

# The Roles and Responsibility of Forensic Psychiatric Nurses: A Systematic Review

## Adli Psikiyatri Hemşirelerinin Rol ve Sorumlulukları: SistematiK Derleme

Gül DİKEÇ,<sup>1</sup> Leyla BAYSAN ARABACI,<sup>2</sup> Gülsenay TAŞ<sup>2</sup>

### SUMMARY

**Objectives:** The aim of this review is to scrutinize studies related to the role and responsibilities of forensic psychiatric nurses (FPNs).

**Methods:** The study examined 16 qualitative, quantitative and review studies published between 2006 and 2016. They were obtained by searching the EBS-COHOST (42), Turkish Psychiatry Index (2), Cochrane Library (1), Pubmed (8) and Wiley Library (11) databases in January 2017. This study used a check list for systematic reviews that was developed by the York Institute for Health Research.

**Results:** The results of this systematic review of 16 articles are presented as a table at the end of this review. These studies determined that forensic psychiatric nursing roles were not clear, and nurses in this field had skills in areas of mental assessment, preventing aggression, violence management, medication administration and balancing legal and medical issues. Also, it was determined in conducted studies that roles of FPNs were examined under themes of trust in therapy, confidence vs. fear, transference vs. countertransference, win vs. lose, use vs. abuse and success vs. failure.

**Conclusion:** The studies determined that FPNs had conflicts about their roles in units they work and that their roles were not clear. Definition of role and responsibilities of nurses working in these units will contribute to the quality of care for patients.

**Keywords:** Forensic psychiatric nursing; forensic psychiatric nursing and role dimensions; role and responsibilities of forensic psychiatric nurses.

### ÖZET

**Amaç:** Bu derlemenin amacı, adli psikiyatri hemşirelerinin rol ve sorumlulukları ile ilgili çalışmaları gözden geçirmektir.

**Gereç ve Yöntem:** Çalışma, Ocak-Şubat 2017 tarihleri arasında EBS-COHOST (42), Türk Psikiyatri Dizini (2), Cochrane Library (1), Pubmed (8) ve Wiley Library (11) veri tabanları taranarak 2006-2016 yılları arasında yayınlanan 16 nitel, nicel ve derleme çalışmaları ele alınarak yapıldı. Makaleler incelenirken, York Üniversitesi Ulusal Sağlık Araştırmaları Enstitüsü tarafından geliştirilen sistematik derlemeler için tercih edilen kontrol listesi kullanıldı.

**Bulgular:** SistematiK tarama sonucunda yazılan bu derlemede 16 makaleye ait bulgular/sonuçlar tablo olarak sunuldu. Yayınlanan çalışmalarda, adli psikiyatri hemşireliği rollerinin net olmadığı, bu alanda çalışan hemşirelerin ruhsal değerlendirme yapma, agresyonu önleme, şiddet yönetimi, ilaç tedavisini uygulama, yasal ve tıbbi dengeyi sağlama alanlarında beceri sahibi oldukları saptandı. Ayrıca yapılan çalışmalarda, APH'nin rolleri terapiye karşı güven, korkuya karşı güven, aktarım-karşı aktarım, kaybetmeye karşı kazanma, istismar edilmeye karşı faydalı olma/yarar sağlama ve başarıya karşı başarısızlık temaları altında incelendiği belirlendi.

**Sonuç:** Yapılan çalışmalarda adli psikiyatri hemşirelerinin çalıştıkları birimlerde rolleri konusunda ikilemler yaşadıkları ve rollerinin net olmadığı belirlenmiştir. Bu birimlerde çalışan hemşirelerin rol ve sorumluluklarının tanımlanması, hastalara yönelik bakımın kalitesine katkı sağlayacaktır.

**Anahtar sözcükler:** Adli psikiyatri hemşireliği ve roller; adli psikiyatri hemşireliği ve rol boyutları; adli psikiyatri hemşirelerinin sorumlulukları.

### Introduction

Forensic psychiatric nursing is a subspecialty of psychiatric nursing that provides treatment, care and rehabilitation for psychiatric patients who were involved in crimes and protects their rights.<sup>[1,2]</sup> Psychiatric nurses provide drug therapy, occupational therapy and assess violence risk, and FPNs have

the additional responsibility of providing patient care in secure environments.<sup>[3,4]</sup>

Forensic psychiatric nursing becomes more specialized every day because it clarifies questions regarding nursing practices and the skills that nurses need to deal with antisocial behaviors, which are frequently encountered in facilities ranging from community-based care to high security hospitals.<sup>[5]</sup> However, for reasons such as the insufficiency of it theoretical framework and concepts and varying legislation in different countries, the roles and responsibilities of FPNs have not been standardized, which can cause dilemmas. Although FPNs have adequate knowledge about mental disorders, nursing care and legal regulations, they may have difficulties with providing patient care, security and legal responsibilities.<sup>[6]</sup> All these issues can affect the quality of the patient care provided by FPNs who are important members of healthcare staff.<sup>[5,7]</sup>

<sup>1</sup>Department of Nursing, İstinye University, Faculty of Health Sciences, İstanbul, Turkey

<sup>2</sup>Department of Nursing, Department of Mental Health and Psychiatric Nursing, İzmir Katip Çelebi University, Faculty of Health Sciences, İzmir, Turkey

**Correspondence (İletişim):** Dr. Gül DİKEÇ.  
**e-mail (e-posta):** guloban@hotmail.com

**Psikiyatri Hemşireliği Dergisi 2017;8(3):157-164**  
**Journal of Psychiatric Nursing 2017;8(3):157-164**

**Doi:** 10.14744/phd.2017.86094

**Submitted (Geliş tarihi):** 05.05.2017 **Accepted (Kabul tarihi):** 12.07.2017

Due to their nature, forensic psychiatric units have severe stigmatization effects created by mental disorders and involvement in crime. Stigmatization of the mentally ill has existed for centuries and is worse for forensic psychiatry patients. The negative attitudes of nurses toward patients involved in crime can cause patients to experience dilemmas and reluctance.<sup>[7,8]</sup> A study in Turkey determined that nurses in district mental health hospitals considered forensic psychiatric patients threatening, did not trust them and had a tendency to be socially distant with them. The nurses had a moderate level of willingness to provide them appropriate care.<sup>[9]</sup> Especially if a patient's crime is murder, sexual abuse or child abuse, healthcare personnel may even refuse to provide care.<sup>[7]</sup> The reason for this may be the social values nurses hold in common with the environment where they live, or sometimes it may be psychological transference-countertransference.<sup>[1,10]</sup>

Roles are defined as the set of expectations that an individual in a social position should fulfill. Psychiatric nurses in forensic psychiatric units are expected to perform different roles because they work with people who are both guilty and mentally ill. These roles include monitoring, obligatory hospitalization and forced treatment.<sup>[11]</sup> A review study by Mason et al. explained roles of FPNs under two themes and discussed these roles on medical and legal axes. The roles that are the most traditional and frequently expected to be performed were confidence vs. therapy, violence management and dangerousness; however, they emphasized that these roles were not only valid for forensic psychiatric units, but also for psychiatry clinics.<sup>[12]</sup> In forensic psychiatric units, assessing the dangerousness of patients and security is the main responsibility of nurses, and the nurses stated that they have difficulties in these issues. Providing care to potentially violent patients for a long time can cause tension and fear. Thematic analysis of a qualitative study conducted to define roles of nurses revealed the binary themes: confidence vs. fear, transference vs. countertransference, win vs. lose, use vs. abuse and success vs. failure.<sup>[12]</sup>

This systematic review determined that there is a limited number of studies conducted to define the role and responsibilities of FPNs in Turkey and in the world, that the published studies have not clearly defined their roles and responsibilities, and that there are differences between countries. Thus, the purpose of the present study is to review studies of the roles and responsibilities of FPNs.

## Materials and Methods

Due to the combination of quantitative and qualitative studies examined by this study, it used the protocol of the Centre for Reviews and Dissemination (2009), which was developed by the York Institute for Health Research.<sup>[13]</sup>

**Data Resources:** The Turkish databases were searched using these search terms: forensic psychiatric nursing and roles (adli psikiyatri hemşireliği ve roller), responsibilities of forensic psychiatric nurses (adli psikiyatri hemşirelerinin sorumlulukları), forensic psychiatric nursing and role dimensions (adli psikiyatri hemşireliği ve rol boyutları). For the international databases, the search terms were: forensic psychiatric nurses' roles and responsibility, forensic psychiatric nurses' role dimension, skills and competencies. This study used the EBSCOHOST (42), Turkish Psychiatry Index (2), Cochrane Library (1), Pubmed (8) and Wiley Library (11) databases. The search was conducted in January and February 2017. The last search was carried out on February 26, 2017.

**Study Inclusion Criteria:** This study included studies that were published between 2006 and 2016, had full-text availability and met the search terms specified. Studies with quantitative, qualitative and review designs were included. The researchers found a total of 64 studies and of them, 16 articles were examined<sup>[14]</sup> (Figure 1).

**Study Limitations:** The fact that the number of studies included in the review was low and were conducted with different study designs led to a limitation in comparing the study results.

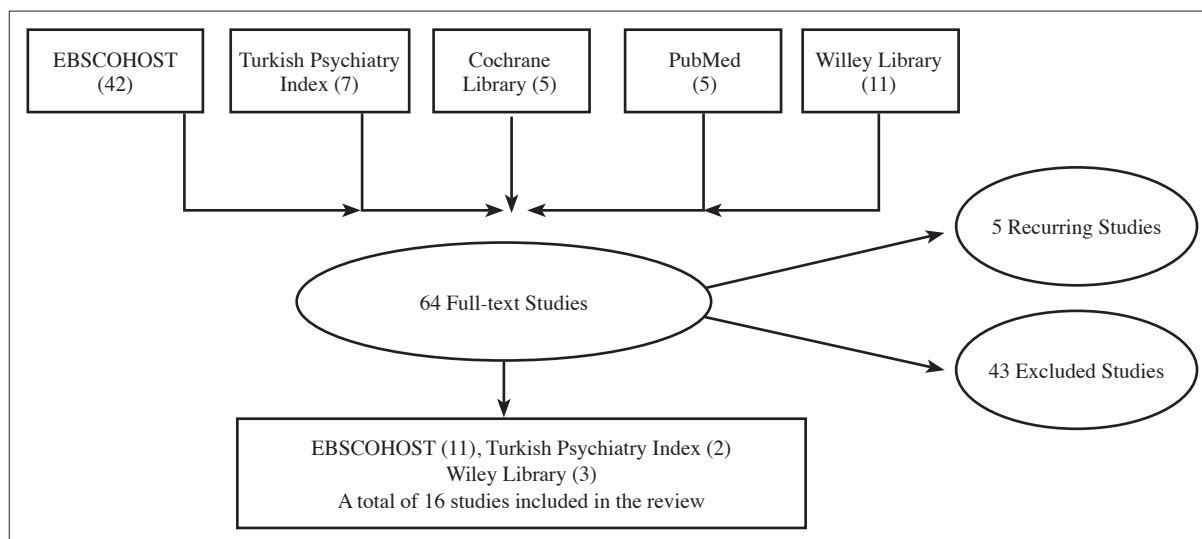
## Findings

This study examined 9 quantitative, 3 qualitative and 4 review studies. This study determined that the number of FPNs in the qualitative studies ranged from 16 to 66,<sup>[6]</sup> and in quantitative studies from 34<sup>[15]</sup> to 1,019.<sup>[16]</sup>

It was found that while the quantitative studies used measurement tools developed by the researchers, the Information Gathering Schedule (IGS) prepared by Mason et al. for FPNs<sup>[11,17]</sup> was also used, and the validity study of this scale was performed. The researchers found that the qualitative studies described the dilemmas FPNs experience and examined dual role responsibilities using thematic analysis. The studies were published in England (7), Turkey (2), Finland (2), Ireland (2), Canada (1), Sweden (1) and Australia (1).

The study methods and results obtained are shown in Table-1. Since the model developed in Ireland did not include a care model about the roles and responsibilities of FPNs, this study performed a concept analysis of a model that can be used in practice and theory. This model discussed issues such as intense nurse-patient relationships based on the therapeutic communication techniques of nurses who spend longer times with patients, knowledge synthesis of medical, criminal, social and behavioral sciences and transferring this knowledge into practice or transferring knowledge in the field into theory.<sup>[18]</sup>

A study by Mason et al. was conducted in England to



**Figure 1.** PRISMA Flow Diagram.<sup>[14]</sup>

examine the competence and skills of 1,172 FPNs, psychiatric nurses and other workers in the field of psychiatry (psychiatrists, psychologists, and social workers). It determined that there were minor differences between perceptions of FPNs and psychiatric nurses about their competence and skills in forensics, and there were certain differences between the thoughts of FPNs and other psychiatry disciplines. Mason et al. also found that the mean age of FPNs was greater than that of psychiatric nurses and other workers in the field of psychiatry. They also determined that FPNs had worked in clinics for a longer time than psychiatric nurses and had higher levels of empathy skills than other workers in the field of psychiatry. They found that FPNs had higher levels of disappointment and lack of knowledge than psychiatric nurses and other workers in the field of psychiatry. They suggested that FPNs should improve their care for patients with personality disorders, listening skills and self-confidence. While FPNs had tendency to focus on personal qualifications regarding both themselves and patients (listening skills, enhancing self-confidence and improving skills about personality disorders), other workers in the field of psychiatry stated that they focused on problems in defining their roles in the care and treatment of patients and on organizational structures for solving problems. Their findings emphasized that defining the roles of FPNs should have, multidisciplinary study for needed skills and competences, formulating policy and developing curricula are important and required.<sup>[16]</sup>

The second study by Mason et al. in England attempted to define the skills and competences of FPNs, the clinical problems that give nurses the most difficulties, the most appropriate clinical skills for solving these problems and clinical nursing care priorities that need to be improved. They found that FPNs had difficulties in problem areas such as

personality disorders, aggression and violence at the highest level, while psychiatric nurses had the most difficulties with patients' manipulative behaviors, aggression and personality disorders, like FPNs. Nurses in other areas said they had difficulties with personality disorders, unexpected violence and verbal threats. The FPNs, psychiatric nurses and other nurses chose violence management, relationship configuration and behavior change education as the most appropriate solutions to these difficulties. About the priorities of clinical nursing care, the FPNs believed that they should have more knowledge, skills and competence about personality disorders. The psychiatric nurses thought that they needed knowledge, skills and competence in communication, and the nurses working in other areas thought that they needed them in fear and anxiety management.<sup>[19]</sup>

Mason et al. conducted an important study in this field to determine whether there is a difference between the perceived roles of nurses in low, medium and high security forensic psychiatry hospitals in England. They determined that there was a difference between roles perceived by nurses working in hospitals with different security levels. FPNs in high security hospitals believed that they had mostly legal roles, FPNs in medium or low security hospitals believed that they mostly had medical roles, and that nurses working in high security hospitals had more negative attitudes towards their roles.<sup>[12]</sup>

Another study by Mason et al. used the Information Gathering Schedule that they developed, prepared a thematic analysis based on the literature and examined the roles of FPNs as binary themes. They examined whether there was a difference in the perceptions of FPNs in low, medium and high security hospitals. The researchers stated that the most frequently expected roles were "confidence vs. therapy,

**Table 1.** The characteristics and methods of the publications included in this study

Name of the study	Writer and year	Country where the study was conducted	Study design	Aim	Sample	Results
Forensic psychiatric nursing: skills and competencies: I role dimensions	Mason T. Lovell A. Coyle D. <sup>[16]</sup>	England	Quantitative study	To examine the competence and skills of FPNs, psychiatric nurses and nurses working in other fields	1,019 FPNs, 110 psychiatric nurses, 43 nurses	Minor differences were determined in nurses' thoughts about roles in forensics between FPNs and psychiatric nurses, and a considerable number of differences were determined between the thoughts of FPNs and nurses working in other areas about forensic psychiatric nursing.
Forensic psychiatric nursing: skills and competencies: II clinical aspects	Mason T. Coyle D. Lovell A. <sup>[19]</sup>	England	Quantitative	To determine the skill and competences of forensic psychiatric nurses; - To determine clinical problems that nurses had difficulties with most - To determine the most appropriate clinical skills that they used to solve these problems - To define their priorities to improve clinical nursing care	1,019 FPNs, 110 psychiatric nurses, 43 nurses	Nurses working in three areas defined the clinical problems that they had difficulties with most as personality disorders, violence and aggression. FPNs designated violence management as the most appropriate solution, and FPNs stated that it is required to focus on more knowledge, skill and competences about personality disorders as priorities for clinical nursing care.
Binary construct analysis of forensic psychiatric nursing in the UK: High, medium, and low security services	Mason T. King L. Dulson J. <sup>[12]</sup>	England	Quantitative	To determine whether there was a difference in role perceptions of FPNs working at three different security levels (low, medium and high)	122 FPNs working in high security, 159 FPNs working in medium security, and 135 FPNs working in low security hospitals.	This study found a statistically significant difference between role and responsibilities perceptions of nurses working in three different hospitals. It was determined that FPNs working in high security hospitals believed that they mostly had legal roles, while those working in low or medium security hospitals believed that they mostly had medical roles. Nurses in high security hospitals had more negative attitudes towards their roles.
Binary constructs of forensic psychiatric nursing: a pilot study	Mason T. Dulson J. King L. <sup>[11]</sup>	England	Quantitative -Developing the Information Gathering Schedule-IGS.	To develop the Information Gathering Schedule with the aim of understanding differences about role perceptions of FPNs in three different security level hospitals (pilot study)	78 FPN	This study performed standardized measurement for six binary themes, specified by previous studies, using the Information Gathering Schedule-IGS and found that test-retest coefficients ranged between 0.7 and 0.9. This study found a significant difference between the groups in terms of some themes. They suggested the Information Gathering Scale be used with a larger sample.
Forensic Learning Disability Nursing Skills and Competencies: A Study of Forensic and Non-Forensic Nurses	Mason T. Phipps D. <sup>[20]</sup>	England	Quantitative - this study was conducted using the IGS.	To define the skills and competencies of FPNs, if available, to emphasize differences between psychiatric clinics in terms of roles and competencies and to determine areas that need improvement.	A total of 643 people: 348 FPNs and 295 psychiatric nurses	It was emphasized that both nurses working in forensic psychiatry and in general psychiatric services similarly remarked that they had difficulties in violence and aggression management, and for these problems, psychiatric nurses established therapeutic relationships, while FPNs assess the patients more physically.
Forensic learning disability nursing role analysis	Mason T. Phipps D. Melling K. <sup>[19]</sup>	İngiltere	Quantitative	To examine whether there is a difference between roles perceived by FPNs and psychiatric nurses in terms of six specified themes	92 Forensic Psychiatric Nurses 98 Psychiatric Nurses	This study found a significant difference between FPNs and psychiatric nurses in terms of themes such as winning, success, being helpful, abusing and self-confidence, while there was no significant difference between the medical, legal, transfer, countertransference, losing and fear themes.

**Table 1.** The characteristics and methods of the publications included in this study (continuation)

Name of the study	Writer and year	Country where the study was conducted	Study design	Aim	Sample	Results
Forensic Psychiatric/ Mental Health Nursing: Responsive to Social Need	Kent-Wilkinson AE. <sup>[21]</sup>	Canada	Review	Examining global roles of FPNs and role development		FPNs should adopt professional and flexible roles. By receiving further education, FPNs should meet the social needs of the guilty, victims and their families in mental health areas While doing these things, they should take on leadership roles.
Forensic psychiatric nursing: a description of the role of the psychiatric nurse in a high secure psychiatric facility in Ireland	Timmons D. <sup>[22]</sup>	Ireland	Qualitative (Focus group interviews) and Quantitative	To define roles of nurses working in high security psychiatry hospitals	66 people	The roles of FPNs were defined as: creating a therapeutic environment, psychiatric assessment and risk identification, introducing therapeutic initiatives, achieving a balance between care and observation, and communication.
Role Perceptions of Nurses Working in Forensic Psychiatric Clinics A Qualitative Study	Bilgin H. Keser-Özcan N. Kutlu Y. <sup>[6]</sup>	Turkey	Qualitative	To determine FPNs' perceptions of their roles	16 FPN	The focus group interview performed with nurses working in forensic psychiatry clinics found that nurses' different roles about forensic patients had binary themes: observation-care, transference-countertransference, abuse-providing therapeutic benefit and fear-trust.
Nursing in Forensic Psychiatric Services: Roles and Difficulties Experienced	Kutlu Y. Bilgin H. <sup>[7]</sup>	Turkey	Review	To examine roles of nurses working in forensic psychiatric services and their difficulties		This study determined that although FPNs had skills in providing patient care, their roles about guilty behaviors of patients were not clear and nurses in this field generally continued their functions in the areas of therapy vs. confidence, dangerousness and violence management.
Interrelationship between core interventions and core competencies of forensic psychiatric nursing in Finland	Tenkanen H. et al. <sup>[4]</sup>	Finland	Qualitative	To determine the relationship between basic initiatives and competences of FPNs with bachelor's degrees and those with associate's degrees	428 nurses	This study found significant differences between the nurses in both groups in the issues of pharmacotherapy, violence, violence management, being aware of their own and patients' feelings and patient-specific treatment.
Psychiatric Nurses' Self-Rated Competence	Ewalds-Kvist B. Algotsson M. Bergström A. Lütz'en K. <sup>[23]</sup>	Sweden	Qualitative	To determine the self-competence levels of nurses working in forensic units, general psychiatry services and community mental health areas	52 nurses	It was determined that FPNs were more competent in issues about violence and conflict, in providing security and quality care.
Hodges' Health Career Model and its role and potential application in forensic mental health nursing	Doyle M. Jones P. <sup>[5]</sup>	England	Review	To define the conceptual framework of Hodges' Health Career and Care Area Model which can form theoretical basics of developing forensic psychiatric nursing		This is a model that guides FPNs in practice, leads the way in assessing patients, in meeting physical, mental and social needs and for medical, social and legal areas and that can establish standards for FPNs in their practice areas.
The professional competence profile of Finnish nurses practising in a forensic setting	Koskinen L. et al. <sup>[15]</sup>	Finland	Quantitative Pre-test Post-test Design with a single group	To determine the effect of a one-year educational program for FPNs on their professional competence	19 FPNs and 15 head nurses	After a one-year educational program, the FPNs stated that they felt more competent in the fields of patient care, observation, providing help and teaching. This change was found to be less for the head nurses.
Defining the role of a forensic hospital registered nurse using the Delphi method	Newman C. et al. <sup>[24]</sup>	Australia	Qualitative (4 interviews)	To explain the roles and job definitions of nurses working in forensic hospitals	8 nurse managers and 12 experienced nurses	A text was prepared by achieving a consensus with head and experienced nurses about the roles and job definition of nurses working in forensics.



violence management and dangerousness.” However, they remarked that these roles were not only valid for forensic psychiatric units, but also for psychiatry clinics where there were no forensic patients. They determined that there were significant differences between the win vs. lose, abuse vs. use and fear vs. confidence binary themes. They also reported that the Information Gathering Schedule is a valid scale for use in this field.<sup>[11]</sup>

Another study by Mason and Phipps, with a sample of FPNs and psychiatric nurses in hospitals with three different security levels, examined FPNs’ skills and competences. They determined that the most important problems in clinics specified by FPNs included dangerousness, aggression and violence. Similarly, psychiatric nurses defined violence and aggression as problems. While the FPNs stated that nursing initiatives such as providing drug therapy, performing risk management and early diagnosis were required to overcome these problems, the psychiatric nurses believed that therapeutic relationships should be structured, risk management should be performed, and patients should be informed.<sup>[17]</sup>

Mason et al. examined whether there is a difference between roles perceived by FPNs and psychiatric nurses in terms of six binary themes. They found a significant difference between FPNs and psychiatric nurses in the themes of winning, success, being helpful, abuse and self-confidence, while there was no significant difference between the medical, legal, transference, countertransference, losing and fear themes.<sup>[20]</sup>

Kent-Wilkinson conducted a review of FPNs’ global roles and their development remarked that forensic psychiatric nursing is a specific area that provides care to both guilty people and victims. Victims may be abused or neglected children, the elderly or victims of sexual assault. FPNs not only provide assistance in psychiatric assessment for patients staying in treatment institutions with beds, like the USA and Canada, they also respond to court cases or can work as experts in courts. By receiving education in their fields, FPNs should flexibly and meet the social needs of the guilty, victims and their families professionally. While doing so, they should play a leadership role.<sup>[21]</sup>

Timmon conducted a study in Ireland to define the roles of nurses in high security psychiatry hospitals and used the guide developed by the United Kingdom Central Council [1999] to define FPNs’ roles and responsibilities. As a result of focus group interviews with 66 nurses, the roles of FPNs were defined, like the basic practices of psychiatric nurses, as creating a therapeutic environment, psychiatric assessment and risk assessment, introducing therapeutic initiatives, achieving a balance between care and observation, and communication. Timmon emphasized that more studies should

be conducted on the information, skills and attitudes needed to clarify the roles of FPNs.<sup>[22]</sup>

In a qualitative study conducted in Turkey, nurses in forensic psychiatry clinics said that patients may experience transference because of staying in the clinics for longer times, that nurses want to keep more distance due to the crimes and actions of the patients, that they feel fear in acute stage of the disease because of the different nature of forensic psychiatric patients, and that they feel more secure working with chronic long-term patients.<sup>[6]</sup> A review study by Kutlu et al. determined that the roles of FPNs were not clear and thus, difficulties were experienced and nurses continued their functions in the areas of therapy vs. confidence, dangerousness and violence management.<sup>[7]</sup>

Tenkanen et al. conducted a study to determine the relationship between the basic initiatives and competences of forensic psychiatric unit nurses with bachelor’s degrees and those with associate’s degrees, and found significant differences between groups in pharmacotherapy, knowledge about violence, violence management, being aware of their own and patients’ feelings, and patient-specific treatment. They emphasized that university graduate nurses should be placed in forensic psychiatric units and according to clinical practice guidelines, nurses in this field should be educated in forensic psychiatry and basic initiatives in this field.<sup>[4]</sup>

Ewalds-Kvist et al. conducted a study in Sweden to examine nurses’ self-sufficiency. Nurses in forensic units or general psychiatry clinics, and community mental health nurses participated. They determined that FPNs were more competent than the other nurses in violence and conflict management, security and quality care.<sup>[23]</sup>

Doyle and Jones conducted a study to determine the roles and responsibilities of FPNs examining the conceptual framework of Hodge’s Health Career Model. They found that this is a model that guides FPNs in practice, leads the way in assessing patients, in meeting physical, mental and social needs and for medical, social and legal areas and that can make a contribution in establishing standards for FPNs’ practices.<sup>[5]</sup>

Koskinen et al. conducted a study to determine the effect of a one-year education program provided to FPNs on their professional competence. The participants were 19 FPNs and 15 head nurses working in forensic psychiatric hospitals in Finland. The researchers found that, after a one-year education program, FPNs felt more competent in patient care, observation, providing help and teaching. The increase in the competence of the head nurses was not found to be as high as clinical nurses had. The nurses stated that, despite the education, they did not feel competent in providing care to the families of patients or in research.<sup>[15]</sup>

Newman et al. conducted a qualitative study of the roles and job definitions of nurses in forensic hospitals in Australia. A text was prepared in consensus with head and experienced nurses. This text specified the roles and job definitions of FPNs as: using general psychiatric skills, conducting daily assessments of the mental and physical health of patients, providing therapeutic rehabilitation, establishing a therapeutic relationship, providing security for patients and their relatives, preventing violence and aggression, performing and managing risk assessment, assessing alcohol and substance abuse, preparing and applying appropriate care plans with a multidisciplinary team after receiving patient histories, administering treatment, managing emergencies, monitoring patients' legal proceedings, guiding newly-graduated and student nurses and supporting them.<sup>[24]</sup>

## Discussion

Guilty people experience anxiety and tension because of stigmatization and labeling in the community. This causes frustration, which can lead to sudden outbursts of anger and aggressive behavior against themselves or their environment. When FPNs face the risk of violence or violent behavior, they should encourage people, without judging, by supporting them and giving them an opportunity expressing their feelings.<sup>[1]</sup> Many studies identify the management and assessment of violence in forensic units and developing a reliable therapeutic environment as responsibilities of FPNs.

Published studies have indicated that the knowledge and skills FPNs need are similar to those of psychiatric nurses.<sup>[12,22]</sup> Developing a reliable therapeutic environment, therapeutic communication, management of violence and aggression, identification of risk, pharmacotherapy and observation are among these skills. While FPNs engage in violence management, risk assessment and drug therapy to overcome problems in the clinic, psychiatric nurses mostly establish therapeutic communication to overcome problems that they specify in practice, and they state that communication is a priority of clinical nursing care.<sup>[17,19]</sup> It is striking that initiatives applied during care provision to patients with mental disorders in psychiatric units and patients in general psychiatric departments are different. As well as medical processes, FPNs should have knowledge about criminology and legal responsibilities.<sup>[1,18,21,24]</sup> FPNs have the responsibility of being aware of laws, patient rights and legal proceedings that affect patients. However, FPNs mostly adopt medical roles and have negative perceptions about their legal roles. Kutlu et al. stated that FPNs discussed mental disorders more easily, while they avoided discussing issues about crime.<sup>[7]</sup> A study by Mason et al. determined that nurses in high security hospitals took on legal roles more while nurses in hospitals with medium or low level security took on mostly medical roles.<sup>[12]</sup>

As the security levels of forensic units increase, nurses stress legal roles more due to stigmatization, fears about patients or stress.

FPNs report that the patient group with whom they have the most difficulties have personality disorders. It is hard to provide care to patients with personality disorders.<sup>[19]</sup> Patients who are refractory and have serious mental and personality impairments are considered difficult. Mental health nurses have negative attitudes mostly towards patients with personality disorders, but they also consider patients who especially use substances, display disruptive behaviors such as self-injury and suicide attempts as distant and strange. They perceive these patients as angry and manipulative and have difficulty showing empathy for them.<sup>[25]</sup> There are more patients with these characteristics in forensic psychiatry clinics, and nurses find their knowledge about providing care to these patients inadequate. Therefore, nurses' knowledge levels about personality disorders, other mental disorders and legal processes may be improved by providing in-service training programs, so that FPNs may be ensured to feel more competent in their fields. It was determined that the nurses in the study by Koskinen et al. felt more competent in patient care, observation, providing help and teaching after one year of education.<sup>[15]</sup> It is also important that people who are professionally experienced in providing care to psychiatric patients and/or have adequate knowledge and skills in their field, and at least bachelor's degree should be employed so that nurses who work in these units feel more competent.<sup>[4]</sup>

The consensus achieved as a result of the study by Newman et al. determined that FPNs have roles not only associated with the mental condition and legal proceedings of patients, but also with their physical health.<sup>[24]</sup> When many patients are admitted to forensic psychiatric units, they have physical problems as well as psychological problems.<sup>[1]</sup> Appropriate holistic care should be provided by focusing especially on patients' existing problems such as alcohol-substance abuse, and the physical problems they induce, nutritional disorders, tendency to infection or infections, injuries to themselves and the environment because of thought disorder. Moreover, patients may be ensured to benefit from health-promoting educational programs when they are cognitively ready for them.

## Conclusion

This review study determined that there are limited number of studies of FPNs, that education, practices and studies are needed in this field to determine and identify the roles and responsibilities of FPNs and to develop evidence-based practices. Since FPNs should have a number of additional skills (such as criminal behavior management and security), forensic psychiatric nursing is a subspecialty of psychiatric nursing; however, it is different because it provides care to

a more challenging patient group: both the guilty and victims in forensic psychiatric units. Therefore, their other responsibilities are assessing mental and physical health of patients, rehabilitation, establishing therapeutic relationships, providing security for personnel, patients and their relatives, preventing violence and aggression, performing and managing risk assessment, assessing alcohol and substance abuse, preparing and applying appropriate care plans with a multidisciplinary team after receiving patient histories, administering treatments, managing emergencies and following patients' legal proceedings, guiding newly-graduated or student nurses and supporting them. While doing these things, FPNs also need some characteristics such as flexibility and leadership. FPNs should have knowledge about mental illnesses and their treatment in terms of medical care and knowledge about the laws regarding people with mental disorders. They also should be able to balance medical and legal processes as medical nurses providing care and legal experts. The limited number of published studies have shown that, especially because of the differences between the legal systems of countries, the roles and responsibilities of FPNs are not clear both in Turkey and in the world, and thus, nurses working in this field frequently experience dilemmas about their roles. The frequently encountered dilemmas were defined as: confidence vs therapy, violence management and dangerousness, confidence vs. fear, transference vs. countertransference, win vs. lose, use vs. abuse, success vs. failure. Although there is no standard, the studies indicate that FPNs have the roles of creating a secure environment and providing holistic care in this environment according patient needs as a nurse, and have knowledge of legal procedures, organizing and recording information, and when required, submitting records to the court as an expert. In terms of the quality of the treatment provided to patients, it is highly important to clearly define FPNs' roles clearly. Therefore, further studies are needed in this field to determine and define the roles and responsibilities of FPNs and to develop evidence-based practices.

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