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Feasibility and Desirability of a Forensic Nursing Network in a Rural Minnesota Setting

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FEASIBILITY AND DESIRABILITY OF A FORENSIC NURSING NETWORK IN A
RURAL MINNESOTA SETTING

DNP Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice (DNP)

St. Catherine University
St. Paul, Minnesota

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ST. CATHERINE UNIVERSITY
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This is to certify that I have examined this
Doctor of Nursing Practice DNP project
written by

Keri Ovsak

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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DEPARTMENT OF NURSING

Abstract

The practice of nursing in secure settings has been characterized by significant differences compared to traditional healthcare settings. Nurses in forensic settings report feelings of isolation, professional alienation, and lack of support. Although professional organizations for forensic and correctional nurses exist nationally, networking opportunities for nurses who work secure settings in rural Minnesota are lacking.

The goal of this study was to seek information about the feasibility and desirability of creating a forensic nursing network in a rural Minnesota setting. Quantitative and qualitative responses were sought to identify specific needs for and barriers to networking. Challenges in forensic nursing and benefits of networking were identified through a review of the literature.

The nurses strongly agreed that professional dialogue, moral support, and specialized training were important for forensic nursing. Several expressed interest in networking and some had already experienced networking through professional organizations. Those who had participated in professional organizations found networking to be the most valuable aspect. To create a successful network, those with previous experience desired improved availability, superior location, and increased overall attendance.

Many nurses in the study's geographical area desired an opportunity for networking and had little preference for face-to-face time over that utilizing technology. This networking must consider nurses' time availability, especially personal time.

FEASIBILITY AND DESIRABILITY OF A FORENSIC NURSING NETWORK IN A

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Networking with other professionals within a specialty can increase professionalism and improve quality of care. Networking commonly entails professional dialogue, continuing education, and moral support. However, nurses working in forensic settings and especially rural, forensic settings may have difficulty finding quality options for networking. Research is lacking on the needs and abilities of rural forensic nurses to network.

Definitions

A forensic nurse provides specialized care for patients who are victims and/or perpetrators of trauma, both intentional and unintentional (International Association of Forensic Nurses (IAFN), 2015). The focus and practice of forensic nursing occurs in a realm "where health care and the law intersect" (International Association of Forensic Nurses (IAFN), 2015). Forensics nurses treat victims of crime, collect evidence, perform death investigations, treat people who have committed crimes, and treat people who are deemed dangerous to themselves or others (mentally ill, sexually dangerous, chemically dependent, etc.). Practice can occur in a variety of settings such as hospitals, community anti-violence programs, coroner's offices, correctional institutions, sites of mass causalities, or psychiatric hospitals. Forensic nurses who provide health care to persons who are incarcerated or in secure treatment settings are also known as correctional nurses. This branch of forensic nursing is the population focus for this project. The practice setting will be referred to as a "secure setting."

Professional organizations seek to further a particular profession and the interests of individuals engaged in that profession. Professional organizations often include networking opportunities for its members. Networking is interacting with other people to exchange information and develop contacts. Networking clearly exists outside of professional organizations. The focus of this article will center on the concept of networking as an intervention used to address professional alienation and other challenges within forensic nursing. While this approach seems plausible, professional organizations in the area are

limited and it is not known whether forensic nurses in this area would find networking desirable and feasible. For purposes of understanding, the terms feasibility and desirability will be defined. Feasibility is the capability of being easily or conveniently done and desirability is the degree which a course of action is seen as attractive, useful, or necessary. In order to create, implement, and evaluate the study, it was important to review the literature regarding existing knowledge of forensic nurses' needs as well as what interventions have been trialed.

Literature Review

Forensic Setting

The practice of nursing in secure settings has been characterized by significant differences from traditional healthcare settings. Patients in secure settings often have a diagnosis of personality disorder, malingering, poor patient progress, and interpersonal conflict. Their level of dangerousness, impaired ability to trust, legal status, and moral culpability impacts progress towards criminal desistance and how they are viewed by nurses and the society they aim to reenter (Lammie, Harrison, Macmahon, & Knifton, 2010; Rose, Peter, Gallop, Angus, & Liaschenko, 2011). Research consistently describes forensic nursing challenged by the conflicting ideologies of nursing and security (Almost et al., 2013; Chafin & Biddle, 2013; Jacob, 2012; Jacob, 2014; Perron & Holmes, 2011; Weiskopf, 2005). In addition, inadequate resources, limited control over practice, inadequate staffing, and lack of support from management have been described by nurses (Almost et al., 2013). The literature also differentiates forensic nursing from other nursing practice based on variables such as professionalism, empathy, risk-taking, fear, specialized training, and alienation (Chafin & Biddle, 2013; Holmes, Perron, & O'Byrne, 2006; Rose et al., 2011; Shelton, 2009; Weiskopf, 2005).

Many of these concepts are interwoven in the studies, as much of this research is explorative. In a study utilizing focused ethnography, nurse-patient relationships were examined in two medium secure forensic units in Canada (Rose et al., 2011). The nurse informants universally expressed the expectation and the struggle to not judge patients. The ability to maintain a nonjudgmental approach was related to the likeableness of the patient or their moral culpability. Nurses were less likely to share rewards of working with this population but were able to list a few. Challenges were easily identified and categorized by the following: poor patient progress in treatment, interpersonal conflict, balancing security demands, lack of support from management, and inadequate training. There was a profound sense of powerlessness and isolation expressed by nurses.

Another study of patients and nurses from a mental health unit of a Canadian penitentiary explored the portrayal of patient-inmates by nurses (Perron & Holmes, 2011). Interviews identified two main features of the population, all had committed serious crimes and all were in need of care. Nurses emphasized their ability to focus on care rather than offenses, citing professionalism. Some preferred not to know the type of crimes committed by patients to remain therapeutic. The nurses also emphasized the patient's dangerousness and attempts to manipulate nurses for secondary gains. In this same study, researchers noted conflict between nursing and correctional officers, notably security overriding nursing decisions and corrections officers making derogatory remarks about nursing functions. Basic nursing tasks common in hospital settings were signified as risky and unethical. Nurses described needing to eliminate basic nursing behaviors such as meeting with an inmate in an office or comforting with touch.

In addition to a challenging patient population and the divergent ideologies of nursing and security, secure settings have additional challenges for forensic nurses including inadequate

resources, limited control over practice, inadequate staffing, and lack of support from

management (Almost et al., 2013). Many jails and correctional facilities are located in rural

areas. Health systems in small facilities are often rudimentary, and in some counties, the nurse

may be the only health care professional in the facility. In addition to the work environment,

workplace relationships have impacted the ability to provide nursing care. When compared

traditional healthcare settings, forensic settings have significantly higher levels of emotional

abuse, conflict, and bullying (Almost et al., 2013). Abuse was not from only inmates, as 55% of

informants reported abuse from someone other than an inmate. Additionally, health care

managers in corrections have more emotional exhaustion and less personal accomplishment than

managers from all other health care sectors.

Jacob (2014) examined forensic nursing practice in the context of the aforementioned

tensions. The mandate of distancing (both physical and psychological) between nursing staff and

inmates for security purposes is described consistently. Nurses feared manipulative and

dangerous behaviors and furthered this distancing. For nurses who engaged in trusting or

therapeutic interactions, there were negative consequences from both nursing and correctional

staff. Nurses in their adaptation to this environment, often socialized new nurses to minimize

interactions. Jacob's theoretical works are critical to enabling the forensic nurse to first,

recognize the challenge to providing nursing care and second, to find new ways of practice.

Despite all the challenges, forensic nurses have been successful. When examining the

qualities of forensic nurses, researchers identified professionalism, empathy, and risk-taking

contributed to success in secure environments. Fear, lack of training, and alienation negatively

impacted forensic nurses' ability to form therapeutic relationships (Rose et al., 2011). Lammie,

Harrison, Macmahon, & Knifton (2010) found nurses had overall positive attitudes especially

related to patient and human rights. However, concerning views did exist including recovery pessimism, concerns about reintegration, and arrogance. These were noted in the improper use of staff power through denial of requests, disparaging remarks, and use of punishment rather than treatment. Another study exploring antipathy of forensic nursing staff towards juveniles who self-harm found several variables associated with the presence or absence of antipathy, such as a lack of nursing specialization and dedicated training, a nursing degree obtained prior to 1976, and male gender (Dickinson & Hurley, 2012).

A study by Weiskopf (2005) examined caring in U.S. correctional nursing. The nurse participants described caring as accepting inmate-patients as human beings and treating them with respect and in a non-judgmental manner. The nurses perceived caring as a moral imperative. The restriction on the expression of caring unlike other healthcare settings left nurses frustrated or angry. Manipulative patients, uncaring co-workers, and feelings of helplessness and stress increased frustration. Caring was characterized by risk-taking.

One would think these significant challenges would translate to low job satisfaction. Job satisfaction in correctional nursing was explored by Chafin & Biddle (2013) utilizing Stamp's Index of Work Satisfaction. Dissatisfaction was correlated with too much paperwork and not enough time for patients, lack of involvement in organizational policies, and a gap between nurses and management. The study clearly links job satisfaction with job activities. It fails to enlighten how nurses overcome difficulties. Despite challenges, 84% of nurses in this study planned to continue working in the setting for another year.

Professional alienation was a common theme in studies of forensic nursing (Holmes et al., 2006; Jacob, Gagnon, & Holmes, 2009; Rose et al., 2011; Shelton, 2009; Weiskopf, 2005). Alienation was characterized by the inability to approach the quality of care provided in a

traditional setting, difficulty practicing within a nursing framework due to correctional rigidity, abjection, and eventual destruction of professional identity into institutional roles. Evidence suggests that negative, demoralizing, and unsafe conditions contribute to medical errors, ineffective care delivery, and conflict and stress among healthcare professionals (American Nurses Association, 2013; Hayes et al., 2006). As described throughout this discussion, nursing practice in forensic settings offers additional unique challenges that result in further human and financial costs. It is critical to identify, understand, and address barriers to quality care inherent in forensic settings and how nurses practicing in secure environments can be supported.

Networking

A number of research studies have validated networking as an effective strategy that positively addresses barriers to nursing care (Cox & Wood, 1980; Davidson, 2015; Dinmohammadi, Peyrovi, & Mehrdad, 2013; Haley-Andrews, 2001; Hardesty, Champion, & Champion, 2007; Maeve, 1997; Maroney, 2005; Newman, Patterson, & Clark, 2015; Smith, 2005). Although nursing networks have existed for many years in the form of unions, professional associations, and specialty conferences, forensic nurses did not have access to a group or system of interconnected people because their practice lacked specialized training. National organizations for forensic and correctional nursing are now available, however, for areas such as rural Minnesota, local networking opportunities are limited. The rural geographical location and lack of traditional healthcare structure leave the forensic nurse alienated.

Many healthcare organizations use various strategies to improve recruitment and retention of quality nurses by offering programs that promote professionalism, collegiality, and educational opportunities (Copeland, 2005; Spence Laschinger, Almost, & Tuer-Hodes, 2003;

Upenieks, 2003). Membership in a professional network is one factor associated with increased professionalism in nursing. Other factors are advanced education, years of experience, and specialty certification (Wynd, 2003). In secure settings, stress and burnout are reduced when nurses have an accessible and confidential support system as well as specialized training (Dickinson & Wright, 2008; Flanagan, 2006; Stewart & Terry, 2014). An example of a strategy that has been introduced to nurses who work in secure settings is the use of mindful practice (Walsh, Freshwater, & Fisher, 2013). A fundamental component of mindful practice is professional dialogue (Koloroutis, 2014). Through mindful practice, forensic nurses learned how to mitigate existing rigidity and restructure their professional identity and nursing practice (Walsh et al., 2013).

In conclusion, networking has the capability of connecting forensic nurses and addressing many of the challenges discussed throughout this paper. Some informal networking already occurs amongst forensic nurses on social media sites such as Facebook, LinkedIn, etc. Each of these sites has limited confidentiality, although newer technologies allow for private meetings and dialogue not appropriate for social media. This study was initiated as an effort to explore the desirability and feasibility of developing a more formalized networking option for forensic nurses practicing in a rural Minnesota. Several variables were studied, such as demographics associated increased professionalism in nursing; past experiences with and current desire for specialized training, moral support, and professional dialogue; and potential barriers to networking such as organizational support or availability of technology.

Methods

Study Design

This study was a mixed method of quantitative and qualitative descriptive data. Quantitative, pragmatic data was enhanced by the addition of qualitative data to provide depth and hopefully, a complete view of the feasibility and desirability of a forensic network for the specific population of interest. A survey was utilized because of confidentiality, convenience, and limited access to the population of interest. Confidentiality was essential due to the researcher's professional role and responsibilities and ability to interface or identify possible research subjects. Additionally, without confidentiality, access to participants was a barrier. An institutional review board (IRB) committee from St. Catherine University approved the study.

Selection of Participants

Because the target group for this networking opportunity focuses on nurses who are (1) employed in a forensic setting (secure treatment facility, jail, prison, juvenile detention center, etc.) and (2) live or work within a 60-mile radius of one rural Minnesota city, purposive sampling was required. Several nurses in the target group are known to the researcher through her experience in the profession. Also, while attending a conference for forensic and correctional nurses, the researcher noted contact information was published in the conference brochure. From the public list, persons whose addresses or listed place of employment were within 60 miles of the rural Minnesota city were invited to participate. Finally, because these two sources might not provide an exhaustive list of those who meet inclusion criteria, snowball sampling was utilized.

Development of the Survey

The method of data collection was a survey instrument to measure opinions regarding the formation of a forensic nursing network in rural Minnesota. The survey collected demographic information on age, gender, employment, length of service in forensics, and previous experience

with professional nursing organizations. Participants were instructed to not include unions whose

primary interests are work conditions and compensation.

Correlation of demographics with desirability was analyzed to answer the research

question, what characteristics are associated with past, current, or desired participation in

professional networking? With further explorations asking: What conditions would make

forming a forensic nursing network feasible? What attributes of a forensic nursing network were

most desired?

Survey questions conceptualized from the literature. The literature review concerning

characteristics of professionalism in nursing, therapeutic relationships in forensic settings, and

the development of these was considered of high importance. Characteristics of professionalism

include advanced education, years of experience, and specialty training (Wynd, 2003). Barriers

to therapeutic relationships which were pertinent to networking were resources (time,

technology, etc.), support from employer, and nurses' alienation (need for moral support,

professional dialogue, etc.). Studies identified potential solutions including professional

networking, specialized training, and professional dialogue.

Survey questions identified through practice knowledge.   With a paucity of research

in forensic nursing, the researcher utilized years of experience in the specialty and knowledge of

local resources to formulate questions regarding availability of technology and previous

experience with networking. The researcher's role and perspective shaped the study and the

questions. This preconception is validated in literature and through other's practice knowledge.

The survey was reviewed by another leader in forensic nursing for completeness and relevance.

Pilot testing. The draft survey was tested by a small number of forensic nurses. Because

of the narrow range of potential participants, formal pilot testing would have utilized the

majority of study participants. Those who tested the survey were asked to focus on readability, errors, and clarity of instructions.

Quality standards. Guba and Lincoln criteria for judging the soundness of qualitative research (Bhimani, April 11, 2015) were considered in study development. Also, the content of the survey was assessed. Content validity was established through the review of literature and review by expert nurses.   Credibility could not be addressed due to the confidential survey design. Limited transferability was anticipated from the narrow scope of the survey. However, correlations between demographics and desirability may be used to inform future study. Dependability was considered in planning analysis of responses and identification of themes. Oversight by the DNP faculty advisor was utilized to corroborate qualitative data analysis. A biostatistician was utilized to review statistical analyses.

Results

The invitation to participate was sent electronically to 44 potential participants. Before completing survey questions or providing any demographic information, participants were asked to read an informed consent embedded within the online survey system. After the potential participants had consented, they were asked the following inclusion question: "Do you work or reside within 60 miles of [this rural Minnesota city] and currently or have previously provided nursing care in a forensic setting? Those who met the inclusion criteria were able to move forward with the survey. Non-respondents were sent one electronic reminder before the second week of the survey period.

Of the 44 email invitations sent, 24 were completed by the deadline. One respondent did not complete any of the questions and was deleted, leaving 23 surveys for analysis (52.3% response rate). All of the participants were currently employed in a forensic setting. Over 2/3 of

participants were female (n=16). Nearly all had three or more years of experience in nursing

(n=20). Many had three or more years of experience in forensic nursing (n=18). The majority of

the respondents were registered nurses (n=15) or licensed practical nurses (n=6). Three nurses

were in management with the remaining being direct care providers (staff nurse or nurse

practitioner). Eight participants had a bachelor's degree or higher education. Some of the

respondents had experience with a professional nursing organization (n=7), and two had been in

an organization related to forensic nursing. Table 1 compares demographics between those who

have and have not been in a professional organization (See Appendix A). Table 2 compares

Likert responses between these two groups (see Appendix A). No significant differences were

found between these two groups.

Those who had been members of an organization in the past affirmed networking as the

most valuable aspect. To meet their future needs, respondents wanted a "better location," and

another nurse stated "traveling long distances can be difficult."

Overall interest in a local forensic nursing network was high with the majority desiring

participation in person in a centralized location (3.74 ± 0.96). The most common barrier

identified was the lack of time and several indicated they would *not very likely* or *not at all*

participate using personal time (n=7). Interest in utilizing technology (Skype, ITV, etc.) was the

least popular meeting option. A hybrid network utilizing both technology and face-to-face time

(3.52 ± 1.04) was preferred over technology alone (3.43 ± 0.90). These differences were not

statistically significant. A few felt there was *no need* or *other organizations are available* to

meet the needs (n=4).

When queried about potential participation in a forensic nursing network, respondents

indicated monthly or quarterly participation could be expected (n=18). The most important

reason cited for participation would be continuing education and specialized training (91.3%) with most also wanting the moral support and professional dialogue (69.57%). Female respondents rated the importance of networking for their career higher than male respondents (4.06 versus 3.0, p=0.14). Nearly all respondents rated specialized training (4.70 ± 0.56) and professional dialogue as important (4.74 ± 0.54). Male respondents rated the need for moral support significantly lower than females (p=0.005). Table 3 stratifies responses based on gender (See Appendix C).

Respondents gave several responses that indicated they were experiencing moral distress including the need for "moral support" and "therapy in a way." The also described the need for specialized education including knowledge about "handling patients not happy to be where they are;" "answer[ing] questions about unique issues we face in a forensic environment;" "understanding situations," and "knowledge to improve policies and procedures of working in this environment." Nearly all respondents indicated some need for professional dialogue. They wanted "to bounce ideas" or discuss "if questions arise or you don't understand." They welcomed the idea of learning from the experience of others in the field. One pointed out the multiple facilities in the area being a great opportunity for networking.

Limitations

There were several limitations to this study. The researcher had difficulty with access to nurses for a richer, qualitative study. A large local forensic employer denied a focus group study exploring the needs of these nurses. The survey method significantly impacted the ability to explore the unique needs of this population with naturalistic or holistic methods. Furthermore, the method limits the ability to achieve respondent validation or explore emerging theories. Another limitation is generalizability because the information was gathered from a specific sect

of the forensic nursing population. The role of the researcher within this population risks bias in interpreting results, and this was decreased by having more than one analyst.

Discussion

The findings of this study support those already cited in the literature. Nurses in forensic settings face unique and complex challenges potentially mitigated by specialized training, professional dialogue, and moral support. Several respondents had experienced or predicted benefits from a forensic nursing network. There were a few who indicated networking was not necessary. Correlation with the size of their facility was not available, but it is possible these respondents already have access to other nurses and health care professionals.

There were significant differences in desirability based on gender. In this study, females rated the necessity of networking more important for their career. Men rated the need for moral support significantly lower than female respondents. In contrast, Forret and Dougherty (2004) in a study of networking in businesses, found men benefited more than females from networking activities.

The study sample was unlike the overall nursing population. Thirty percent of the study respondents were male compared to 7% of the U.S. nursing workforce (Robert Wood Johnson Foundation (RWJF), 2011). In correctional facilities, male employees outnumber female employees by a ratio of 2 to 1 (Richeson, 2014). This is primarily among correctional officers. The list of nurses from one facility was nearly all male. Again, study data was not separated by place of employment, but it is possible that the trend represents the culture of an organization or access to other health care professionals. Another consideration is the environment where most correctional officers are male. With custody versus care a persistent conflict in the literature, perhaps the relationship between male nurses and male correctional officers lessens conflict.

A 2016 study of men in nursing described stigma associated with being a male nurse and it mostly emanated from their female colleagues. Another theme was the need to be strong, both physically and emotionally (Colby, 2012). This pressure might further explain the findings in this study, in which male respondents were not seeking moral support. Further exploration is necessary to explain the causality of gender's influence on differences in the study responses. Male respondents did agree on the need for specialized training/continuing education. This commonality will be useful in developing a network.

The biggest challenge to feasibility was time. Despite the simplified belief that time is saved by technology, respondents did not prefer electronic over face-to-face interaction. The benefits of specialized education and professional dialogue has been demonstrated among rural nurses (Coleman & Lynch, 2006; Jukkala, Henly, & Lindeke, 2008; Mills, Lennon, & Francis, 2006; Roberge, 2009; Zournazis & Marlow, 2015). Also, programs that promote professionalism and keep nurses abreast of evidence-based practice are utilized to promote recruitment, retention, and collegiality in most health care organizations. Literature clearly outlines the benefits of networking to organizations. This fact will be utilized by the researcher and local nurse leaders to engage organizations and promote the use of work time for networking.

Conclusion

Finding feasible and desirable interventions to address challenges in forensic settings is distinctly important. The creation of a network for forensic nurses in this rural Minnesota setting utilizing continuing education presentations will appeal to all respondents and to administrators whose support will be required for nurses to participate using work time. The moral support

desired can occur naturally upon meeting. Further research of this networking intervention will be necessary to demonstrate whether it meets the unique needs of forensic nurses.

Implications for Forensic Nursing Practice

There are several implications for this study's population which may be mirrored in other forensic settings. This study revealed interesting information about gender which leads one to consider whether it was the study sample or reflective of men in the forensic nursing population. Are men more attracted to this type of work? Are women less attracted? Do men acclimate to the corrections ideology and therefore have less moral distress?

With personal time being so valuable and much of the benefit of networking going to the employer, it is reasonable to have the support of forensic employers. Increasing privatization of healthcare in forensic settings and corporate support for networking amongst forensic nurses must be considered.

The repercussions of not addressing the professional alienation encountered by rural forensic nurses must be considered paramount for the integrity of forensic nursing as a whole.

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Appendix A

Table 1. Participant Demographics Stratified by Professional Organization Membership

	All Nurses (n=23)	Past/Current Profession Org. (n=7)	No Past/Current Profession Org. (n=16)	P-Value
Age Categories				
20-29, (%)	3 (13.0)	1 (14.3)	2 (12.5)	
30-49, (%)	14 (60.9)	6 (85.7)	8 (50.0)	0.16
50-69, (%)	6 (26.1)	0 (0)	6 (37.5)	
Female, (%)	16 (69.6)	4 (57.1)	12 (75.0)	0.39
Highest Education				
Diploma, (%)	3 (13.0)	0 (0)	3 (18.8)	
Associate, (%)	12 (52.2)	4 (57.1)	8 (50.0)	0.51
Bachelor, (%)	7 (30.4)	3 (42.9)	4 (25.0)	
Master, (%)	1 (4.4)	0 (0)	1 (6.3)	
Nursing Experience				
0-2 Years, (%)	1 (4.8)	0 (0)	1 (6.7)	
3-5 Years, (%)	3 (14.3)	1 (16.7)	2 (13.3)	0.82
6-10 Years, (%)	8 (38.1)	3 (50.0)	5 (33.3)	
≥11 Years, (%)	9 (42.9)	2 (33.3)	7 (46.7)	
Forensic Experience				
0-2 Years, (%)	5 (21.7)	3 (42.9)	2 (12.5)	
3-5 Years, (%)	6 (29.1)	0 (0)	6 (37.5)	0.14
6-10 Years, (%)	7 (30.4)	3 (42.9)	4 (25.0)	
≥11 Years, (%)	5 (21.7)	1 (14.3)	4 (25.0)	
Nursing License				
LPN, (%)	6 (28.6)	1 (14.3)	5 (35.7)	0.31
RN, (%)	15 (71.4)	6 (85.7)	9 (64.3)	
Current Role				
Staff Nurse, (%)	19 (82.6)	5 (71.4)	14 (87.5)	
NP, (%)	1 (4.4)	0 (0)	1 (6.3)	0.29
Management, (%)	3 (13.0)	2 (28.6)	1 (6.3)	

Appendix B

Table 2. Forensic Nursing Network Questions Stratified by Professional Organization Membership*

	All Nurses (n=23)	Past/Current Profession Org. (n=7)	No Past/Current Profession Org. (n=16)	P-Value
Importance of Belonging to Organizational Group for Career Mean ± SD	3.74 ± 1.14	4.00 ± 1.00	3.63 ± 1.20	0.48
Importance of Specialized Training for Forensics Mean ± SD	4.70 ± 0.56	4.43 ± 0.79	4.81 ± 0.40	0.13
Importance of Professional Dialogue for Nurses in Forensics Mean ± SD	4.74 ± 0.54	4.57 ± 0.79	4.81 ± 0.40	0.34
Likelihood of Employer Support Mean ± SD	3.83 ± 0.98	4.00 ± 0.82	3.75 ± 1.06	0.59
Likelihood of Participating Using Personal Time Mean ± SD	3.09 ± 1.08	3.00 ± 1.63	3.13 ± 0.81	0.81
Likelihood of Participating in Person at Central Location Mean ± SD	3.74 ± 0.96	3.43 ± 1.40	3.88 ± 0.72	0.32
Likelihood of Participating Using Technology Mean ± SD	3.43 ± 0.90	3.29 ± 1.25	3.50 ± 0.73	0.61
Likelihood of Participating Using Hybrid Method Mean ± SD	3.52 ± 1.04	3.71 ± 1.38	3.44 ± 0.89	0.57

* A higher score indicates a higher importance or increased likelihood

Appendix C

Table 3. Forensic Nursing Network Questions Stratified by Gender

	All Nurses (n=23)	Male Nurses (n=7)	Female Nurses (n=16)	P-Value
Moral Support as a Motivation to Participate (%)	16 (69.6)	2 (28.6)	14 (87.5)	0.005
Professional Dialogue as a Motivation to Participate (%)	16 (69.6)	5 (71.4)	11 (68.8)	0.90
Importance of Specialized Training for Forensics* Mean ± SD	4.70 ± 0.56	4.29 ± 0.76	4.88 ± 0.56	0.06
Importance of Belonging to Organizational Group for Career* Mean ± SD	3.74 ± 1.14	3.00 ± 1.53	4.06 ± 0.77	0.14

* A higher score indicates a higher importance or increased likelihood