

Prison nursing and its training

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ABSTRACT

The main task of nurses is to take care of sick and healthy people and evaluate changes in their health conditions. The goal is to take the appropriate measures to help their recovery or guarantee a dignified death, and if possible, help them regain autonomy and independence.

Nursing is present in different areas: primary health, mental health, accident and emergencies, intensive and coronary care, surgical care, paediatrics, geriatrics, public health, occupational health, teaching, etc. In our case, prison nursing, one of the least known branches of the profession, we wanted to investigate more deeply the work of nurses in prisons, which aspect of health care they are responsible for and to what type of population they are geared towards, as well as the necessary training to be able to work in such a particular environment.

To conclude, we have seen that university degrees in general nursing do not include knowledge in this area, and that authors from different countries support the specialization of prison nursing and the need for nurses to be trained according to the health conditions of inmates and the characteristics of prisons.

Keywords: nursing; prisons; prisoners; education, continuing; competency-based education; nursing care; primary health care; mental health; substance-related disorders; communicable diseases; emergencies.

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INTRODUCTION

For many years prison health care has remained the great unknown within the public health system. In correctional facilities, staff was scarce and remained within the remit of minimum standards included in Prison Regulations (RP 190/1996): a physician with skills in psychiatry and a nurse, and resources were simply insufficient. In the 1980s, with the emergence of new pathologies, mainly as a consequence of injecting drug use: infection by human immunodeficiency virus (HIV/AIDS) or by Hepatitis B virus (HBV), the situation changed dramatically. In fact, prison health care stakeholders were concerned that infirmaries in prison would become real units for terminally ill patients. The need for providing care for a new type of patient entailed that medical and nursing staff became the key figures in keeping an optimum state of health among the imprisoned population. From this moment on, nursing staff began playing a new role, a substitution one. Later, when the first antiretroviral therapies

arose and mainly in 1996 when the first protease inhibitors were launched, the management of HIV/AIDS infection underwent profound changes and since then the effectiveness of this treatment greatly depends on nurses' communication and social skills to encourage patients' adherence¹.

Nowadays, the increase of mental pathologies² and foreign population³ entails new challenges for nurses who need new knowledge and skills to provide health care with versatility and specificity^{1,4}.

Moreover, it is worth noting that the role of prison nurses significantly differs from that of their external counterparts due to the special nature of the correctional environment mainly characterized by the deprivation of liberty of convicts and the legal influence within these facilities⁵. On the other hand, prison health care entails a series of specific features which requires that nurses be specially trained in areas such as: infectious diseases, mental health, drug abuse, emergencies, primary health care, public health as well as regulatory and legal aspects^{1,4}.

This article aims to bring readers closer to the culture of health care provided by prison nursing staff, the population targeted and the special nature of this environment as well as making them familiar with what type of training is required in such a particular context. The terms “convict” and “nurse” will be used indistinctly to refer to female and male individuals.

BASIC CONDITIONING FACTORS

Different authors describe how the imprisoned population gathers a series of conditioning factors of health which are clearly overrepresented in comparison with the general population^{6,7} such as: drug abuse, infectious diseases (HIV/AIDS, tuberculosis, hepatitis B and C, sexually transmitted infections), mental disorders and factors derived from extreme situations (self-harm, foreign body ingestion, body packer/body stuffer, hunger strike, riots and uprisings, etc.) These factors do not differ between countries: both in Europe and America the same factors have been described as defining features of prison health care^{6, 8-13}. Furthermore, there are other circumstances which have an influence on convicts' welfare such as the correctional environment itself, deprivation of liberty and regulatory and legal influences.

CORRECTIONAL CONTEXT

The correctional context implies a space for communication, action and regulations which determine the relationships established between individuals who live (inmates) and cohabite (staff) within the facility¹. Within this context we find constructs of prisonization and prison subculture. Some authors¹⁴⁻¹⁷ define prisonization as the process of accepting habits, uses and the culture of prison society entailing a decreased repertoire of human behavior as a consequence of an extended stay in a “total institution”¹⁶. Within this process a informal inmate code is formed which leads to the so called prison subculture^{14, 18-20} as a code of conduct which arises from the inmates themselves to ensure certain degree of resistance against the total institution. This code is based on the principle of loyalty, solidarity and no tipping-off.

DEPRIVATION OF LIBERTY

Deprivation of liberty implies a substantial change in someone's life. From the moment of imprisonment one loses important values such as privacy,

since inmates live together²¹, liberty, which is limited in decision making and acting, the fulfillment of internal regulations and the presence of public officers during everyday activities²². Individuals assume prison subculture values and attitudes in an attempt to compensate personal deficiencies. Inmates' self-esteem can be challenged due to criminal stigmatization and self-stigmatization. The loss of self-esteem implies the construction of social stereotypes which turns stigma into self-stigma, leading to inmate's situational regression, a decreased self-efficacy and a lack of motivation to participate in society²³. Moreover, serving a sentence entails dissociation from one's family, friends and the social context the individual is more familiar with. This break-up implies a series of changes in their emotional state which can lead to disorders such as anxiety, depression, a lack of trust in professionals and their mates²⁴. These changes can seriously hinder their action fluency and thus, their health too.

Although women only represent a minority of the imprisoned population (approximately 7%³) we must note that particularly them, suffer from a sense of culpability, distress and uncertainty upon imprisonment regarding their families: children and parents, the loss of a home, relationship instability, feelings of helplessness in foresight of irreversible consequences for their families, and above all, their absence in their children's diseases and their adolescence. Women are considered transgressors by the culture itself and suffer from a triple discrimination: as women, victims and foreigners²⁵.

REGULATORY AND LEGAL INFLUENCE

Another factor we must consider is that of regulatory and legal influence, since inmates claim their rights by using their bodies as an instrument of protest^{26, 27}. To achieve their purposes, inmates call for attention by means of self-harm, hunger and thirst strikes, foreign body ingestion, refusing to take their treatment, etc. The Mental Health in Prison Workgroup²⁸ describes that it is very important to know how to differentiate between claims and concealed requests for help. This is why nurses must have the knowledge and skills to determine the nature of the problem and provide personalized care¹.

CORRECTIONAL NURSING: THE GREAT UNKNOWN

According to the American Nurses Association (ANA) correctional nursing is a unique specialty. It

is a compendium of public health, emergencies, community health, occupational health, delivery primary healthcare and nursing school. This Association believes that correctional nursing implies caring for people with very complex health problems and it includes activities such as patient assessment, the delivery of medication, treatment, the assessment of its effects, crisis management, education and delivery of patient care²⁹. In Canada they consider that the health complexity of inmates calls for highly specialized nurses able of delivering care to potentially manipulative and aggressive patients^{30, 31}.

In France, the scope of correctional nurses includes prevention, healing, health education and a relational dimension which is key in attenuating the prisonization syndrome³².

In the United Kingdom, pathologies do not differ from other European countries and thus, mental health issues, infectious diseases, drug abuse, primary care, women and children aid and people with disabilities prevail³³.

In Italy, the scope of correctional nursing is based on a process of assessment of the needs of the imprisoned, assistance in general medicine and specialties, drug abuse, mental health, infectious diseases, mother and children area, emergencies and meeting cultural diversity³⁴.

In Spain as in other countries, the health of inmates requires specially trained nurses in the most prevalent diseases, which do not differ from those aforementioned, as well as in personal and social skills to be able to meet cultural diversity.

Several governmental institutions such as the National Commission on Correctional Health Care (NCCHC)³⁵, the American Nurse Association (ANA)³⁶, the Royal College of Nursing of UK (RCN)³⁷ and the International Council of Nurses (ICN)³⁸ have drawn up documents where the special nature of the correctional context is established together with the health problems of the imprisoned population, thus describing the role and scope of action of correctional nurses, therefore establishing their level of competency.

It is worth noting that in Spain, the Ministry of the Interior periodically convenes selective tests by means of the national competition system to enter the Correctional Nursing Department (*BOE* Official State Gazette N. 226, as of December 21st 2015, Section IIB). This process has two stages: first an exam and second a practical training period. The program includes issues regarding the health of inmates such as: prevalent pathologies, primary healthcare, emergencies, mental health, public health, research, informa-

tion system, environmental health, bioethics, health education, etc. as well as legal, administrative and correctional law issues. After several studies, among which it is worth highlighting that presented in the 4th National Congress on Prison Health (2002) held in Salamanca (Spain) under the title "*Study on the profile of correctional nurses in Cataluña*" in 2005 the tenets of correctional nursing were described according to the role of nurses in Cataluña³⁹ (see Table1).

TRAINING OF CORRECTIONAL NURSES

University training of nurses provides them with the necessary skills to value, identify, act and assess the health needs and provide the appropriate care to individuals, families and communities with a scientific training in critical, reflexive and humanistic attitude. Their basic training includes providing care to healthy or ill individuals and assessing the response of their health states implementing those activities which will encourage healing or a dignified death and, if possible, recovering their autonomy and independence. According to the National Agency for Assessment and Accreditation (ANECA in Spanish)⁴⁰, the nursing degree answers to a nursing profile responsible for the general care of individuals and the community.

The current reality of the Degree in Nursing in Spain is that it only covers the training of general nurses. Therefore, new graduates lack the training and skills necessary to work in specific areas, such as the area of correctional nursing¹, as well as the social skills which set up the socialization^{41, 42} of nurses in this area: being familiar with the setting, the population served, knowing how to interact with inmates and different groups working within a correctional facility (surveillance and treatment teams) and being familiar with regulations and rules^{1, 4}.

There are several factors included in the specific nature of the care that correctional nurses must provide. On one hand, health care provided to immigrant population (43.82%)³ entails a series of events and realities that the health provider should be aware of to be able to address the specific health issues in permanent accordance with the social and cultural reality of this population as well as their original customs, values and beliefs. Several factors such as the language, religion, a lack of structural, familiar and affective references imply difficulties and conflict when dealing with these individuals⁴³. Often they are original from developing countries with impaired healthcare structures, where migratory inflows import parasitic and tropical diseases with a low prevalence in our

country⁴⁴. These features imply that nurses have to be trained in healthcare skills (imported and tropical diseases and other prevalent health issues), as well as cultural and anthropology skills to face the needs of immigrant populations^{1, 45}.

Another specific feature of the imprisoned population is the use of psychoactive substances (drugs and/or psychotropic substances). Drug abuse is one of the main problems of those who are admitted to prison, due to both the number of inmates who suffer this problem and the severity of the complications derived from this abuse: psychophysical health, disintegration of personality and familiar and social breakdown⁶. Being familiar with the offer of harm reduction programs both inside and outside prison enables continuous treatment follow-up as well as biopsychosocial support for inmates with a problem

of drug dependency. Correctional nurses must have the skills to plan, supervise and encourage adherence of patients to treatment according to the objectives established by the program and the individual features of each user, as well as practical skills to identify urgent situations quickly and safely in case of intoxication or overdose¹.

On the other hand, the high prevalence of mental disorders and the complex organization of everyday activities within correctional facilities, restrictions of every type, forced cohabitation, rigid schedules, monotony, emotional isolation and frustration make the construction of appropriate therapeutical spaces very difficult for determined mental patients²⁸ and it impairs the prevention of isolation and discrimination of these particularly vulnerable individuals due to their disabilities⁴⁶. Prisons need professionals capable

Table 1. Competence of correctional nurses in Catalonia.

CP1. Being aware of and applying the principles upon which comprehensive correctional nursing care is based.
CP2. Identifying the most prevalent health issues among inmates-patients in the correctional setting.
CP3. Being aware of the range of health programs implemented in the correctional setting.
CP4. Providing nursing care by granting the right to dignity, privacy, intimacy and confidentiality as well as the right of inmates-patients to take their own decisions.
CP5. Personalized nursing care according to age, gender, ethnicity, religion and values.
CP6. Designing and implementing individual and group health education programs according to the health condition of inmates-patients, their level of knowledge and the duration of their sentence.
CP7. Being familiar with the specific language (prison slang) used by inmates as a tool to establish an improved communication between nursing professionals and inmates.
CP8. Identifying the range of health demands of inmates-patients as a purpose of health, regimental or personal welfare.
CP9. Being aware of extreme situations that entail very specific nursing care.
CP10. Knowing the role of nurses in emergency and vital situations in correctional facilities.
CP11. Knowing external reference health resources that support prison healthcare.
CP12. Skills to identify physical and/or mental burnout symptoms among correctional nurses to prevent stress and de-motivation.
CP13. The ability to discuss, to assess, interpret and critically review the range of information and data sources that enable the provision of care to inmates-patients.
CP14. The ability to work within a ethical professional context with legal regulatory codes, being aware of and responding to ethical or moral dilemmas in everyday practice.
CP 15. Leadership and nursing management skills to lead interprofesional cooperation with other members of healthcare, security and treatment teams.

Source: Nursing Department. General Directorate of Prison Health and Rehabilitation¹.

of providing appropriate and quality care to mental patients. It is simply ineffective to implement action guidelines if providers lack the appropriate training in a series of areas²⁸. Moreover, it is necessary to grant the training of professionals with regard to warning signs and management of risk factors to reduce suicide rates⁴⁷. It is also worth noting the importance of health providers preparing and supervising the administration of psychiatric drugs since it enables the adherence to treatment, the early detection of interruption of treatment and it avoids the manipulation by inmates⁴⁸.

Another specific feature of correctional health implies healthcare actions aimed at preventing, promoting and caring for patients with infectious diseases (HIV, hepatitis B and C, tuberculosis, sexually transmitted diseases, etc.) The prevalence of these diseases is the basis for the guidelines that healthcare programs should take into account in the correctional setting. The provision of healthcare in prison is carried out by public health professionals. These professionals count upon a high level of specialization in a series of pathologies which are more prevalent within prisons and which have to be treated in a specific setting. These health problems lead to rehabilitation programs for drug users, their integration in society, or the prevention of communicable diseases such as HIV⁴⁹. There are different strategies to improve adherence to anti-retroviral treatment, including actions based on recall techniques, counselling, psychological support and/or cognitive-behavioral therapies⁵⁰. The adherence of inmates to treatment must take into account certain features mainly based with the particularities of the correctional setting and the population hosted within: injecting drug users (IDUs) with a high prevalence of mental disorders and social uprooting⁵¹⁻⁵³. As for the skills necessary for the control of tuberculosis in prison, these are mainly based on activities of a formative or educational nature carried out by nurses as well as cooperating in the diagnosis of suspicious cases, controlling adherence to treatment and carrying out research and control activities regarding the study of potential contacts⁵⁴. Inmates are particularly vulnerable to tuberculosis, a fact which highlights the need for early detection of cases and appropriate measures to control this disease^{21, 55-60}.

Hepatitis B management requires that nurses acquire and keep updated knowledges on the indicated therapies and its correct management regarding education, counselling, treatment adherence and identification of secondary effects⁶¹.

Nursing professionals are key elements in the treatment and management of diseases such as He-

patitis C. Counselling and educational skills as well as an ability to serve as a liaison between patients and healthcare providers are necessary to improve the communication on monitoring and the treatment of this disease⁶². Therapeutic education provided by expert nurses increase the response of patients in the treatment of hepatitis C⁶³. In order to ensure these assistance performances nurses need continuing education on the disease to improve their knowledge and limit the doubts concerning the management and control of the infection⁶⁴.

Another particular situation that correctional nurses face is the causes of aggressive episodes, which are widespread and due to varied reasons concerning the prison regimen, legal, clinical and/or social factors²⁶. These are the so called borderline situations: *"The final state a person encounters at a certain point of impulsivity, mental disorder and/or demand that should not be met since doing so would endanger his/her life or that of others"*¹. These include the following: self-harm, hunger thirst or medication strike, body-packer/body-stuffer, riots and uprisings, which call for urgent health actions, planned and decisive where active communication between surveillance and healthcare teams is needed¹.

Providing assistance to patients deprived of their liberty, who suffer from communicable diseases, mental disorders, disabilities, drug abuse and borderline situations is an activity which calls for a series of knowledges, skills and procedures included in everyday's routine of correctional nurses. Clearly nursing assistance in correctional facilities includes a wide range of pathologies, wider than that of primary healthcare. Thus, professionals developing their tasks in this context must have the appropriate knowledge on primary healthcare⁶⁵ (chronic diseases such as diabetes, hypertension, coronary heart disease, heart failure and pulmonary disease) and further need to be trained in the appropriate knowledge, tools and resources to do so in a singular setting¹.

Although the university degree in nursing does not include the areas needed for correctional nursing¹ it is worth noting that several authors agree that correctional nursing faces a series of challenges that do not benefit from a specific training in conflict, legal system terminology and criminogenic factors⁶⁶ all of which are specially relevant in this context. Nursing is based on the aim to negotiate the frontiers between the cultures of custody and care. This attitude implies complex challenges and a series of limitations regarding the patient-nurse relationship⁶⁷. Several authors^{12, 68} describe how providing care in correctional facilities requires specific knowledges, skills and experience.

Coll¹ describes how there is no country that includes specific contents for correctional nurses in the training of general nurses and how there is only specifically regulated training for correctional nurses only in two countries: USA and Spain. The American NCCHC issues since 1991 the Certified Correctional Health Professional Registered Nurse (CCHP-RN). This broadens and looks into the areas and knowledges needed for nurses to be able to face the challenges of correctional healthcare. In Spain, the *Facultat de Ciències de la Salut Blanquerna – Universitat Ramon Llull* offers a qualification “University Expert in Correctional Nursing” since 2013. This aims at preparing nurses to provide comprehensive care to inmates and acquire the skills to detect, plan, intervene and assess the health needs of inmates in the following areas: mental health, communicable diseases, drug abuse, borderline situation, multiculturalism, correctional context, regulations and law.

In other countries such as the United Kingdom, France or Canada, nurses who want to develop their tasks in prisons need to be trained in Mental Health, like in the UK or Canada, or either receive a specific training like in France, where reference hospitals provide specific training to UCSA teams responsible of providing health care in correctional settings. UCSA are hospital functional units established in prisons and dependent clinics. The teams include general physicians, specialists, dentists, pharmacists, nurses, physiotherapists and administrative staff. The role of correctional nurses includes areas of: prevention, healing, health education and a relational dimension. The relational dimension is crucial and relevant in a context where people suffer from the prisonization syndrome. Reference hospitals are responsible for providing specific training for this kind of staff³².

CONCLUSIONS

Correctional nursing is a unique specialty²⁹ which includes a wide spread of aspects regarding not only the dimension of health but also that regarding the correctional context, placing professionals between custody and care. Correctional nurses develop their tasks with patients in a state of utter helplessness, complex health problems and borderline situations¹, all of which takes place in a hostile setting under legal or regulatory influences and other circumstances

which have an impact in the welfare of inmates: the correctional context and the deprivation of liberty.

Several authors consider that the complexity of health among inmates calls for highly specialized nursing care^{1, 30, 31, 69}. The aim should be a symbiosis of the person deprived of liberty and the healthcare provider, who should be able of revitalizing the profession by recalling which are its legitimate purposes and what habits need to be enhanced to achieve the first⁷⁰.

On the other hand, the skills of correctional nurses are not acquired by simply studying the degree in Nursing since they are not included in its curriculum, thus a specifically designed training based on knowledges, skills and procedures in the areas of mental health, drug abuse, communicable diseases, primary healthcare, borderline situations, immigration and the phenomenon of the correctional context, including its regulation and law¹ is needed. On the other hand, several authors agree that nurses should be included in healthcare teams to develop their professional skills regarding: education strategies to promote health and prevent diseases, treatment adherence and optimal therapeutic patient-provider relationship aimed at specific objectives in cases such as: infectious diseases (HIV⁵⁰, TBC⁵⁴, HBV⁶¹, HCV^{62, 63}, mental health^{28, 47}, primary healthcare⁶⁵, borderline situations^{1, 26}, tropical and parasitic diseases⁴⁴, multiculturalism^{1, 43, 45}, disabilities⁴⁶, drug abuse^{1, 6} and the correctional context^{12, 68}.

Currently there are two institutions which offer specific degrees in terms of correctional nursing aimed at meeting these training needs: the American NCCHC since 1991 and the *Facultat de Ciències de la Salut Blanquerna* of the University Ramon Llull since 2013 by means of postgraduate education. In countries such as the United Kingdom and Canada, in addition to general training, specific training in mental health is needed and in France UCSA teams providing healthcare in correctional facilities are specifically trained before taking up their job.

Therefore, nurses providing care in correctional facilities need a specific training in specialized knowledge, skills and awareness on the context unlike in external health centers^{1, 4, 12, 67, 68}.

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