Obstructing Quality Care: Barriers Faced by Nurses When Becoming SANE Certified

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INTRODUCTION

The level of care that a victim of sexual assault requires in the emergency department is dependent on the training that the healthcare provider has received. Sexual assault nurse examiners (SANEs) are registered nurses trained specifically in gathering evidence from a sexual assault victim’s body, while also providing the necessary care and crisis intervention (Ledray 1999; Campbell, Patterson, and Lichty 2005; Campbell and Patterson 2010). Due to the attentive and specialized care given to victims by such nurses, sexual assault nurse examiners (SANEs) are a crucial part of the health care and criminal justice systems. Not only do SANEs provide a knowledgeable level of care to sexual assault victims, having a victim evaluated by a SANE results in a positive effect on law enforcement and the prosecution of the case. When victims are examined by SANEs, there are greater investigational efforts made by law enforcement and the case is more likely to be referred to a prosecutor (Campbell, Bybee, Kelley, Dworkin, and Patterson 2012).

While the positive effect that SANEs have on a patient’s care and the case’s outcome in the legal system is evident, a lack of nurses trained in providing specialized care to sexual assault victims is a nation-wide issue. In Georgia, there are only 22 registered nurses with a SANE-A (Sexual Assault Nurse Examiner-Adult/Adolescent) certification (International Association of Forensic Nurses Leadership 2019). In Macon, Georgia, there are only two SANEs working in the city’s two hospitals. The effects of a lack of such nurse examiners in the Middle Georgia area can be seen in the way some patients have been treated in the emergency room. In 2018, a parent brought their child into an emergency department in Macon after suspecting that the child had been sexually assaulted. The parent was told that the emergency department could not conduct a
pelvic examination on the child. As a result, the parent and the child left without receiving proper care (Association of Health Care Journalists 2018).

In working to determine why exactly there is a shortage of SANEs in the United States, it is important to identify the barriers that nurses face when becoming SANE certified. Although the research on this topic is lacking, the existing literature has identified a few barriers that nurses face. These barriers include having a full-time job and the time it takes to obtain the certification, a lack of updated resources, the times in which the exams were offered, and the price required to take the exam itself (Jones and Tabor 2012). It was also found that registered nurses (RNs) experienced discouragement when becoming certified due to the cost and their own lack of funds (Jones and Tabor 2012).

The purpose of this study is to further examine the barriers that registered nurses face when becoming SANE certified. The results of this study come from in depth interviews conducted with 9 nurses working in an emergency room setting in the middle Georgia area. The interview questions were designed to focus on the experiences each nurse has had when attempting to obtain a SANE certification. After all interviews were completed, they were transcribed, and emerging themes were identified in order to examine the similarities and differences among the interviewees’ experiences.

LITERATURE REVIEW

SEXUAL ASSAULT NURSE EXAMINERS (SANEs)

It is imperative that victims of sexual assault receive care from healthcare professionals that are trained in the necessary skills and knowledge required in order to provide trauma-sensitive care while collecting all of the necessary evidence to send to law enforcement agencies. In the best-case scenario, sexual assault victims are seen and treated by a sexual assault nurse
examiner (SANE) when seen at an emergency department. SANEs are nurses who are specifically trained in providing a specialized level of care while collecting forensic evidence and providing psychological support (Ledray 1999; Campbell et al. 2005; Campbell and Patterson 2010). Unfortunately, there is a shortage of certified SANEs throughout the United States. For example, in Arkansas, a state with a population of 2.9 million people, about 350 registered nurses had received SANE training between the years of 1996 and 2011, but only 21 of those registered nurses have actually taken the certification exam and passed (Jones and Tabor 2012). Such a low number of SANEs deprives victims of the chance to experience the positive outcomes that being treated by a SANE provides. When sexual assault victims are treated by a SANE rather than simply an RN, they are more likely to participate in the legal system due to the fact that they receive a high-quality of care focused on their emotional welfare from the SANE (Campbell et al. 2012).

Previous research shows that there is a positive effect that SANEs have on healthcare and the legal system. In their study of sexual assault police reports, Campbell et al. (2012) found that the SANE program made a difference in case outcomes. When a victim was evaluated by a SANE, the police were more likely to collect other types of evidence to support the case than when the victim was not evaluated by a SANE. Additionally, cases in which the victim was evaluated by a SANE were more likely to be referred to a prosecutor than cases in which the victim was not evaluated by a SANE.

SANE TRAINING

The training required to become a SANE is long and costly. There are two different types of SANE certifications you can receive: Pediatric/Adolescent and Adolescent/Adult (International Association of Forensic Nurses 2019). In order to receive one or both of these
certifications, an individual must first obtain an RN license (International Association of Forensic Nurses 2019). According to NursingLicensure.org (2019), licensure requirements vary state by state. For Georgia, individuals must first complete a professional nursing program. Upon completion of the program, one must complete a background check, register with Pearson, the company that is over the licensure exam, and then complete an application and send in their official transcripts and complete a fingerprinting requirement. Individuals must then pay a $40 fee to apply to take a licensing exam, and then pay Pearson $200. In order to obtain an RN license, an individual must complete these steps and pass the licensing exam no more than three years after graduating (NursingLicensure.org 2019).

According to the Sexual Assault Nurse Examiner Education Guidelines (2018), after obtaining an RN license and working as an RN for two years, an individual can begin SANE training by completing at least 40 hours of didactic coursework. These hours must be completed through a nursing education provider or an educational institution that is accredited. The didactic coursework often includes lectures, slide presentations, class discussion, videos, and case studies. Students learn about the various different types of sexual violence and the important role that SANEs play in caring for victims of sexual violence so that they can have a better understanding of the context of the specialty license. Students also learn about psychological responses to sexual assault and how such events can influence the emotional and psychological reactions that victims might have and how to interact with victims in a dignified way that is empathetic and respectful while maintaining professionalism. Additionally, students learn about how to be a part of a sexual assault response team (SART) and collaborate with other agencies that are also a part of a SART, including law enforcement and social service agencies. After this, students learn how to obtain a medical forensic history and how to conduct a forensic interview. Finally, students
learn how to establish rapport, complete an examination of the victim’s entire body, complete forensic specimen collection, obtain medical forensic photographs, testing and treating sexually transmitted diseases and infections, and testing for pregnancy and providing contraception. After learning the various different medical components that SANEs provide, students learn about the role that the legal system plays in sexual assault and the role that SANEs play in that system.

In addition to the 40 hours of coursework, students must also complete various clinical requirements (Sexual Assault Nurse Examiner Education Guidelines 2018). These clinical requirements, referred to as a preceptorship, must be completed within six months of completing the required 40 hours of didactic course work. The preceptorship can be completed in three different ways. An individual may complete the preceptorship by being precepted by a forensically experienced RN, physician, physician assistant, or advanced practical nurse and gaining clinical experience with a population of patients that, both, are victims and are not victims of sexual assault. An individual may also complete the preceptorship by being precepted by those same individuals, but gaining experience either through live simulated patient models or medical simulation models, and through patients who are sexual assault victims (Sexual Assault Nurse Examiner Education Guidelines 2018).

After completing the requirements of the training, an individual can take the certification exam and become SANE certified. The extensive training that is required of RNs to become SANE certified ensures that SANE-trained RNs are competent in the practice of forensic nursing. Therefore, it is important that RNs complete SANE training and pass the certification exam before conducting forensic examinations. However, as mentioned previously, there are very few SANEs across the country. In order to better understand why that might be, it is
important to examine the potential barriers RNs might be facing when pursuing a SANE certification.

BARRIERS TO TRAINING

Cost

Several costs go into obtaining a certification in the nursing field, including the cost of the literature, classes, exams, and travel to and from the place of training or exam site (Collins 1987; Brown et al. 2010; Jones and Tabor. 2012). The cost of the training is anywhere from $350-$600 (International Association of Forensic Nurses 2018). It is important to examine how the cost of such training might prevent RNs from obtaining a SANE certification. Marks et al. (2017) developed a training model to train SANEs in an attempt to address barriers that nurses at their specific institution faced when becoming SANE certified. One of the barriers faced by registered nurses in the authors’ health system was the cost of receiving SANE training. Before the implementation of the newly developed training model, the cost of SANE training was $2,500 per nurse (Marks et al. 2017). The implementation of the pilot training program was able to address various barriers that nurses faced when becoming SANE certified, including the cost of training. The cost of training decreased to $1,525, and the number of SANEs in the health system increased from 7 SANEs to 26 SANEs as a result of the program (Marks et al. 2017). This finding proves that cost is significant barrier in obtaining certifications as a nurse.

Although there are very few studies on the cost of training as a barrier to SANE certification, there are several studies on the cost of other specialty nursing certification as a barrier. Solomon et al. (2016) found that one of the top barriers in obtaining a certification as a nurse is the cost, with 55% of respondents in their study indicating that obtaining such certification was “too expensive”. In another study, upon surveying 904 registered nurses, it was
found that cost was one of the most commonly listed barriers to certification (Sechrist et al. 2005).

While cost of the training can be a barrier to specialty certification, several studies have found that the cost of the exam is a significant barrier to obtaining a certification. A study conducted by Jones and Tabor (2012) found that the cost of the SANE certification exam itself was a barrier that nurses faced when attempting to become certified. While this is one of the only studies that has been conducted on barriers to a SANE certification specifically, other research documenting the barriers to other types of specialty nursing examinations had similar findings. One study found that one factor that posed as a barrier to obtaining certification as a nurse was the cost of the certification exam (Niebuhr et al. 2007). Haskins et al. (2011) also found the cost of the exam to be one of the top barriers. Additionally, a study conducted by Garrison et al. (2018) identified one of the top barriers in receiving a specialty certification as a nurse as the cost of the certification exam itself.

Some studies have found that not only does cost pose as a barrier to initially receiving a certification as a nurse, it also can influence the decision to maintain a certification. Sechrist et al. (2005) found that one of the most common reasons for allowing certification to lapse was the cost of continuing education. This was also found Garrison et al.’s study (2018), in which respondents indicated that one of the top barriers of certification was the cost of continuing the required education to keep the certification up to date.

Time

On top of the amount of money it takes to initially obtain a specialty certification and continue to maintain that certification, time has been shown to be another barrier that nurses face. When surveying RNs in Arkansas, it was found that a barrier that was faced during SANE
training was the time it took to receive the training and having a full-time job (Jones and Tabor 2012). Not only was the time related to the training a barrier for the respondents, it was also noted that the times in which the certification exam was offered was also a barrier to taking the certification exam and actually becoming certified. These findings are similar to other studies that have been completed on other specialty nursing certifications.

After surveying 232 hospital-based nurses in order to determine perceived value of specialty certification in the nursing field and the barriers that nurses face when obtaining such certifications, it was found that nurses felt as though they did not have enough time to prepare for the certification exam (Garrison et al. 2018). The difficulty in addressing this barrier is that it is impossible to “create more time” for nurses to study and prepare for the exam (Garrison et al. 2018). This finding is similar to other studies, such as Solomon et al. (2016), which found that out of the 1,589 survey responses, 61% of the respondents reported that a barrier to obtaining a specialty certification was “not enough time to study”.

Byrne et al (2004) had similar findings, as well. After surveying respondents, it was found that one of the main barriers to certification among nurses was the lack of time to study and prepare for the certification exam. This is also similar to the findings of Sechrist et al. (2005), which found that perioperative nurses perceived time to be a barrier to certification. While it was not noted if the lack of time was explicitly related to a low amount of time that the certification program gave participants, or if it was because participants had difficulty finding time to study for the examination outside of regular working hours, it is still important to note that time is consistently listed as a perceived barrier among nurses when attempting to obtain a specialty certification in the field.

*Perceived Importance*
When it comes to specialty nursing certification, several studies have found perceived importance to be a factor in obtaining such certification. One study found that those who did not value specialty certification either did not have a desire or interest in obtaining a certification, or they felt as though such certification was “not relevant” to one’s field of work (Solomon et al. 2016). This study also examined the likelihood of nurses becoming certified in the future. It was found that the more strongly a nurse valued a certification, the more likely they were to become certified (Solomon et al. 2016).

One study found that between 80% and 90% of the respondents that had received a certification in perioperative nursing strongly agreed that certification had intrinsic value, including an increase of confidence in clinical abilities and competence (Sechrist et al 2005). One study had similar findings. Upon surveying 11,427 nurses, it was found that the perceived value of certification was different among respondents who were certified and respondents who were not (Niebhur and Biel 2007). Nurses who were certified were more likely to agree that certification “indicates attainment of a practice standard”, with 95.9% of certified nurses agreeing with the statement and only 86% of non-certified nurses agreeing with the statement (Niebhur and Biel 2007). Additionally, it was found that 87.9% of certified nurses agreed that certification “indicates a level of clinical competence”, while only 70% of non-certified nurses agreed (Niebhur and Biel 2007). This is important because it implies that nurses who perceive specialty certification in nursing as being intrinsically valuable are more likely to obtain such certification than nurses who do not view specialty certification as having the same value.

*Family Makeup*

With nursing being a female dominated field, it is important to look at how family makeup and gender roles might affect one’s likelihood of obtaining a specialty nursing
certification. Although the research on how family makeup and gender roles influence certification in the nursing field is lacking, there is a large amount of literature on employment and educational trends among mothers in the United States. There was a rise in women’s participation in the labor force after World War II, with mothers’ participation increasing throughout the 1960s and 1970s, and continuing into the 1980s (Mason and Jensen 1995). However, participation in the paid labor force and the extent of such participation among women is greatly affected if children are in the picture, and the age of children if they are present (Brewster and Rindfuss 2000). Additionally, when compared to women who do work for pay, women who do not work for pay have more children (Brewster and Rindfuss 2000).

One study found that working mothers tend adjust their “enriching childcare time” when they are working (Stewart 2010). After analyzing data from the American Time Use Survey, Stewart (2010) found that mothers who work both, part-time and full-time, and have children, will adjust the time spent enriching their children from days that they are working to days that they are not working. Not only this, but part-time mothers tend to adjust the hours they spend working so that they can spend such time with their child during more preferred times of the day (Stewart 2010). This study indicates that the presence of children influences working patterns among mothers, and that time spent with children is also influenced by working patterns of the mother.

It has been found that working schedules affect mothers’ hours spent on childcare more than it affects the fathers’ hours spent on childcare (Craig and Powell 2011; Argyous and Rahman 2014). After analyzing Australian data, one study found that work patterns affect the amount of time that is spent on childcare. While the study found that the time a father spends working impacts the amount of time a mother spends on childcare, it also found that the time a
mother spends working does not affect the time the father spends on childcare (Argyous and Rahman 2014). When a father had a 1-hour difference in working hours, the mother was found to have an additional 10.6 minutes spent on childcare. When a father worked after 6pm, the mother had an additional 27.7 minutes spent on childcare. The fact that a mother’s time spent on childcare increased as the father’s working hours changed and the father’s time spent on childcare did not increase or decrease as the mother’s working hours change suggests that outside help for childcare is only sought out when the mother’s working hours change and not when the father’s working hours change (Argyous and Rahman 2014). This study also shows that hours spent on childcare is affected by one’s work schedule and the hours spent working.

The literature focusing on how family dynamics affect SANE training is non-existent. However, it is important to consider this aspect of barriers to SANE certification since women’s working hours are affected by whether or not they have children, and women’s time spent on childcare is affected by their working hours. Because nursing is a female dominated field, it is necessary to examiner whether this has an effect on RNs ability to become SANE certified.

DATA AND METHODS

The purpose of this study is to examine the different barriers nurses face when becoming SANE certified. Certified sexual assault nurse examiners (SANEs) are nurses who have received intensive training in providing crisis intervention while caring for sexual assault victims when they go to an emergency department, and gathering evidence from the victim’s body (Ledray 1999; Campbell, Patterson, and Lichty 2005; Campbell and Patterson 2010). In order to receive a SANE certification, one must be a licensed RN with at least 2 years of experience, complete 40 hours of didactic course work, complete a preceptorship that meets various different clinical requirements within 6 months of completing the didactic portion, and pass a certification exam
These specially trained nurses play an important role in both the healthcare and criminal justice system. When victims are medically treated by a SANE, they receive care from a professional that is knowledgeable of their circumstances and how to treat them in a trauma-informed way. Additionally, when victims are treated by a SANE, victims are more likely to participate in the legal system and law enforcement agencies are more likely to investigate and prosecute the case (Campbell et al. 2011).

While SANEs play an important part in the healthcare and criminal justice system, there is a nation-wide shortage of these specialized healthcare providers. There are only 22 registered nurses with the SANE-A (Sexual Assault Nurse Examiner-Adult/Adolescent) certification in Georgia (International Association of Forensic Nurses Leadership 2019). There are several possible reasons that there may be so few SANEs in the state and across the country. Nurses face many different types of barriers when obtaining specialty certifications. The purpose of this project is to examine possible barriers that nurses face when working to obtain a SANE certification. Previous research has shown that nurses face several barriers when seeking to obtain a specialty nursing certification, including cost, time, and perceived importance. This study examines how barriers such as these might affect nurses’ ability to become SANE certified.

The interview questions were designed based on existing knowledge about barriers in access to SANE certification while remaining open-ended to allow for additional themes to emerge. The interview questions focused on an in depth exploration of four main barriers: (1) Cost, (2) Time, (3) Perceived Importance of Training, and (4) Family Makeup.
Cost is a large factor in SANE training and the SANE certification exam. Training costs change depending on where one receives the training and if they are members of the International Association of Forensic Nurses. Costs for training can range from $350 for members and $600 for non-members (International Association of Forensic Nurses 2018). The cost of the certification exam ranges from $275-$625, depending on the time that the exam is taken and whether or not the individual is a member of the International Association of Forensic Nurses (International Association of Forensic Nurses 2019).

Because of the high cost of the combined training and the certification exam, I hypothesize cost to be a barrier in obtaining a SANE certification. Several studies have shown that cost can be a barrier to pursuing a specialty nursing certification (Niebuhr and Bie1 2007; Haskins et al. 2011; Garrison et al. 2018; and Marks et al. 2017). While previous research has shown that cost is generally a barrier in many different specialty certifications across the country, the nursing salaries of Georgia is well below the national average. The U.S. Bureau of Labor Statistics (2019) reports that the national average salary of registered nurses as being $75,510. However, Georgia’s average salary for registered nurses is $68,950, which is well below the national average (U.S. Bureau of Labor Statistics 2019). This leads me to predict that a recurring theme in the interviews will be cost as a barrier in pursuing a SANE certification.

The second key barrier is time. Obtaining a SANE certification requires a great amount of time dedicated to the training that is required. In order to become SANE certified, one must complete a minimum of 40 hours of didactic work through an accredited course provider, as well as several other clinical components completed through a clinical preceptorship (International Association of Forensic Nurses 2018.) After completing all of the required training and proving competency in the clinical components of training, one is able to take the certification exam.
I hypothesize that a recurring theme in the interviews will be that time is a barrier to obtaining a certification. It takes a great amount of time to complete the training to simply take the certification exam. In many cases, all of the training required to become SANE certified must be done on an individual’s own time, outside of regular working hours. This could be an issue for any working nurse, but especially those in Middle Georgia. It has been reported by Andy Miller of Georgia Health News (2017) that there is a shortage of RNs in the Middle Georgia area. This shortage results in many nurses having to work overtime (Miller 2017). Working extended hours likely leads to less time available to complete the extensive training that is required to become SANE certified. Because of this, I predict that time will be a recurring theme in the interviews.

The third key theme is perceived importance of SANE training. Perceived importance refers to the perception that nurses have regarding how important it is to receive the SANE training. Perceiving SANE training as important means that one will have a desire to receive the training because they feel that it is needed in the field, that their skills need improvement, or that it helps them to become competent in conducting forensic exams. One might also have a desire to meet the needs of sexual assault survivors, which might lead them to perceiving SANE training as important and necessary. One might not feel as though SANE training is important due to several different reasons. Such reasons might include not having a desire to receive the training, feeling as though the training is not relevant to their practice, or feeling as though the training is not necessary to conduct high-quality forensic exams.

I hypothesize that perceived importance of SANE training will be a recurring theme in the interviews, with those feeling as though SANE training is not important being less likely to pursue a SANE certification. Previous research shows that a nurse’s perceived importance of a
specialty certification affects their likelihood of becoming certified (Solomon et al. 2016). Additionally, it has been found that nurses who have received a specialty certification are more likely to agree that certification increases clinical abilities and competency (Sechrist et al. 2005).

The fourth major theme is family makeup. Family makeup refers to the number of individuals in one’s immediate family that one might be responsible for helping take care of, specifically a partner and children. Some individuals do not have a partner, nor do they have children, which leads to a very small family makeup. Others, however, might have one or multiple partners, as well as one or multiple children, which leads to a more complex family makeup. This is important to examine since previous research has shown the effects that children have on working patterns and continuing education, with mothers spending more hours on childcare when she is working, as well as when the father is working (Argyous and Rahman 2014). It is also important because when women do have children and are also working, their working patterns are influenced by the presence of children (Stewart 2010).

I hypothesize that family makeup will be a recurring theme in the interviews. Because nursing is a female-dominated field, according to the U.S Bureau of Labor Statistics (2020), it’s important to examine the effects that family makeup has on one’s ability to become SANE certified. The presence of gender roles and the effects that it has on a mother’s free time outside of work is likely the reason why mothers spend more hours on childcare than the father, even when the mother is working. This leads me to hypothesize that family makeup will be a recurring theme in the interviews.

Interviews were conducted with 9 registered nurses working in the middle Georgia area. All but one of the interviews were conducted over the phone. Upon completion of the interviews, interviews were transcribed and themes were identified in order to examine the barriers
respondents face when pursuing a SANE certification. All of the respondents in the sample were females. Seven respondents were white and two respondents were Asian. All respondents had experience working in an emergency room setting in Middle Georgia, while only four respondents were currently working in an emergency room setting. Those four respondents who were not currently working in an emergency room setting were still working in the healthcare field to some extent in the middle Georgia area. The majority of respondents (5) had worked at least 15 years in the emergency room as an RN. The greatest amount of years worked in the emergency room was 28 years, and the least amount was 3 years. Only two respondents were SANE certified, four were not certified and had received no previous SANE training, two were not certified but had received SANE training, and one had been certified at one point but had let her certification lapse.

RESULTS

All but two respondents reported personal barriers to receiving a SANE certification. Those who reported no personal barriers had full support from the hospitals in which they worked at the time of pursuing SANE certification. All other respondents who reported personal barriers to receiving SANE certification did not receive support directly from their hospital. One respondent who did not report personal barriers to initially receiving her SANE certification had full support from her hospital but reported barriers to maintaining her certification. It is important to note that this respondent did not have support from her hospital when it came time for her to recertify and is now not certified as a result.

Personal barriers to obtaining a SANE certification were reported in all respondents who do not currently have a SANE certification. The most frequently reported barrier was time. Of the 7 respondents who reported personal barriers to either becoming SANE certified or
maintaining their SANE certification, all reported time as being one of the top barriers. After reporting time as being a barrier, one respondent told me, “Every single thing that was required of me during training had to be done outside of work. The 40 hours of didactic material and the practicum aspect of the training had to be done on my own clock. There is no way I can do that again. It required every single second of free time that I had available.” Similar themes regarding time were echoed throughout other respondents’ interviews. One respondent who had been certified at one point, but is not currently certified, reported that maintaining her SANE certification required too much time. When asked whether she thinks she will ever renew her certification, she replied, “Probably not. ... it takes up too much of my time that I could be devoting to other things...”. She continues later saying, “You spend so much time becoming certified, and then to have to keep putting in even more time and effort into maintaining that certification sometimes seems impossible. I couldn’t keep up with it so mine has lapsed, and now that I’ve let it lapse, I have to do even more work and spend even more time to get it renewed again.”

While all respondents who did not receive support from their hospital spoke about time being a barrier to becoming certified, these respondents specifically spoke about how they felt as though they did not have enough time to complete the training because they were having to fulfill all of the requirements outside of regular working hours. One respondent told me, “I’m having to do it all on my own time. It’s difficult. I don’t know if I’ll have enough time to complete everything. ... I have to take off work to do the training because they won’t let me off freely. I sometimes can use vacation days, but it’s not guaranteed.”. 4 of these respondents mentioned that they have to take vacation time in order to complete the training because their employers will not give them time off. Only 1 respondent that spoke about not having enough
time to complete the training due to lack of time outside of work did not mention having to take
vacation time to get trained. This respondent was given paid time off to complete the SANE
training years prior, however, she has since let her certification lapse and says that she will not
be able to get recertified because she is no longer able to get paid time off to complete the
training.

Time also presented itself as a barrier when resources were not readily available to
complete various requirements of the training. Two respondents expressed time as a barrier when
it was in relation to resources available to complete the certification training. When talking
about the correlation between time restraints and a lack of resources, both respondents spoke
about the lack of rape cases in the courtroom. Because so few rape cases end in a plea deal, it can
be difficult to fulfill the requirement to sit in on a rape trial in the required amount of time. One
respondent told me, “I only have about two weeks or so before my time runs out to get that part
[sitting in on a rape trial] done and just nothing is there. ...I’m not sure what happens if I can’t
find a trial to go to in time. Hopefully I can still complete the rest of the training.”. The other
respondent spoke about similar frustrations in regards to sitting in on rape trials and the lack of
time trainees had to complete this requirement, saying that many trainees run out of time and do
not fulfill this requirement because so few rape cases actually end up in court.

Many respondents also reported cost as being a personal barrier to obtaining their
certification. Of the 7 respondents that reported personal barriers, 5 reported cost as being a
barrier to certification. Several costs were noted throughout the interviews, and although cost
was a common theme shared among over half of the respondents, cost was viewed as a barrier is
different ways. Four respondents reported that the cost of obtaining the certification was a
barrier, citing the cost of the training and the cost of the exam as the main reasons. However, one
respondent reported that the cost of working as a SANE was one of the reasons she could not become certified. The respondent stated, “It wouldn’t have benefited me in any way to become certified. It would have costed me more money to do that. I couldn’t afford to spend my working hours not making money.” Respondents reported that they likely would not have received a pay raise after obtaining the certification, and that they would be forced to work more often because of the nature of SANE work with the same pay grade.

Barriers related to family dynamic were mentioned in 5 of the interviews in which respondents reported personal barriers to certification. All but one of the respondents that did not currently have a SANE certification spoke about having children under their care and how that posed as a barrier to obtaining a SANE certification. One respondent noted “the training is all done outside of work, so I would not have been able to take care of a newborn while doing all of that.” Having a child under her care was the main reason she could not pursue a SANE certification at that time. Another respondent connected her responsibility of taking care of a child as the main reason she could not pursue a SANE certification, stating that “To be SANE certified, you have to be on call. I just can’t because of my kid.”

Family dynamics as a barrier was correlated with time as a barrier. 4 out of the 5 respondents that reported having children in their care also reported time being a barrier to becoming SANE certified. Each of the 4 respondents spoke about how the time it takes to become SANE certified took away time that the time they needed to spend with the children in their care. One respondent noted that she was having a difficult time completing the training requirements on time because she was often times forced to choose between her child’s extracurricular activities or completing her training, and always put her daughter’s activities first. One respondent, who did not receive SANE training because of having a newborn, told me, “If I
could complete the training while I was at work, then it wouldn’t matter if I had kids or not
because I would be working anyways. ... There wouldn’t be anything extra required of me. But
that unfortunately isn’t the case. You kind of have to do it all on your own time.”

However, time was not a barrier when having children to take care of when hospital
support was received. The only other respondent in the sample that had children did not
experience time as a barrier due to the fact that her hospital provided her with paid time off to
complete the training. This respondent told me that if her hospital had not provided her with paid
time off to complete the training, she would not have done so because, “...I had children at home
and I wouldn’t have wanted to use my vacation time for the training because I tried to save that
for emergencies with the kids or if we actually wanted to take the kids on a vacation.”

One’s perceived importance of a SANE certification was a recurring theme in all of the
interviews, however, the only respondents that did not view SANE certification as necessary did
not have a certification. These three respondents spoke about how they did not feel as though
having a SANE certification was necessary in doing forensic examinations, and that they were
able to complete the exams successfully without being certified. One respondent told me, “I did
them a lot. That’s another reason why I didn’t go after a certification. I was already doing the
exams, I didn’t need to be certified to do them.” Completing forensic exams when one is not
certified seems to be a common occurrence. One respondent said, “...I haven’t gotten it because I
know how to collect evidence already. I don’t think I need the training. I’m not a forensic nurse
or a SANE nurse, but I already know how to do all of that stuff. It wouldn’t add any value to
what I’m doing now because I can do it without all that training. .. I personally don’t think you
need to become trained to do those types of exams, you can just follow the step by step
instructions on a rape kit, anyone can do that.” This perception was one of the reasons why each of these three respondents had not pursued a SANE certification.

DISCUSSION

The theme that was most prevalent among respondents was time. Of all 9 respondents, 7 reported time as being a barrier to becoming SANE certified. Time was mentioned in several different circumstances and was correlated with several other barriers, including lack of hospital support, having to complete all required training outside of regular working hours on one’s own time, and a lack of readily available resources to complete the training requirements in a timely manner. This theme seems to be so prevalent due to the lack of support from one’s workplace to provide paid time off to receive the training. It is likely that hospitals fail to support nurses in becoming certified by not providing paid time off because in doing so, they would be essentially paying nurses a working wage without the production of labor during that paid time off. This would lead to lower productivity in the workplace while nurses were completing the training. Hospitals not providing time off for nurses to complete the training ensures that nurses still devote their working hours to labor production rather than devoting working hours to gaining skills by completing SANE training.

Cost was another significant barrier to becoming SANE certified. There are several costs that go into obtaining a SANE certification, and respondents who reported cost as a barrier did not have financial support from their hospital to complete the training. This leaves nurses tasked with paying for all of the expenses of obtaining the certification out of pocket. This can be very difficult for nurses, especially the nurses that make up the sample in this study. All of the respondents in this study work in the Middle Georgia area as a nurse. Salaries of nurses in Georgia is well below the national average, with the national average salary of registered nurses
being $75,510, and the average salary of nurses working in Georgia being $68,950 (The Bureau of Labor Statistics 2019). It is possible that likely that cost was a common theme throughout the interviews due to the socioeconomic status of the respondents within the sample. Additionally, because all of the respondents that reported cost as being a barrier did not receive financial support from their hospital to complete the training, it is likely that hospitals feels as though paying for SANE training would be an unnecessary financial burden on the hospital, especially since providing an opportunity for nurses to receive SANE training would guarantee lower labor production from the nurses while they received the training.

Family dynamic was a theme that prevalent in several of the interviews. 5 out of the 9 respondents reported having children, and each of those respondents reported that as being a barrier to obtaining a SANE certification. All of the respondents in this study were female, which is not surprising since nursing is a female-dominated field (U.S Bureau of Labor Statistics 2020). Symbolic interactionism and gender socialization could be a possible explanation for why each respondent that reported having children in their care also reported this as being a barrier. Women are socialized to be the caregiver of their families, while men are socialized to be the breadwinners. Recent research has shown that even though it is common for mothers and fathers to work now, mothers still spend more hours on childcare than fathers do even when she is working (Argyous and Rahman 2014). Because of this, it is likely that although nurses work long hours, they are still more likely to spend more time taking care of their children than fathers do, which could prevent them from pursuing a SANE certification.

Lastly, the majority of respondents felt as though becoming SANE certified was important, with only 3 out of the 9 respondents reporting that they did not feel it was necessary. Feminist standpoint theory could be one possible explanation for this. This theory is grounded on
the idea that one’s perception of the world is based on their social position in society and the experiences that they endure because of that position. Because there is a high prevalence rate of sexual assault among women, it is likely that the majority of the respondents in this study believed that becoming a SANE was important because of their own experiences as a woman in society (National Sexual Violence Resource Center n.d.). Those that did not view the certification as important felt that they could do the examination sufficient enough without specialized training, while other respondents who viewed SANE training as important obtained the certification so that they could better perform the examinations.

Conclusion

This study examines barriers that nurses face when becoming SANE certified. It was found that barriers faced by nurses depended on the presence of hospital support. Generally, among respondents without hospital support, (1) time was the most commonly reported barrier to obtaining a SANE certification. Specifically, time required to complete the training, time required to devote to training outside of working hours, and time left to complete the training when resources were not readily available, (2) cost was a common theme reported, with the cost of training and the exam being a commonly reported barrier, and the cost of working as a SANE being a reported barrier, (3) family makeup was reported as a barrier, specifically, being a caretaker of children, and (4) lack of perceived importance was a barrier to obtaining a SANE certification.

The limitations of this study include various aspects of the sample. First, there were only 9 respondents, which is a relatively low sample size. Secondly, there were no males in this study so the perspectives captured were strictly from a female standpoint. And lastly, the sample was
predominately white, with 7 out of 9 respondents being white. This limits the perspectives captured. Having a larger sample size, with more males, and more people of color, would have resulted in more diverse and generalizable perceptions on the barriers that nurses face when becoming SANE certified.

Areas of future research include broadening the sample size by including perceptions from nurses in other areas outside of middle Georgia in order to get a better view of barriers that nurses across the country might be facing when obtaining a SANE certification. This would address one of the limitations mentioned above, while also providing a broader view of the research topic. Additionally, a future area of research on this topic might include the differences in patient satisfaction rates, case outcomes, and forensic examination sufficiency among nurses who are and are not SANE certified.

This study is of great importance because it aims to bring to light possible explanations for the nation-wide SANE shortage, which is the first step to addressing the shortage. Based on the findings of this study, suggested solutions to the shortage include providing more hospital support in the form of paid time off and financial support when obtaining a SANE certification, and making resources for training more readily available so that more nurses can confidently begin training. While there is little literature on barriers that nurses face when obtaining a SANE certification in specific, this study provides an opportunity to further what has been done in order to gain more insight.
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