findings

Research Committee Demographics

The response rate among the IAFN research committee members returning their emailed open-ended questionnaires was 75% ($n = 6$), and among those six, 83.3% ($n = 5$) returned demographic information. Of the five respondents, all were female, with an average age of 49.5 (range = 41–56) years; all were doctoral prepared (three DNP, three PhD). The average years in nursing was 28.75 (range = 20–32),

and the average years in forensic nursing was 21.5 (range = 20–22). The primary area of forensic nursing for all five was clinical, with concentrated areas in forensic interviewing, sexual assault, pediatric maltreatment, and medicolegal death investigation.

Stage 1 Demographics

There were 775 attendees at the IAFN 2015 conference; 29 consented to participate in a focus group. Twenty-eight were forensic nurses, and one was an MD/PhD. Although the intent of the focus groups was to identify knowledge gaps in forensic nursing, we were not aware of the background of the MD/PhD participant until after the focus group started, and we opted to include the attendee in the discussion. All the forensic nursing participants were female ($n = 28$, 96.4%), and the average age was 49 (range = 24–68) years. Educational levels of the participants ($n = 27$) included diploma/ADN ($n = 6$, 22.2%), BSN ($n = 11$, 40.7%), master of science in nursing ($n = 4$, 26%), DNP ($n = 5$, 18.5%), and PhD ($n = 1$, 3.7%). The most common practice area was sexual assault ($n = 20$, 71.4%), with the remaining in death investigation ($n = 4$, 14.2%) or child maltreatment ($n = 3$, 10.7%). The average number of years in nursing was 25 (range = 2–47), and the average number of years in forensic nursing was 13 (5 months to 26 years).

Three overall themes emerged from the focus groups: essence of forensic nursing, role confusion and prioritization, and variations in practice with a need for more research.

Essence of Forensic Nursing

Some participants commented on the essence of forensic nursing throughout the focus group discussions. One stated that, “It takes a special nurse to do what we do. All nurses cannot do this.” Forensic nurses expressed that they are motivated, empowered, and challenged when their work positively impacts individual patients and their families. From “helping a patient feel relaxed” and supported during a sexual assault examination to “providing expert testimony,” thereby improving evidence collection and promoting justice, forensic nurses felt driven to make a difference. Participants believed that being a nurse confers on them a unique sense of trust from patients. This trust sometimes helps patients feel more comfortable participating in the legal process, which can be very gratifying for forensic nurses when it leads to justice as well as positive outcomes for patients. Another example of this was described by a nurse who recognized that her patient “had a horrible family life” and explained that “everybody wants to suggest, just go to your family [for support?]. . . . I had to check my assumptions.” Another nurse described her approach to pediatric patients: “. . . [these patients] deserve 100% attention from everyone on the team without other assumptions—specifically, [any prior or existing] family involvement with law enforcement.”

Forensic nurses were aware that their specialized knowledge and training allowed them to answer questions that “nobody else [other nurse specialists] really knows.” The participants acknowledged the “need to be science- and evidence-[based].” At the same time, forensic nurses sometimes minimized their specialized knowledge, training, and experiences by referring instead to “instinct” or “gut feeling.”

Role Confusion and Prioritization

In response to the question about the purpose of forensic nursing, some participants indicated that, within the public sector and even within forensic nursing, the role of the forensic nurse is not well understood. The confusion starts with law enforcement and colleagues using the term “victim” or “suspect” versus “patient” or “client.” A participant stated, “I really object to when we’re meeting our patient [for the first time]...they’re [introduced as] victims or suspect, and I think that is part of the confusion...because we feel like we have to be on someone’s side.” Another participant noted the lack of public or even professional acknowledgment of forensic nurses working within settings other than a traditional clinical setting:

[We need to]...increase the awareness.... we are out there. Because most people that I [tell] that I work in a medical examiner’s office and [conduct] death investigations...as a nurse, they’re like, “What? You do what? How do you do that?” You know, it is like an anomaly [to the profession of nursing].

Whether a forensic nurse works in an emergency department, a medical examiner’s office, or other settings, the role is often not prioritized nor are forensic patients viewed as a priority that has great importance within agencies. One participant stated:

Really, your stubbed toe will get better care in our [setting] than the strangulation patient. That they [colleagues, administrators] do not see the seriousness [of our population].... [W]here is the research of how to educate them...?

Participants expressed that nursing science in general is often confusing to those outside the profession, and this can extend to those in forensic nursing as well. One participant noted:

I think forensic nursing suffers...just as the rest of nursing does, in the lack of evidence.... [W]e talk of evidence for this practice,...but...most of

the evidence really is not ours; it is something that other people have developed.

Variations in Practice and Need for More Research

Participants’ comments regarding the use of science to guide policies, procedures, guidelines, and protocols varied. Some participants expressed conflicting frustration with the need for standards while ensuring standards are not so “rigid that there is no flexibility” to implement them within varying environments. On the other hand, another participant stated: “[it] is important to remember that without the evidence, calling yourself an expert or even trying to be involved in the political [legal] arena is going to fall short. I mean, where is the evidence?” Participants mentioned that IAFN members request protocols or policies from other members, either via email or thru the online community, for purposes of implementing within their personal agencies. Furthermore, participants voiced that there is no research basis for a lot of the “mundane things...such as how to clean the room, which swab [should be collected] first, and does it matter?”

Another described the variation in practice among pediatric practitioners regarding assessment, evidence collection, and interpretation of findings. “So, I really do not have any good answers. I mean I go to the literature, the published literature, but even in that there is a certain ambiguity.” Another stated:

[S]o much of what we do is either not clearly based in research or is little bits and pieces, or taken from all of these different disciplines.... So for myself, I feel like I need a better understanding of what our science base consists of.

Stage 2

Over 1,700 public posts representing more than 100 topics were identified on the online postings of IAFN members from December 1, 2013, through March 1, 2016. Analyses yielded eight descriptive categories: education and preparedness, examination, treatment, evidence collection, documentation, vulnerable populations, policy, and professional practice.

Education and Preparedness

The subject postings within this theme included a broad range of educational and preparedness issues. For example, postings inquired about educational preparedness for entry level into practice, along with questions about various types of entry to practice trainings available for forensic nurses. Some postings inquired about or provided information on advanced practice degree programs specifically focused on the forensic nursing specialty. Most of the postings were about the process and testing for the sexual assault nurse

examiner certification. Questions about use and appropriateness of “credentials” were also frequent, given the various credentials currently associated with the forensic nursing community, for example, forensic nurse examiner, Sexual Assault Nurse Examiner–Adult, Sexual Assault Nurse Examiner–Pediatric, Advanced Forensic Nurse–Board Certification. There were several postings about certification requirements and academic recommendations for advancing nursing career. Last, many postings listed a diverse array of training opportunities for the forensic nurses entering practice or wanting to advance their knowledge within the specialty.

Examination

A topic regarding examination related to several aspects of the forensic examination. The types of specialized forensic examinations included sexual assault, strangulation, physical abuse, mental/psychosocial abuse, elder abuse, stalking, and others. Questions were posed that indicated the need for advanced education on critical elements of examination including how to assess and appropriately provide “injury identification,” recommendations on specific evidence-based practice terminology and injury descriptors that are accepted within forensics and forensic nursing, and inquiries related to the appropriate use of technology and diagnostic techniques (anoscopes, alternate light sources, colposcopes, cameras, swabs, swab dryers, toluidine blue dye, lubrications: dos and don’ts) as well as surveys and screening tools (depression, lethality, trauma inventory, sexual history, and alcohol inventories) used to document mental health and trauma, along with specific protocols to be used during “examinations.” Some questions also posed injury assessment parameters related to “fisting” as well as “how to evaluate a victim” presenting weeks to years after an event.

Treatment

Members posted questions regarding protocols for prophylaxis through treatment. The need for evidence-based guidance and those consistent with accepted standards of care and practice was indicated by questions about medication, treatment of injuries, mental health interventions, referrals, and follow-up care. Protocols and medication regime inquiries often asked about specific medications for the prevention of pregnancy or “Plan B, sexually transmitted infection prophylaxis, antibiotics, steroid prophylaxis post strangulation, care of injuries, and follow-up testing and referral.”

Several posts related to treatment included the level of provider (MD, NP, CNS) that is required to perform medical examinations in addition to assault examinations, evidence collection, and prescribing of medications. Because examinations for medical purposes are done, questions about the provider billing for those services and the associated billing, coding, and filing questions were discussed.

Evidence Collection

Evidence collection is an important aspect of the forensic nurse’s practice. The inquiries and discussions focused on several critical parameters and specific types of evidence collection, supplies, and equipment used during examination. Management of evidence, storage of evidence, and recommendations regarding if and when to collect evidence were often asked. Questions about “if, when and what to collect as evidence” were discussed by anecdotal recommendations of deferring to law enforcement involved with each case. Specifics of the types of evidence included request for advanced information and evidence-based practices of DNA, gunshot wounds, fingerprints, and sperm viability. Inquiries about “crime lab procedures and practices” of “rape kits,” drug testing, swab collections, wet, dry, sequence, and labeling were frequently posted.

Documentation

Most of the themes showed the need for addressing and establishing documentation standards. Inquiries were posted about the various types of documentation being used in forensic nursing and by emergency departments. This included electronic health records, paper charts, narrative notes, flowcharts, body-grams, and photography. Concerns with documentation centered on privacy issues (forensic chart being separate from the medical record), access of records by the patient, and criminal justice system personnel. The need for “consent for photography,” in addition to how photos are “stored and labeled,” was also a frequent post. Additional guidance was asked related to Health Insurance Portability and Accountability Act (HIPAA), regulatory and legal aspects of care, victim rights, and ethics. Regarding release of records included questions about policies, procedures, and forms and the amount of time that is necessary to ensure that all records are complete before releasing copies to the patient, law enforcement, or legal entities.

One aspect of documentation that evolved was related to the issue of victim reporting and the forensic nurse entering the quotes into the record, specifically the various viewpoints about victims of trauma’s relating of the events, recall, and memory. Given the diverse responses, the need for standardizing practice not only of care, but also documentation will not only increase the validity of the documentation but also strengthen how the victim’s reporting is viewed.

Vulnerable Populations

Forensic nurses serve diverse populations. Given the complexity of diversity, the questions asked about one population could be applied to other populations frequently seen by the forensic nurse. Questions related to populations spanned the continuum of age, gender, ethnicity, cognitive/mental health status, developmental and physical disabilities, state of consciousness, victim, and perpetrator as well

as the incarcerated population. Questions were especially focused on needed knowledge, skills, and attitudes (competencies) related to providing safe and culturally competent care. The topic of populations not only emerged into the vulnerable aspects but also included requests for competencies in providing trauma-informed care, policies, procedures, training, and practice guidance. An additional topic related to evidence collection centered around disposition of rape kits as well as disposal. Discussion included inquiries as to the need or duty to notify the patient before disposal.

Policy

This topic had two subcategories. First, many postings from members were requests for other members to share their agencies' policies, for example, "does anyone have a policy to share regarding [fill in the blank]?" Requested policies included mandated reporting, standard protocols for testing alcohol or other drug panels, and infection control procedures. Some postings requested policies regarding procedures for "consent and refusal" and "media communications." Many responses included referral to institutional risk management departments, consultation with legal departments, and collaboration with community-based agencies and organizations.

The second category of policy was exclusive to the need for forensic nurses to become involved in legislative advocacy. Specifically, to advance the forensic nursing specialty, the recognition that IAFN members need to become involved in legislative advocacy for human rights, social justice, and victim protection will be necessary.

Professional Practice

This topic area represented a wide range of postings regarding professional practice, from the basics of starting a forensic program to "staffing, compensation, developing procedures, how to write protocols, billing for services, roles and responsibilities, and requesting of job descriptions." Additional inquiries referred to "being a witness," types of witnesses (fact and expert), and how to testify. Members discussed ethical and professional boundary issues, including potential conflicts of interest and the risk of forensic nurses practicing outside their professional boundaries. Other types of professional practice questions included availability of position papers or proposals for approaching individual agency administrators regarding the "use of SART [sexual assault response team]" and guidance on how to justify a department or nursing specialist position. Postings about marketing, publishing, and how to become a sustainable practice rounded out the theme of professional practice for the forensic nurse.

Strengths and Limitations

A strength of this study includes using a variety of approaches to engage IAFN members in identifying research

and practice gaps to develop a research agenda. Rather than having a few members determine the IAFN research agenda, the research committee sought to actively engage IAFN members to aid in the development of the agenda. The demographics of both committee members and participants in Stage 1 are predominately White women, with most working with patients who have been sexually assaulted; therefore, they might not adequately represent the perspectives of other forensic nurses, most notably death investigators, and those involved in correctional health or mental health. In addition, only two focus groups were conducted at the IAFN conference, and conference attendees do not necessarily represent the broader IAFN membership. Last, a voluntary sample is a limitation as multiple forms of bias can be introduced into the findings, specifically among the homogeneous research committee group (Munhall, 2012).

A limitation to Stage 2 was not having access to privately posted inquiries or responses, which might have included relevant insights not captured in the public postings. However, study findings across the data sources show congruence in knowledge and practice gaps, which provides a level of confidence that the data collected represent core factors of importance for the IAFN research agenda.

Discussion

The purpose of this study was to begin to identify gaps in forensic nursing science to inform development of an IAFN research agenda. Both stages of the study yielded identification of common gaps in practice and knowledge that should be addressed in a robust forensic nursing research agenda. These gaps include practice guidelines, educational requirements, and role confusion within the profession of forensic nursing and among interprofessional colleagues. Despite participants identifying that it takes a special type of nurse to practice within forensic nursing, there remains variations in practice and interprofessional/intraprofessional role confusion, which are related to a need for more information about the forensic nursing role and a scientific base for what a forensic nurse does.

The forensic nursing specialty is advancing in depth of knowledge and evidence—the findings of this study show gaps, a phenomenon that is similar to other new and developing nursing specialties (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004). For example, advanced practice nurses have identified similar gaps (e.g., role conflict and educational preparation; Spitzer, 1978; Spitzer et al., 1974; Thibodeau & Hawkins, 1994).

Clinical practice gaps and knowledge from Stages 1 and 2 of the study showed the perceived lack of guidelines and standards for developing, implementing, and sustaining forensic nursing programs. This finding was interesting in light of existing guidelines and standards and technical support for program development and sustainability developed

and promoted by IAFN (IAFN Resources, 2013). Notably, many participants from the listserv in Stage 2 highlighted information sharing that occurs across forensic nurses in diverse settings. The benefits of resource sharing are noteworthy, but contextualization was not necessarily recognized by participants (e.g., policies are not always transferable). In addition, some of the postings indicate that IAFN members may post a question to the listserv rather than approach questions through literature reviews or published best practice guidelines (i.e., SANE Program Development and Sustainability Guide).

Forensic Nursing Implications

Forensic nursing is advancing as a discipline and a specialty within nursing. Forensic nurses will benefit from awareness of the state of the science and the subsequent implications on practice and policy as well as interprofessional collaboration and coordination. Consistent with the newness of any specialty, forensic nursing is experiencing external and internal challenges including role clarity, scope of practice, and, importantly, lack of a solid comprehensive evidence base for what forensic nurses do in response to interpersonal violence, death, and incarceration. The growth of forensic nursing is following a historic path similar to other nursing specialties, which requires a process of building the practice and the science behind what is being done and why (Styles & Lewis, 2000; Sutton & Smith, 1995). Practicing forensic nurses are in unique positions to inform the research that is done to defend or alter existing practices and policies.

Conclusion

The diversity of the content analyzed indicates the need for IAFN's research agenda to include evidence-based knowledge and standards (Miller, Wiek, Sarewitz, Robinson, Olsson, Kriebel, Loorback, 2014; Proctor, Luke, Calhoun, McMillen, Brownson, McCrary, Pakek; 2015). Continuing to use an action approach by engaging the IAFN community in the establishment of a global research agenda will stimulate research leading to evidence-based practice and education guidelines. The future of forensic nursing's sustainability and capacity for continued professional growth continues to evolve, presenting the IAFN membership with tremendous opportunities to improve the quality of patient care, patient advocacy, and improved patient outcomes. IAFN is positioned well to lead initiatives supporting the advancement of forensic nursing through a robust and responsive research agenda.

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