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Cultivating System Change in Rural Forensic Nursing

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CULTIVATING SYSTEM CHANGE IN RURAL FORENSIC NURSING

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

St. Catherine University
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December 2016

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

Keri Ovsak

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

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DEPARTMENT OF NURSING

Abstract

The nursing profession has an obligation to advance nursing in all roles and settings through scholarly inquiry, professional standards development, and the generation of nursing and health policy. Nursing in secure treatment facilities such as prisons, jails, forensic hospitals, and juvenile treatment centers have made advances in research and professional standards. In many forensic settings, especially rural forensic settings, there continues to be challenges to quality care and the maintenance of a professional environment. This article provides the organizational context, sociopolitical history, and motivation for systematic change in rural forensic nursing. Thoughtfulness, organization, and leadership are emphasized in the plan for increasing networking for rural forensic nurses. Through networking of forensic nurses and creation of transformational nursing leaders, change can emerge.

CULTIVATING SYSTEM CHANGE IN RURAL FORENSIC NURSING

Contemporary cultural and political influences on the criminal justice system have created an atmosphere ripe for system-wide change, especially in forensic health care. The years of utilizing untrained, unlicensed staff to treat health needs, correctional officers preventing access to healthcare professionals, and exploitive and cruel experimentation with incarcerated individuals are long gone. These are welcome and overdue changes for individuals who are incarcerated and for activists of social justice. The idea that people served inside secure settings are deserving of and obliged health care has created opportunities, while at the same time, uncertainties. A system of coordinated, high-quality health care, though envisioned, has not yet emerged. For years, nursing research has identified barriers to nursing care in forensic settings. However, nurses have endeavored to meet the needs of these patients. Progress in decreasing barriers to care has been by way of champions in the field rather than sweeping system change.

System change requires creation of a plan to navigate organizational context including a comprehensive review of program history, motivation for change, social context, and political ramifications. Taking on each of these topics requires thoughtfulness, organization, and leadership. Building a shared vision across the disciplines within corrections appears impossible at first glance. However, throughout history nurses have cultivated interdisciplinary relationships. Nurses as leaders of change are effective based on their ability to meet people where they are and set measurable goals. Nurses' influence on health policy is made possible by the public's trust in nurses (Norman, 2016) and is an integral aspect of the nursing ethics (American Nurses Association, 2015).

The concept of networking to support system change is one intervention proposed in this article. Through networking of forensic nurses and creation of nursing leaders, change can

emerge. The nursing profession has an obligation to advance nursing in all roles and settings through scholarly inquiry, professional standards development, and the generation of nursing and health policy. This article provides the organizational context, sociopolitical factors impacting forensic nursing, and motivators for change within this specialty practice. The history of forensic settings, especially as it relates to nursing care, provides the organizational context.

History

Forensic Setting

Providing health care in nontraditional settings can be challenging; forensic settings are no exception and have additional unique characteristics. Elementary standards for health care in forensic settings were devised over 50 years ago to meet the most basic human rights. In the United States, the American Public Health Association, the Federal Bureau of Prisons, the National Commission on Correctional Health Care, and the American Correctional Association continue to publish standards for prisons and jails (American Correctional Association (ACA), 2014; Federal Bureau of Prisons (BOP), 2015; National Commission on Correctional Health Care (NCCHC), 2014). Other forensic settings, such as programs for people who are civilly committed, psychiatric hospitals, and juvenile programs, have additional rules according to their state licensing. Standards of care are directive and essential to establishing basic quality measures. However, differences from traditional healthcare settings exist in both content and implementation. Forensic nurses face several factors contributing to this difference including a complex patient population, a culture of custody rather than caring, and a lack of a traditional healthcare team.

Patient population. Patients in jails and prisons have higher morbidity and are less likely to have the ability to maintain their health (Flanagan & Flanagan, 2001; Maroney, 2005).

When comparing difficult patients in forensic settings with those also labeled as 'difficult patients' in traditional healthcare settings, individuals from forensic settings are more likely to exaggerate their symptoms, seek drugs, and display less reason in their requests for medication (Kistler, 2011). Patients who are involuntarily placed are more likely to have perpetrated heinous crimes, failed outpatient treatment, and suffer mental illness.

Custody versus care. The conflict of punishment versus rehabilitation is often in the forefront whenever discussing corrections. A 'nothing works' dogma has been embedded in corrections policy since the 1970s (Richeson, 2014). Research has documented conflict between nursing and correctional officers, notably security disregarding nursing decisions, and corrections officers making derogatory remarks about nursing functions (Almost et al., 2013; Chafin & Biddle, 2013; Jacob, 2012; Jacob, 2014; Perron & Holmes, 2011; Weiskopf, 2005). Basic nursing tasks common in hospital settings are often deemed risky and unethical. Nurses describe the need to eliminate basic nursing behaviors such as meeting in an office or comforting with touch (Perron & Holmes, 2011). In general, correctional staff have focused on punishment and viewed caring behaviors negatively.

Lack of a traditional healthcare team. A lack of a traditional healthcare team has been the norm in forensics. Healthcare professionals have rarely been included in the administration of forensic settings. This has contributed to nurses' lack of support and professional alienation. Rural forensic nurses are especially susceptible to alienation (Williams, 2012).

Many secure facilities were built in rural areas in the name of economic growth. Data demonstrates in rural areas have fewer advanced degrees and have less experience resulting in recruitment and retention problems (Roberge, 2009). The pool of educated and professional employable people in rural areas has been limited, further challenging the creation of and

sustainability of healthcare teams in forensics. In secure settings, nurses are often the primary

care provider requiring strong theoretical and practical knowledge. At times forensic nurses

have faced scope of practice issues (White & Larsson, 2012). Even with these challenges, the

autonomy offered and potential for growth are welcome opportunities.

<div align="center">**Motivation for Change**</div>

Legal

    In the landmark case of Estelle v. Gamble in 1976, the Supreme Court assured all people

in prison have the right to adequate medical care (Trestman, 2014). Assurance of health care

through the court was a necessary step to address the barriers as mentioned earlier in forensic

nursing. Negative views of people who are incarcerated have made them victims of torture and

subjects of despicable research. Today, people held involuntarily are highly protected as human

subjects (U.S. Food and Drug Administration (FDA), 2010).

    Legal issues have continued to permeate forensic nursing. Challenges to the

constitutionality of civil commitment have widened the chasm between nursing and persons

committed under these laws. Nurses working in forensic psychiatric settings have struggled to

develop therapeutic relationships when there exists a real or perceived impact on the discharge

status of their patients (Jacob, 2012). Litigation and threats of litigation regarding the health care

provided are common. Moral support and guidance from experienced nursing leaders would

likely help close the gap legal issues have created between nurses and their patients.

Standards of care

    While movement towards the protection of human rights has occurred, quality and safety

standards still need to be applied and monitored. Patient safety and patient-centered care are

hallmarks of traditional health care settings. Standards for correctional health care continue to be

developed since the landmark case in the late 1970s. Accreditation is a tool for achieving and

maintaining organizational performance; however, accreditation has remained voluntary in

correctional settings

Some large prisons have more sophisticated systems; however, health care has

notoriously been minimalist and only in response to federal requirements.   Studies have

described a lack of equipment, limited staffing, and lack of contact with other health care

professionals, specifically physicians (Almost et al., 2013; Chafin & Biddle, 2013; Flanagan,

2006). Health care in any setting is complex but in forensic settings the multifaceted challenges

has created an even higher need for patient safety protections.   Quality evidence in forensic

nursing has been sparse due to difficulties obtaining Institutional Review Board and facility

approvals. Additionally, it is estimated that doctorally-prepared nurses in forensics are few.

Reliable data on the number and characteristics of nurses in the specialty are not even available.

The paucity of research that is available has been poorly disseminated especially to rural forensic

nurses. Immune to safety and quality standards required for accreditation and reimbursement in

traditional healthcare settings, forensic settings have survived on smaller, innovative actions of a

few rather than system-wide change to meet the needs of patients.

<div align="center">**Social and Political Context**</div>

Nursing ethics

Nursing presence has been integral to meeting the needs of the imprisoned. As

mentioned, this has been by way of champions in the field versus wide-spread adoption of

nursing ethics. Some facilities train nurses as correctional officers and teach them they are an

officer first and a nurse second. This has created turmoil for nurses' whose focus is patient care

(Christensen, 2014; Dhaliwal & Hirst, 2016; Weiskopf, 2005). Nurses in forensic settings have

described caring as accepting patients who are incarcerated as human beings and treating them with respect and in a non-judgmental manner (Weiskopf, 2005).

In secure settings, distant relationships are commonly prescribed in the name of social control and safe boundaries. Restrictions on the expression of caring have caused nurses frustration and anger (Weiskopf, 2005). However, distancing has also occurred in response to feelings of fear, repulsion, and hopelessness towards patients who are offenders (Holmes, Perron, & O'Byrne, 2006; Jacob, Gagnon, & Holmes, 2009). Difficult patients, uncaring co-workers, and feelings of helplessness and stress have furthered alienation of forensic nurses from the nursing profession and its code of ethics. Integrity calls for deliberation and reflection of the context, knowledge, experience, and information on complex and conflicting issues (Edgar & Pattison, 2011). In order to maintain integrity in forensic nursing, key factors are personal reflection, understanding of nursing ethics, professional dialogue with experienced forensic nurses, and respect for human dignity.

Politics

The climate of forensic settings has fluctuated with changes in political offices and subsequent changes in the administrators appointed by politicians. The concept that some people are inherently evil or incapable of change has persisted and experienced a resurgence in the political arena. Advocates for the imprisoned have been instrumental in changing the political arena, and their work is reflected in the aforementioned cultural and political shifts.

Advocates for people in and administrators of facilities such as civil commitment programs, forensic psychiatric hospitals, and juvenile programs see the term "correctional" as offensive with its implied meaning of people requiring punishment instead of rehabilitation or treatment. For this reason, the broad specialty of forensic nursing has been their preferred

nomenclature. This has created challenges for nurses working in these settings who find limited

resources within the professional organizations for forensic nursing whose focus is primarily on

victims of crime. These examples of political influence support the position that organization,

thoughtfulness, and leadership are necessary to continue the advances that have been made in the

protection of human rights and the provision of health care for people involuntarily placed.

Social Justice

Incarceration has been commonly accepted as a consequence necessary for public safety.

Justice for crime victims, though critical, has been emphasized while the human dignity of those

who perpetrate crime has been largely ignored. People who have committed crimes, especially

violent crimes and sex crimes, are highly stigmatized for obvious reasons. Patients who

experience ongoing ostracism have limited capacity for trust impacting their chances of

rehabilitation and promoting further marginalization (Jacob, 2012; Lammie, Harrison,

Macmahon, & Knifton, 2010; Perron & Holmes, 2011; Rose, Peter, Gallop, Angus, &

Liaschenko, 2011; Willis, Levenson, & Ward, 2010).

Deinstitutionalization of the mentally ill in the 1970s has unfortunately resulted in the

rise of incarcerated mentally ill persons. The seriously mentally ill are often not just the

perpetrators of crime, but also the victims of crime and abuse. Social justice requires special

consideration of these vulnerable individuals. In addition, social justice calls for the protection

of the dignity of work and the rights of workers.

Workers' rights are typically represented by labor unions. Professional organizations for

forensic and correctional nurses now exist. But participation of nurses from small, rural forensic

settings has been problematic. Many of these nurses have limited funds for national conferences

and local opportunities for networking are rare.

The dignity of nursing work in secure facilities has been diminished by several of the inadequacies previously described. Both the setting as well as the work itself have led to a degradation of the nurses' integrity. Historically, nurses in forensic settings have not been appreciated for the work they do in serving an underserved population. Forensic nurses have experienced conflict with traditional health care systems.   Nurses advocating for their patients who are incarcerated face difficulty finding resources such as surgeons and other specialists who are willing accept these patients.   Healthcare staff in prisons have suffered physical problems, psychological problems, and negative attitudes (Garland & McCarty, 2009). Transformation is underway with increasing numbers of highly-qualified nurses entering the specialty. Yet many opportunities to advance forensic practice, education, theory, and research still exist.

Creating a Plan

Determining the most appropriate course of action is based on the best evidence available. Organizational culture, safety needs, and social justice are most pertinent to creating system-wide improvements in forensic nursing. There are several ways nursing can facilitate changes in these areas. One plan is to develop nursing leaders through networking.   A study assessing the feasibility and desirability of networking was conducted to assess engagement in and how to effectively achieve networking in one rural Minnesota area (Ovsak, 2016). Findings from this study, in which the respondents describe a challenging patient population, the need for guidance from experienced nurses, and limited support are consistent with findings in the literature regarding forensic organizations.

Organizational Culture

"Culture isn't just one aspect of the game—it is the game," said Lou Gerstner of IBM (DiGiorgio, 2015). When a system is not working as well as it could be, someone put that

system into place. The practice of appreciative inquiry is a way of looking at what works versus

pointing out failures (Felgen, 2007) and has greater ability to gain influence (Carnegie, 2004).

Research has identified aspects of forensic organizations which have limited their potential, but

there are also areas of growth which can be built upon by forensic nurses. Culture impacts how

nurses relationships with patients and each other. Certainly these relationships are linked to the

quality of care. Studies demonstrate quality of care and rehabilitation potential has been

influenced by administration's engagement in quality-related issues and interdepartmental

coordination (Jha & Epstein, 2010; Melnick, Ulaszek, Lin, & Wexler, 2008). Nursing at any

level of the organization armed with knowledge and support can influence change.

Transformational nursing leaders contribute to patient safety (Merrill, 2015).

Safety Needs

Standards of care and legal rulings have cleared the path for essential health care.

Several factors common in forensic settings have limited the traditional healthcare ideal of

organized, efficient, and safe delivery of care. Nearly all health care workers have faced high

expectations and may have experienced lack of time, skills, or social support to achieve them.

Distinctive of forensic settings has been lack of equipment, absence of electronic health records,

and limited quality improvement measures. Many have difficulty recruiting and retaining

experienced nurses. Sufficient, qualified staff are necessary for all relationships including those

with patients and peers. Staff of secure facilities have experienced significantly higher levels of

emotional abuse, conflict, and bullying (Almost et al., 2013). Occupational stress has been

correlated with the quality care and has also resulted in excess sick leave use and exiting of the

profession (Ruotsalainen, Verbeek, Mariné, & Serra, 2014). Negative, demoralizing, and unsafe

conditions contribute to errors, ineffective care delivery, and conflict and stress among health care professionals (American Nurses Association, 2013).

Social Justice/Ethical Needs

Every person has inherent dignity which does not come from personal qualities or accomplishments. Lack of compassion and respect for inherent dignity of every patient diminishes nursing practice and thereby jeopardizes nurses' integrity (American Nurses Association, 2015). It is critical to mitigate the barriers to nursing in forensic settings, in order to overcome the resulting human and financial costs. The *Code of Ethics for Nurses* has established the ethical standard for the profession and provided guidance for nurses engaged in ethical analysis and decision-making (American Nurses Association, 2015). The whole nursing profession has an obligation to advance nursing in all roles and settings. As fellow nurses and fellow humans, we cannot leave nurses unprepared and unsupported. The repercussions of not addressing the challenges encountered by rural forensic nurses must be considered paramount for the integrity of nursing as a whole.

Conclusion

Evidence-based practice, national patient safety initiatives, and best practices are commonly disseminated through professional organizations. Such organizations are also used to promote professionalism as well as recruit and retain nurses. A networking opportunity for rural, forensic nurses is founded in practice knowledge and research. This format is rich for continued culture shift and consistent application of health care standards. Networking embraces emergence theory (Wheatley, 1992). Changes that would take place in a local forensic nursing network could then be repeated in larger or more complex system. Change happens in context of relationships. Networking, in which people find personal and work benefits, will eventually

create systems of influence in which conditions are ripe for emergence. Empowering nurses with skills and knowledge in transformational leadership will guide them through uncertainty.

Networking has allowed for case consultation, self-care, ethical discussions, and an environment supportive of professional growth. As nurses build confidence through networking and continuing education, they will become transformational in forensic settings by engaging stakeholders in quality care, cultivating therapeutic relationships, and more. Current social and political influences require tenacity to implement system-wide change. Nurses are uniquely positioned to facilitate this change. They face barriers. Some of the ways to address these barriers and move forward with change are networks and growth of new leaders

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