

**N**urses are the primary caregivers in any correctional setting and are the backbone of correctional health care.<sup>1</sup> The American Nurses Association (ANA) recognized correctional nursing as a nursing specialty in 1985 when ANA developed *The Scope and Standards of Nursing Practice in Correctional Facilities*.<sup>2</sup> Being recognized as a nursing specialty acknowledges the unique features of a particular practice that set it apart from other nursing practices. ANA emphasized the importance of professional autonomy for this specialty when it stated in its standards of practice that the sole responsibility of correctional nursing is health care in correctional facilities and that it was inappropriate for correctional nurses to participate in custody functions. Correctional nurse researchers have pointed out that within correctional health care settings, the unavailability of physicians means that nurses are often the initial health care provider, increasing the autonomy of correctional nurses.<sup>3</sup> Correctional nurses themselves cite professional autonomy as a leading reason that they prefer this practice specialty.

Practicing nursing in a correctional setting is a bit like stepping through “the looking glass” — everything is the same, yet different. Correctional nurses enter a setting where health care is not the focus of activity, where all nursing standards apply but are practiced in a different context, and where patients are referred to as “inmates.” Inmates often enter the prison environment with complex health needs resulting from neglect, substance abuse and an overall unhealthy lifestyle. However, developing therapeutic relationships with these inmate patients is complicated by the suspicious views of the security staff toward such relationships and by the manipulative behavior of some inmates.<sup>4</sup>

## Literature Review

As the literature about professional autonomy and correctional nursing was reviewed and organized, four predominant themes emerged: authority, independent practice, patient advocacy and accountability.

**Authority.** A number of nurse researchers have reported that nursing authority (defined as the power and ability to get things done) must come from a specialized knowledge base and some combination of expert knowledge and experience.<sup>5</sup> Implicit in nursing authority is that nurses be competent. Correctional nurse authors have called for formal continuing education that supports assessment skills and decision-making capabilities, increases formal education of correctional nurses, including a specialty track for forensic or correctional nursing at the graduate level and a strong educational basis in research to be used to further explore and define correctional nursing.<sup>6</sup>

The setting in which correctional nurses practice is unique and challenging. When nurses begin work at a correctional facility, they enter a closed world where health care is no longer the priority, where their nursing actions may be viewed with suspicion and their activities may be severely restricted. This may be compounded by a sense of professional isolation because correctional nurses may be stigmatized by society due to their association with inmates and because they may be seen as being unsuccessful as nurses in more traditional health care settings.<sup>7</sup> It has been pointed out that correctional nurses may contribute to these perceptions because they do not assert their identity and do not publish their experiences.<sup>8</sup>

**Independent Practice.** Autonomous nurses must be able to carry out their duties independently, and have a role that is firmly based in nursing theory and that is independent of outside influence.<sup>9</sup> Some of the more difficult challenges confronting correctional nurses include maintaining a professional identity as a nurse by maintaining nursing standards, developing therapeutic relationships with inmate patients that do not violate security concerns

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and avoiding role ambiguity.<sup>10</sup> Even so, independence is not absolute and does not equal isolation.<sup>11</sup> Correctional nurses must work collaboratively with security staff, prison administrators and other disciplines within the complex environments encountered in correctional settings.<sup>12</sup>

**Patient Advocacy.** There is general agreement that a fundamental duty of nursing is patient advocacy. Patient advocacy in the correctional setting can be particularly controversial. Even liberal nurse authors acknowledge that some inmates can be manipulative and untrustworthy.<sup>13</sup> Furthermore, correctional nurses can face some sort of violence nearly every day, manifested as actual physical harm, real or implied threats and a constant barrage of obscenities.<sup>14</sup> In spite of the very real barriers to patient advocacy, many correctional nurses do feel an obligation to care for their inmate patients and develop ways to “care ethically” about them. One nurse author noted, “Prison nursing simply takes more commitment, not less.”<sup>15</sup>

**Accountability.** Almost without exception, the literature points to accountability as the principal outcome of professional autonomy. U.S. courts, including the Supreme Court, have recognized that offenders are dependent on nurses for services; therefore, correctional nurses and the institutions that employ them have a duty to provide health care services that reach at least minimally acceptable standards.<sup>16</sup>

## Procedures and Major Findings

In January 2004, a study was conducted to measure professional autonomy among correctional nurses employed by prisons in Ohio using a survey instrument developed for use with practicing nurses. Survey packets were mailed to registered nurses in 31 institutions. The prisons ranged in size from approximately 450 to 2,000 inmates. Security levels found in the state prison system varied from minimum security to super-maximum security. The survey instrument used was the Nursing Activity Scale (NAS).<sup>17</sup> The NAS consists of 35 items that describe situations in which a nurse may act autonomously. These situations included voicing opposition to returning inmate patients to general population without appropriate nursing follow-up, withholding contraindicated medication, proposing innovations in patient care, initiating patient referrals and evaluating an inmate patient’s need for skilled nursing care. Additionally, a demographic questionnaire accompanied the NAS that addressed selected demographic information about the study participants.

The mean score for nurses participating in this study (191.02) placed most of the correctional nurses within the high level of professional autonomy. This was reassuring since the ability to perform activities that demonstrate professional autonomy is highly important within the specialty of correctional nursing. However, 35.8 percent of these nurses scored only in the moderate level of professional autonomy and this is an area of concern. This finding could indicate that these nurses do not feel secure enough to choose more autonomous activities, that they lack the educational preparation to make such choices, that they feel constrained from choosing such activities, or that there are other significant obstacles to choosing more autonomous activities.

More than 85 percent of the nurses in this study reported that they were likely or very likely to perform activities that are traditionally associated with nursing. This indicates that the nurses’ values do not change significantly after entering the nontraditional field of correctional nursing. These nurses reported that they were less likely to choose less traditional activities such as implementing innovative nursing practices, initiating research into a correctional nursing problem or developing a career path or engaging in independent nursing practice. For correctional nurses to receive the recognition and respect that they deserve, more of these nurses will need to participate in the less traditional nursing activities such as initiating research into their area of expertise, initiating and supporting innovative nursing practices, continuing to develop their nursing roles and considering correctional nursing as a career rather than as just a job.

## Implications

U.S. courts, including the U.S. Supreme Court, have consistently held that correctional nurses and the institutions that employ them have a duty to provide health care services that reach at least minimally acceptable standards. Since nurses within correctional health care are often the initial health care providers, it is critical that correctional nurses demonstrate professional autonomy.<sup>18</sup> Correctional health care tends to be highly varied; inmates often arrive in prison with significant health problems, some of which can be unusual. Correctional nurses need strong assessment skills and clinical decision-making to help them to interact professionally with a clientele who may desperately need health care, but may be manipulative, untrustworthy and difficult to care for.

Nurses need certain physical resources to support and promote their practice. Obviously, they need adequate equipment to conduct assessments and to provide treatment. They also need sufficient space and a physical layout that promotes privacy for health care encounters. Additionally, previous research has shown that correctional nurses do face potential violence.<sup>19</sup> Therefore, it is vital that the workplace design promotes efficient and effective care provision and personal safety for nurses to enable them to safely have close contact with inmates.

The correctional setting is a formidable system that has profound influence upon all staff working within it and one that is additionally very different from most systems that employ nurses. Correctional administrators must clearly define the professional boundaries that exist between correctional nurses and security staff and must reinforce the treatment role of correctional nurses. However, collaboration with security staff is essential. Correctional nurses must be able to interact positively and confidently with security staff and they must be able to function within a secure setting in a manner that does not place themselves or others at risk. Finally, correctional nurses must be able to develop therapeutic relationships with inmates that do not violate professional boundaries or security concerns.

Correctional nurses also must be able to identify with a strong correctional health care organization and be able to network with other correctional nurses. Without such networking and support, the temptation to identify with the

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strong custody orientation found in correctional settings may become tempting. There are presently two correctional health care organizations available to all correctional health care professionals. One organization offers a certification program for correctional health care professionals; both offer educational opportunities designed to develop clinical decision-making skills needed in this unique practice area, promote networking and support for correctional nurses and support research in the field of correctional health care.

## Recommendations

Since correctional nursing is a nursing specialty with very unique features, it is very important that the educational programs developed for these nurses have a correctional emphasis. The educational and training needs of correctional nurses include effective ways of interacting with inmates, ways of developing therapeutic relationships with inmates that maintain safety and security within the institution, strategies for conducting assessments and delivering treatment within a secure setting, effective ways of interacting and collaborating with security staff, and the importance of maintaining a professional identity that is treatment oriented.

Particular attention must be paid to the legal implications of professionally autonomous correctional nursing practice and nursing scope of practice issues. Within correctional health care settings, the unavailability of physicians means that nurses are often the initial health care provider, increasing the autonomy of correctional nurses. The temptation exists for correctional nurses to make decisions concerning the diagnosis and treatment of inmate patients that is beyond their scope of practice. A balance must be achieved between not fully using knowledge and expertise of correctional nurses and extending them beyond their legal scope of practice for convenience.

It is also important that clinical decision-making models be designed to tailor to correctional nursing practice. While it is acknowledged that many decision-making models exist and many of the decisions that correctional nurses make are the same types made by mainstream nurses, correctional nursing has unique features that warrant decision-making models designed just for this specialty area. Particular study and attention must be given to the development of ethical caring models to delineate the boundaries of nurse and inmate-patient clinical relationships and provide correctional nurses with the skills needed to objectively assess the real needs of inmate patients.

Finally, correctional nursing experts must study the impact that the correctional setting has on correctional nursing practice. Such research should serve to identify barriers to nursing activities such as assessment, planning

of care, implementation of nursing interventions and follow-up evaluation of patient status.

The characteristics of professional autonomy include nursing authority, independent practice, patient advocacy and accountability. The results of this study showed that while most nurses who responded do score within the high level of professional autonomy, a considerable number do not. The results of this study may be used to guide policy decisions and to develop educational programming designed to reinforce the treatment identity of correctional nurses and to enhance the assessment and decision-making skills required of nurses in this unique specialty.

## ENDNOTES

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