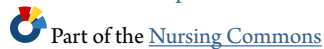

Theses

2008

Implementing a Forensic Educational Package for Registered Nurses in Two
Emergency Departments in Western Australia

Christine M. Michel
University of Notre Dame Australia

Follow this and additional works at: <http://researchonline.nd.edu.au/theses>



COMMONWEALTH OF AUSTRALIA
Copyright Regulations 1969

WARNING

The material in this communication may be subject to copyright under the Act. Any further copying or communication of this material by you may be the subject of copyright protection under the Act.

Do not remove this notice.

Publication Details

Michel, C. M. (2008). Implementing a Forensic Educational Package for Registered Nurses in Two Emergency Departments in Western Australia (Doctor of Philosophy (PhD)). University of Notre Dame Australia. <http://researchonline.nd.edu.au/theses/28>

This dissertation/thesis is brought to you by ResearchOnline@ND. It has been accepted for inclusion in Theses by an authorized administrator of ResearchOnline@ND. For more information, please contact researchonline@nd.edu.au.



**Implementing a Forensic Educational Package for
Registered Nurses in Two Emergency Departments in
Western Australia**

A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

Christine Marie Michel

(nee Vecchi)

MSN, BSc., RN

School of Nursing
University of Notre Dame, Australia

2008

CONTENTS

TITLE PAGE	i
CONTENTS	iii
LIST OF FIGURES	x
LIST OF TABLES	xi
ABSTRACT	xiv
DECLARATION OF AUTHORSHIP	xvi
ACKNOWLEDGEMENTS	xvii
PLEDGE OF ETIENNE DE GRELIET	xix

CHAPTER 1 – INTRODUCTION	1
Background	1
History of Forensics	3
Forensic Nursing	4
Justification	6
Aim	10
Purpose	10
Objectives	10
Operational Definitions	11
Conclusion	12
CHAPTER 2 – LITERATURE REVIEW	14
Introduction	14
Context of Forensic Nursing	15
<i>International perspective</i>	16
<i>Australian perspective</i>	19
Conceptual Framework	25
<i>Lynch’s forensic nursing integrated practice model</i>	27
<i>Adult learning principles</i>	31
<i>Social cognitive theory</i>	33
<i>Teaching strategies</i>	37
Conclusion	38
CHAPTER 3 – METHODOLOGY	40
Introduction	40
Research Paradigm	40
Research Design	42
<i>Descriptive research</i>	44
<i>Triangulation</i>	45
Methodological triangulation	46
Data triangulation	46
Unit of analysis triangulation	47

Methodology	48
<i>Research Sites</i>	48
Hospital A	51
Hospital B	52
Hospital C	52
<i>Sampling</i>	53
Stakeholders	54
Registered Nurses	56
<i>Data Collection Tools</i>	62
Questionnaire development	62
<u>Validity</u>	62
<u>Reliability</u>	64
Policy and procedure manual review	66
Interview guides	68
<u>Thematic Analysis</u>	70
Chart check audits	70
Phase I	75
<i>Replication of Pasqualone’s study</i>	75
Phase II	77
<i>Stakeholder interviews</i>	78
<i>Hospital B</i>	79
Policy and procedure manual review	80
Pre- and post-test questionnaire	80
Pre- and post-test chart check audit	81
<i>Hospital C</i>	82
Policy and procedure manual review	82
Pre-test questionnaire	82
Phase III	84
<i>Forensic workshop</i>	87
<i>Forensic kit</i>	89
<i>Information sheets and posters</i>	90
<i>Pocket prompt cards</i>	91
<i>Forensic resource file</i>	92
<i>Journal</i>	92

<i>Phone log</i>	93
<i>Locked cabinet</i>	93
Phase IV	94
<i>Post-test questionnaire</i>	94
<i>Chart check audit</i>	95
Pre-implementation	96
Two month post-implementation	96
Four month post-implementation	97
<i>Forensic kit audit</i>	97
<i>Journal</i>	98
<i>Phone log</i>	98
<i>Focus group interviews</i>	98
<i>Follow-up interviews</i>	99
Ethical Approval	100
<i>Approval from the Ethics committee</i>	100
<i>Voluntary participation and consent</i>	101
<i>Risk</i>	102
<i>Benefits</i>	103
<i>Privacy and confidentiality</i>	104
<i>Security of data</i>	105
Conclusion	105
CHAPTER 4 – 27 FORENSIC PATIENT CATEGORIES	107
Introduction	107
Replication of Pasqualone’s Study	110
<i>Methods</i>	110
<i>Data collection</i>	111
<i>Sample</i>	113
<i>Instrument</i>	114
<i>Confidentiality</i>	115
<i>Data analysis</i>	115
27 Forensic Patient Categories	118
Conclusion	153

CHAPTER 5 – ANALYSIS OF DATA AND FINDINGS	154
Introduction	154
Demographics	155
<i>Stakeholders</i>	155
<i>Registered Nurses</i>	158
Reporting of Data Analysis	160
<i>Forensic requirements and key issues</i>	160
Interview sub-category groupings	165
<u><i>Confusion and uncertainty regarding the Western</i></u>	
<u><i>Australia forensic scene</i></u>	166
<u><i>Practice issues of interest and concern</i></u>	167
<u><i>Knowledge and educational deficits</i></u>	167
<u><i>Documentation</i></u>	168
<u><i>Interagency communication</i></u>	169
<u><i>Roles, responsibilities and relationships</i></u>	170
<u><i>Gaps and problems</i></u>	171
<u><i>Stakeholder’s wish lists</i></u>	171
Main interview themes	173
<u><i>Theme 1: identifying forensic patient</i></u>	173
<u><i>Theme 2: roles and responsibilities</i></u>	174
<u><i>Theme 3: evidence collection</i></u>	177
<u><i>Theme 4: legal issues</i></u>	178
<u><i>Theme 5: communication</i></u>	180
<i>Development of a forensic educational package</i>	181
Stakeholder interviews	181
Review of policy and procedure manuals	182
<u><i>Hospital B</i></u>	182
<u><i>Hospital C</i></u>	184
Replication of Pasqualone’s study	185
Stakeholder questionnaires	186
<i>Nurse perceptions on roles and responsibilities</i>	187
Hospital B	187
Hospital C	187

<i>Educational package effectiveness</i>	191
Questionnaire results	191
<u><i>Pre-test data</i></u>	192
<u><i>Hospital B</i></u>	199
<u><i>Hospital C</i></u>	199
Chart check audits	207
<u><i>Category of forensic patients</i></u>	208
<u><i>Triage category</i></u>	210
<u><i>Time of presentation to ED</i></u>	211
<u><i>Discharge from ED</i></u>	211
<u><i>Total time spent in ED</i></u>	212
<u><i>Hospital B</i></u>	214
<u><i>Hospital C</i></u>	216
<u><i>Pre and post data comparison</i></u>	220
Forensic kit supplies	223
Follow-up interviews	224
Workshop evaluations	226
Focus group interviews	227
<u><i>Impact on nursing practice</i></u>	228
<u><i>Usefulness of educational material</i></u>	228
<u><i>Forensic kit effectiveness</i></u>	229
<u><i>General comments</i></u>	229
Personal communication	230
Conclusion	231
CHAPTER 6 – DISCUSSION OF FINDINGS	233
Introduction	233
Comparison of Findings with other Literature	234
<i>Forensic related research</i>	235
<i>Research design strategies</i>	236
<i>Theoretical perspectives</i>	238
Knowles adult learning principles	238
Social cognitive theory	242

Forensic Educational Model for the Enhancement of Clinical Nursing Practice	246	
<i>Healthcare</i>	248	
<i>Forensics</i>	248	
<i>Community</i>	249	
<i>Education</i>	249	
Comparison of Lynch’s Forensic Model to the Forensic Educational Model	250	
Limitations of the Study	252	
Conclusion	253	
CHAPTER 7 – IMPLICATIONS OF FINDINGS	255	
Introduction	255	
Recommendations for the Future	255	
<i>Education</i>	256	
<i>Practice</i>	257	
<i>Research</i>	258	
A Forensic Nursing Self-Directed Learning Package	260	
Conclusion	261	
POSTSCRIPT	262	
REFERENCES	263	
Legislation Acts and Bills	285	
APPENDICES	287	
Appendix 1	Ethics Committee Approval Letters	287
Appendix 2	Advertisement Flier for Study	292
Appendix 3	Control Group Information Sheet	293

Appendix 4	Treatment Group Information Sheet	294
Appendix 5	Pre-test Questionnaire	295
Appendix 6	Post-test Questionnaire	301
Appendix 7	Hospital Policy and Procedure Log	307
Appendix 8	Healthcare Stakeholders Interview Questions	308
Appendix 9	Forensic Stakeholders Interview Questions	309
Appendix 10	Focus Group Interview Questions	310
Appendix 11	Follow-up Interview Questions	311
Appendix 12	Stakeholder Information Letter	312
Appendix 13	Participant Consent For	313
Appendix 14	Outline for Workshop Sessions	314
Appendix 15	Pocket Prompt Card	316
Appendix 16	Workshop Evaluation	317
Appendix 17	Photo of Forensic Kit	318
Appendix 18	Forensic Kit Contents List	319
Appendix 19	Chain of Custody Form	320
Appendix 20	Six Orange Laminated Information Sheets	321
Appendix 21	Forensic Resource File Contents	328
Appendix 22	Forensic Patient Consent Form	330
Appendix 23	Forensic Patient Protocol	331
Appendix 24	Notifiable Diseases in WA	332
Appendix 25	Healthcare Stakeholder Coded Interview Transcript	333
Appendix 26	HospC Policy on Child Maltreatment	335
Appendix 27	Forensic Nursing Self-Directed Learning Package	337

LIST OF FIGURES

Figure 1	Conceptual Framework for Forensic Educational Package	26
Figure 2	Lynch's Forensic Nursing Integrated Practice Model	28
Figure 3	Methodology Flow Chart	43
Figure 4	Schematic Review of the Research Design	49
Figure 5	Control and Treatment Group Activities	57
Figure 6	Flow Chart of Treatment Group Participants	61
Figure 7	Analysis Process of Stakeholder Interviews	162
Figure 8	HospB and HospC Pre-Test Questionnaire Scores	194
Figure 9	HospC Pre and Post-Test Questionnaire Scores	201
Figure 10	HospC - Mean Difference Between Pre and Post-Test Questionnaire Scores	201
Figure 11	Forensic Educational Model for the Enhancement of Clinical Nursing Practice	247

LIST OF TABLES

Table 1.1	Pasqualone’s 27 Forensic Patient Categories	2
Table 3.1	Summary of the Research Paradigms	42
Table 3.2	Characteristics of the Research Sites	50
Table 3.3	Key Stakeholders	54
Table 3.4	Inclusion Criteria for Registered Nurse Participants	60
Table 3.5	Chart Check Variables	74
Table 4.1	Demographic Findings of the Replication Chart Review	114
Table 4.2	Frequency Comparison between Western Australia (WA) and US 27 Forensic Patient Categories	116
Table 4.3	Top 10 Forensic Patient Categories – Totals and Frequencies	117
Table 4.4	Comparing Top 10 Forensic Patient Categories between WA and the US	118
Table 5.1	Interviewed Forensic and Healthcare Stakeholders	156
Table 5.2	HospB and HospC Participants: Age and Gender Demographics	158
Table 5.3	HospB and HospC Participant Work History	158
Table 5.4	HospB and HospC Participant Advanced Education Courses Completed	159
Table 5.5	Stakeholder Ideas to Consider Including into Forensic Educational Package	164
Table 5.6	Group Statistics for HospB and HospC Pre-Test Questionnaire Role and Responsibility Scores	188
Table 5.7	Independent Samples t-Test for HospB and HospC Pre-Test Questionnaire Role and Responsibility Scores	188
Table 5.8	Paired Samples Demographic Statistics of HospC Pre-Test Questionnaire Role and Responsibility Scores	189
Table 5.9	Paired Samples Correlations of HospC Pre-Test Questionnaire Role and Responsibility Scores	189
Table 5.10	Paired Samples t-Test of Pre- and Post-Test Questionnaire of HospC Pre Role and Responsibility Scores	189

Table 5.11	Professional Responsibility to Provide Forensic Patient Care	191
Table 5.12	HospB and HospC - Comparison of 18 Core Question Pre-Test Score Results	193
Table 5.13	Group Statistics for HospB & HospC 18 Core Pre-Test Questionnaire Scores	195
Table 5.14	Independent Samples Test for HospB & HospC 18 Core Pre-Test Questionnaire Scores	195
Table 5.15	HospB and HospC Pre-Test Results for Definitions of Forensic Nursing	197
Table 5.16	Topics of Forensic Educational Requested by HospB and HospC Participants	198
Table 5.17	The Importance of Updated Forensic Knowledge	198
Table 5.18	HospC – Pre and Post-Test Questionnaire Results	200
Table 5.19	Paired Samples Demographic Statistics for HospC Pre and Post-Test Questionnaire Scores	202
Table 5.20	Paired Samples Correlations for HospC Pre and Post-Test Questionnaire Scores	202
Table 5.21	Paired Samples Test for HospC Pre and Post-Test Questionnaire Scores	202
Table 5.22	HospC Definitions of Forensic Nursing	203
Table 5.23	HospC Forensic Educational preferences	204
Table 5.24	HospC Forensic Educational Improvement	206
Table 5.25	Forensic Patient Categories Encountered at HospB and HospC	209
Table 5.26	Triage Score of Forensic Patients	210
Table 5.27	Times Forensic Patients Visited ED	211
Table 5.28	Discharge Location of Forensic Patients	213
Table 5.29	Forensic Patient Length of Stay in the ED	213
Table 5.30	HospB Pre and Post-Test Chart Check Audit Results	215
Table 5.31	Number of HospB Pre and Post-Test Charts Audited	216
Table 5.32	Number of HospC Pre and Post-Test Charts Audited	217
Table 5.33	HospC Pre and Post-Test Chart Check Audit Results	219
Table 5.34	Comparison of HospB and HospC Chart Check Audit	221

Table 5.35	Brown Bag Audit Results	224
Table 5.36	Forensic Kit Supplies Utilised	225
Table 7.1	Table of Contents for a Forensic Nursing Self-Directed Learning Package	261

ABSTRACT

The results of violence are a major public health problem that infiltrates hospital emergency departments (ED) daily. Often, ED nurses are the first healthcare professionals to see patients, speak with family members, handle personal property and collect laboratory specimens. Such actions can be of extreme importance to the 27 different categories of forensic patients. To adequately address forensic patient issues, ED nurses need exposure to forensic education.

The aim of this research was to develop and evaluate the effectiveness of a clinical forensic education package on ED nurses' perceptions, knowledge and care of forensic patients. To accomplish this aim, this descriptive research study employed a multiple triangulation methodology design. Additionally, theoretical guidance was sought from Bandura's (1977) Social Cognitive Theory, Malcolm Knowles (1980) Adult Learning Principles and Lynch's (1990) forensic nursing integrated practice model. Forty nine treatment and control group nursing participants were recruited from two metropolitan Western Australian hospitals. In addition, 22 forensic and hospital stakeholders from 10 specialty areas were interviewed to explore and identify key forensic issues that confront Western Australian healthcare and forensic professionals.

Data was obtained from qualitative and quantitative means which included; semi-structured interviews, policy manual reviews, audits of nursing documentation, pre and post-test questionnaires, focus group interviews, and the researcher's observations. Data analysis indicated that the forensic educational package significantly increased participant's forensic nursing knowledge by 23.8%. In addition, data indicated that treatment group participants altered their documentation and clinical practices as a result of attending the forensic intervention workshops.

The study results suggest that a nurse focused approach can be an effective strategy to address the complex issues violence brings into the healthcare system by improving forensic knowledge, influencing nursing practice, and altering participant

perceptions regarding forensic patient care. Moreover, this study identified gaps in the amount and variety of available forensic educational material for nurses. As a result, a clinical forensic nursing self directed learning package was developed which aimed at fulfilling general forensic educational needs for all Registered Nurses across Australia and International settings.

DECLARATION OF AUTHORSHIP

This doctoral thesis is the candidate's own work and contains no material which has been accepted for the award of any degree or diploma in any other institution.

To the best of the candidate's knowledge, the doctoral thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Christine Marie Michel

December 12, 2007

ACKNOWLEDGEMENTS

There were many factors that initiated this study. During the process of investigating, developing, implementing and completing this study, I have had the support of many wonderful people to whom I am very grateful.

Firstly, to my husband Garry, whose love, support, eternal patience, and computer savvy allowed me to complete this study with an intact laptop and all my data. Thank you for giving me the space and helping me find the time I needed to finish writing this thesis.

Thank you to those extraordinary people I am blessed to have in my life; especially Uncle Bob, Ursula, Shirley, Graham, Trudy, Jim, Donna, Ron, and Becky. You have always supported and encouraged me, been there when I was in need, and provided me with a soft place to fall. Without all of you I would not be who and where I am today. I am eternally grateful for your guidance, faith in me, and belief that I could do anything.

Thank you to my supervisor, Professor Selma Allieux. You provided me with countless amounts of positive feedback, expert advice and calmness during my periodic melt down episodes. Your guidance, powerful vocabulary and inquiring nature were invaluable and much appreciated. Without you, my amazing journey would have been much more difficult and far less rewarding.

Thank you to Virginia Lynch and Georgia Pasqualone, my mentors, colleagues and friends. You both epitomize what forensic nursing is about. You have encouraged and supported my career from the start and have shown the leadership qualities that are required to initiate change. Your endless enthusiasm is both inspirational and infectious.

I would like to express my gratitude to all of the nurses who participated in this study and to all of the medical record staff who gathered the thousands of medical records I requested. You all made this study possible.

Lastly, thank you to all of the forensic and healthcare experts who provided me with their time and expert opinions necessary to develop such an educational package. I hope this is just the beginning of a long and prosperous collaborative approach towards forensic patient care in Western Australia.

I will pass through this world but once. Any good therefore that I can do, or any kindness which I can show to any human being, let me do it now. Let me not defer it or neglect it for I shall not pass this way again.

Pledge of Etienne de Greliet (1773 – 1855)