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Correctional Nursing: Why is Retention an Issue?

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Correctional Nursing: Why is Retention an Issue?

by

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A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing in
partial fulfillment of the requirements for the
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Abstract

The specialty of correctional nursing has its own set of considerations and concerns that impact retention and affect healthcare outcomes for the offender population. The purpose of this research study was to identify specific areas causing poor nursing staff retention and recruitment within the correctional environment. The literature review revealed correctional nursing can benefit from: improved education and training for correctional nurses, emphasis and focus on public health in the correctional environment, role confusion in correctional nursing, and further investigation and research needed in recruitment and retention. Prison nursing staff at a large, rural correctional facility, completed the revised Casey-Fink Retention Survey through electronic distribution. The study results revealed that a lack of staff appreciation and orientation are factors that negatively affect retention in the correctional setting. With this new information, changes can be implemented to improve correctional nursing orientation, educate managerial staff in positive communication techniques, therefore positively impacting nurse retention within the prison system.

Keywords: Correctional nursing, nursing retention, nursing in prisons

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CHAPTER I

Introduction

Correctional nursing is a sector of healthcare that is not often acknowledged or recognized. There is a population of approximately 37,000 offenders in North Carolina and they all have the right to healthcare ("Prisons: Adult Corrections", 2018). There are 55 correctional institutions in the state that are staffed by the Department of Public Safety (DPS). In these facilities, there are classifications of custody such as minimum, medium, and maximum security. Some facilities have nursing staff during daytime hours, while others have 16 or 24-hour medical providers. There are work camps where the offenders work during the day and carry their own medications; and closed custody facilities where offenders are only allowed allotted time in gated areas outside. North Carolina DPS has approximately 60 nursing positions available at present; retention within the department is a concern (Chafin & Biddle, 2013). While nurses will work for a hospital or other clinical settings their entire career, DPS nurses often do not stay in the position longer than a few years, even with government agency benefits such as covered insurance, holiday leave, and retirement plans (Chafin & Biddle, 2013). Chafin and Biddle (2013) reported in one study that up to 80% of staff nurses had resigned and been replaced with new employees in the three years leading up to their research.

Significance

Correctional nursing is a large division of the nursing community; the large offender population requires nursing care after placement in the system. Many offenders have never received proper healthcare or been compliant with medical recommendations prior to incarceration (Perry, Bennett, & Lapworth 2010). A correctional nurse is

required to delicately balance his/her role as a medical provider giving care and considering the patient's concerns while maintaining awareness that the same person is a convicted offender. For many nurses that entered the profession to help others, it is a difficult bridge to build where one must approach patients with a measure of caution. Turnover within the prison healthcare system can lead to mistrust of medical providers and the offender questioning that he is receiving adequate care with continuity (Memarpour, Ricciardelli, & Maasarjian, 2015).

Purpose

Retention of correctional setting nurses is a current systems and healthcare practice problem. Due to the complexities of this nursing specialization and patient population, along with the limited exposure in traditional nursing education, recruitment and retention efforts of correctional nurses begins with a disadvantage for nursing managers/administrators. The purpose of this study was to collect and present common factors that led correctional nurses to leave positions and correctional institutions. Hopefully, data gleaned from this research study can improve understanding and identify strategies for nursing administrators and managers to improve current retention of correctional nurses.

Theoretical Framework

Peplau's Interpersonal Theory of Relationships is used as a framework for this research. The basis of Peplau's theory is that nursing is an ongoing process of communications and decisions by the nurse and patient through three stages: orientation, working, and termination/resolution (Peplau, 2004). This quantitative study will

contribute to understanding factors that lead to reduced retention of nursing staff in the correctional environment.

Thesis Question

There are many questions and factors involved in correctional nursing retention. This study addresses two predominant questions. What are the common factors contributing to the decision of healthcare staff to terminate employment in a correctional nursing position? Are there factors managers can use to contribute to employee retention?

CHAPTER II

Literature Review

In 1975, the American Nurses Association (ANA) identified correctional nursing as a specialty in nursing (Flanagan & Flanagan, 2002). Since that time, the need for competent nursing care in the correctional setting has grown as the population has gotten larger from rising incarceration rates (Foster, Bell, & Jayasinghe, 2013). With that growing need, it is necessary for DPS to be assured that correctional nurses complete training and stay in facilities to return the investment and provide opportunities for mentorship of perspective new staff in the future.

The literature review was completed using the Cumulative Index for Nursing and Allied Health Literature (CINAHL) initially using the keywords: correctional nursing retention, retention of nursing staff in correctional settings, correctional nursing obstacles, nursing in prisons, and forensic nursing. These search terms returned approximately 200 results; after cross referencing and limiting those articles to the years 2010 to 2018 with peer reviews, 20 resources were found to fit criteria and support need for the thesis. Throughout the literature review the common themes and issues involving correctional nursing retention and facility supervisory areas to improve upon included: education and training of correctional nurses, public health responsibilities, understanding the role of correctional nursing, factors contributing to retention, and improvement in patient care and the work environment in the correctional setting.

Education and Training of Correctional Nurses

Education and training of newly employed correctional nursing staff is essential to prepare staff to provide care to the offender population with continuity for the long

term. Correctional nursing requires specialized training just as any other specialty of nursing. As Almost et al. (2013) noted in the study conducted for the implementation of educational training using a telemedicine network in prisons of Canada, there should be an ongoing continuum of training for the correctional nurse. This study's question focused on retention of correctional nursing staff by ensuring educational and current nursing practice needs are met. A mixed methods research design with two phases was used. The first phase was information gathering from the correctional nursing staff of three facilities regarding: scope of practice in the correctional setting, educational and training gaps, and work environment obstacles to obtain that same training. Phase two was an evaluation of whether this training initiative would work and be accepted in this setting. It was found by this research that Canada already has an implementation of federally mandated education available to correctional nurses, but that education program is not based on the specific needs of the adult learner. The proposed education for correctional nursing staff using telemedicine for delivery was found to need further research based support for implementation. This study and research processes were thoughtfully organized and well planned. The study is a beginning basis for further research.

Education is a vital key to retention of any nursing staff; for the correctional nurse, an analysis of personality characteristics and strengths can also be useful to ensure longevity in the specialty. Bennett, Perry, and Lapworth (2010) noted that innate leadership skills in nurses that become correctional healthcare workers can be indicative of success in the field. The article differentiates between management and leadership, and references the National League of Nurses' (NLN) definition of leadership qualities

which include: setting direction, delivering services, and personal qualities (Bennett et al., 2010). Emotional intelligence, teamwork and collaborative working, change management, negotiating skills, and conflict management are briefly discussed as qualities that can contribute to leaders in the correctional setting (Bennett et al., 2010). Bennett's article is a quality supporting document to promote leadership in the correctional nurse to enhance retention.

Management and nursing leaders must exhibit support of new staff in the correctional setting to promote a positive work setting and improve retention. The study by Thorpe, Moorhouse, and Antonello (2009) explored the use of clinical coaching of new staff using experienced nurses as mentors. This study answers the question if retention is improved with the use of clinical coaches for support during early employment. Experienced correctional nurses were asked to mentor new employees for three months in a 188-bed unit. The mentor and new employee developed a learning plan and used checklists as an evaluation tool. The retention rate of the novice correctional nurse after one year of this coaching program was 91% and the nurse mentors remained working longer than they normally would (Thorpe et al., 2009). This study is informative and an example of how support given to new correctional nurses encourages retention in the field.

The field of correctional nursing is a necessary component of community and public health nursing that needs to be considered for nursing curriculums. Freedberg (2008) collected evidence regarding the importance of education about correctional nursing and how to care for this ever-growing population. This article focused on how the offender population has specific needs related to violence and nursing staff must be

prepared during the learning experience to deal with these instances (Freedberg, 2008). The study focuses on assessment and treatment of the special population involved with forensic nursing as synonymous with the prison population. While this writing is useful to support the inclusion of corrections as a part of public health, it should be recognized that the entire population treated by correctional nursing staff has not experienced violence prior to incarceration.

Public Health from the Correctional Perspective

Correctional health care is not only important because of the population it serves, it is vital to the overall health of the community. The goal of DPS is to protect the public while helping to prepare the offender population for reentry into society. While incarcerated, patients are more likely to be exposed to communicable diseases such as Hepatitis C, Tuberculosis, and HIV than the average person (Rich, Allen, & Williams, 2014). Increased exposure to these conditions can be contributed to depression, poor hygiene, and close living quarters while in prison, and educational gaps and lifestyle choices prior to incarceration (Rich et al., 2014). Rich et al. (2014) questioned if improving standards for correctional health care can be related to better overall public health. This article was a study of common themes that are necessary to address overall improved public health. The writers noted that plans to improve public health should address exposure and prevention to Hepatitis C, focus on mental health and psychiatric care, and elderly or palliative considerations. This article is a good reference regarding public health in general and focuses on the incarcerated population as a large component of that number.

As with any specialty in healthcare, there are discrepancies between the care the offender actually receives, what he is entitled to, and the care he feels he receives. To provide better care for the public health and offenders, it is necessary to be able to identify these discrepancies and address them. The study by Memarpour et al. (2015) explores these discrepancies through interviews with previous offenders as compared to reports of health care delivery by Correctional Services of Canada (CSC). A study sample of 56 former male offenders agreed to participate and be interviewed; their answers were compared to the CSC quarterly report. Wait times for requests to be answered, healthcare delivery by competent providers, limiting access to health care, and unmet needs/dissatisfaction were issues and discrepancies identified by the offenders in the study (Memarpour et al. 2015). This study is useful to address ways for staff to convey information more clearly to offenders regarding policy to reduce discrepancies in care.

For the prison system to function properly there must be a compromise in how to provide quality care for offenders during incarceration. Potter and Rosky (2012) wrote an article about the delicate balance it takes to provide health care to the offender population to promote public health but also set boundaries for security purposes. This writing is supportive documentation for public health funding as related to assessment, policy development, and assurance to improve care for communities as a whole. It espouses a sound beginning for further research how public health and the criminal justice system must interact for the better of communities (Potter & Rosky, 2012).

As a part of community health, the prison system is often a last stop for this population of patients (Cloud et al., 2014). Many offenders have never had preventative

care, taken immunizations, or been given any education regarding health conditions, concerns, or medications. Of the 54,000 offenders incarcerated in North Carolina, an estimated 40% state they did not participate in any health care promotion prior to going to prison (Kaeble & Glaze 2016). This article is a review of how health information technologies can be used in prison settings to improve the quality of care by collecting data to identify trends and possible improvements to the systems in place (Cloud et al., 2014). This paper does not go into depth about this topic enough to deem it helpful in support of obtaining health information technologies more prevalent in the correctional setting.

Healthcare reform is a concern for every specialty within the field; corrections is no exception. Offenders are eligible under the Affordable Care Act to obtain government subsidized healthcare coverage upon release (McDonnell, Brookes, & Lurigio, 2014). Although this is a step in the right direction, reform must begin with the care that is provided during incarceration. This study focuses on behavioral health and substance abuse and how it can be treated with compliance to care during incarceration, making the transition out of prison easier (McDonnell et al., 2014). The authors detail ways that correctional nursing can play an integral part in discharge planning by providing support and education during incarceration that will continue upon release. This article is optimistic about possible ways to improve health care within the prison system and provides support for those ideas. There may need to be further investigation that takes budgeting into account for feasibility.

Medication administration is always a nursing consideration, especially in the correctional setting because of the special population of patients and their compliance to

medication regimens. This population is more likely to have addiction issues, more likely to have mental health complaints, and less likely to have received primary care (Tamburello & Ferguson, 2016). That reality paired with the stressful environment of prison makes it necessary to review the use of medications for treatment of any condition in this setting. This article asks the question if there should be more strict guidelines for providers regarding prescribing medications in correctional institutions. There are already restrictions as to what duties a prescriber can perform within the prison system, such as using formulary for primary prescribing and the requirement of completing a rigorous approval process if there are any prescriptions written outside of the formulary (Tamburello & Ferguson, 2016). This article suggests there should be more patient centered considerations but the authors note the difficulties presented by possible patient manipulation and security taking precedence.

Role of Correctional Nurse

Correctional nursing requires patience, tolerance, and determination to allow for caring of offenders that can more manipulative, angry, depressed, and oppressed than the regular population (Potter & Rosky, 2012). An extensive study by Chafin and Biddle (2013) was conducted to answer questions about correctional nursing retention and what are the factors that contribute to an issue. The setting was a closed custody institution that housed 1,850 offenders; all nurses at the facility were invited to take part in the research with 33 respondents. Researchers used the Stamper scale of job satisfaction for staff to rate from strongly agrees to strongly disagree by seven degrees to 42 questions. The result showed factors affecting retention were pay, interest in job activities, and communications with providers (Chafin & Biddle, 2013). The finding most focused on

in this report was the need for further research on how to increase retention of nurses in the correctional field.

It is especially vital to have consistency in care for offenders in the correctional setting because of the mistrust patients may feel in this environment. Many nurses that begin to work in the correctional setting do not understand the role he/she will take on as a health care provider to this population (Perry et al., 2010). Perry et al.'s (2010) study of the specialty of correctional nursing focuses on the role of the nurse and the importance of not only having clinical nursing skills but discernment to prioritize care. This study revealed in addition to standard practices for any nursing care, correctional nurses also have expertise in patient safety and security, risk management for self-injurious or suicidal behavior, transfer and release readiness, mental health concerns, and supporting diversity (Perry et al., 2010). This study is a resource for the role of the correctional nurse. Understanding these skills regarding this specialty could be an advantage to those considering the field.

Correctional nursing is nurse-centered, meaning the nurse can use standing orders for treatment of common, non-urgent conditions based on nursing judgement prior to consulting a provider. Many times, an offender may only see the nurse for medical care and follow-up, excluding the annual yearly physicals an offender receives from a medical provider (Flanagan & Flanagan, 2002). The study by Flanagan & Flanagan (2002) explored the role of the correctional nurse, job satisfaction, and stress of the position. The researchers used a questionnaire distributed to all registered nurses of a large closed custody facility in the Southwestern United States, with a response rate of 58%. The role of correctional nurse was categorized as to daily tasks respondents performed such as:

patient education, physical exams, medication administration, first aid, and counseling (Flanagan & Flanagan, 2002). Job satisfaction results showed that contributing factors were pay and autonomy to make decisions; stress of the job was shown to be related to time restraints and lack of managerial support (Flanagan & Flanagan, 2002). This research is useful to define the role of the correctional nurse; it supported information with research and displayed information in an easy to read format.

It is useful to further explain the role of the correctional nurse because of its obscurity. Davidson (2015) defined the role of nursing in the correctional setting as one that can expand the discipline by highlighting the unique responsibilities there. In the article, Davidson supports the need for further research into the great need for dependable nursing care for the offender population. This writing shares research about how correctional nursing should grow by sharing knowledge within the field and support other nurses in this specialty.

Scope of practice in correctional nursing can be both liberating and overwhelming. In the study by White & Larson (2015), the research question was how nurses in the correctional setting feel about their need for autonomy and boundaries for their scope of practice. The researchers distributed surveys to licensed nurses in five different facilities in Montana and received a 50% response using a Likert-type scale for rating qualitative and quantitative questions. The most prominent issue revealed from the study was that security takes priority in the correctional setting (White & Larson, 2015). Nurses are supposed to provide optimal care to offenders, but ultimately, the fact they are in prison takes precedence over health care concerns unless life-threatening. Other themes revealed from the study were how health care workers can have difficulty setting

boundaries, necessary assessment skills that are sometimes lacking, public stigma of the role, and scope of practice (White & Larson, 2015). This study was informative with focused questions to show differences between the correctional nurses setting as compared to others within the profession.

One of the themes that is repeatedly revealed by the literature related to correctional nursing is caring versus control. A nurse that is considering corrections as a career choice should understand the difference prior to working for employment to be sustained (Foster et al., 2013). The research study posed the idea to investigate nursing practice in an often nurse-led care environment and staff perceptions about the care that is provided. The research was conducted in 23-bed facility that was not specified as to classification of custody. The licensed nurses in the facility (a total of nine participants) were asked to participate in focus groups, allow observation by researchers, and complete an interview. The main themes revealed from this study were: care versus control issues, team working, individual and professional responsibility issues, and communication issues with both custody and other medical staff members (Foster et al., 2013). This study shows that nursing care is limited by security issues in the correctional setting.

Factors Contributing to Retention

There are numerous factors that can contribute to retention or lack thereof in the correctional setting. The environment can be intimidating, especially to nurses that do not necessarily receive training for this type of patient (Reid, 2014). Reid's (2014) study explores how self-efficacy contributes to more feelings of job satisfaction and ultimately retention for the correctional nurse. The study had three parts: demographic information, a self-efficacy questionnaire, and a job satisfaction survey. The study sample included

179 nurses from two closed custody facilities who were invited to participate; 69 responses were received revealing that self-efficacy and job satisfaction are positively correlated (Reid, 2014). The study was unable to determine that these findings are consistently reliable because of the lack of research in the correctional setting. This research was easy to understand and would support further research of these factors.

There are risks involved in correctional nursing that can contribute to retention issues. Offender contact and harassment, violence in the workplace with or without staff involvement, and manipulation by offenders are factors that can lead a nurse to work elsewhere (Anderson, 2014). This article is a collection of interviews from former and present correctional nurses reporting risks of violence they experienced while on the job. This writing is a glimpse into real life situations in correctional nursing.

While there are risks in the correctional setting, as compared to nursing in the emergency room, hospital, or long term care facility, there is more security readily present in the prison (Cashmore, Indi, Hampton, Hegney, & Jalaludin, 2012). Research by Cashmore et al. (2012) was conducted to answer the question if there was more of a risk of workplace abuse to the correctional nurse as compared to community nursing. The 299 participants from the correctional nursing field completed a questionnaire regarding physical and verbal abuse occurrences during the three months prior to the survey. A total of 76% of participants reported some type of workplace abuse, of that 16% reported that abuse to be physical (Cashmore et al., 2012). This research could be used as a tool to familiarize potential employees to the corrections environment and to dispute preconceptions by potential correctional nurses.

Improving Care in the Correctional Environment

First priority for any nurse is patient care; even with the obstacles that may arise in correctional healthcare, patients as a priority does not change for nurses. Shelton et al. (2015) conducted research to improve the outcomes for offenders by asking to what additional standards correctional healthcare providers should be held. This study focused on staff credentialing and continuing education obtained during employment to develop ongoing competencies that could be used for quality improvement and to measure skill level and experience (Shelton et al., 2015). The sample included 443 licensed nurses who participated by completing a questionnaire regarding demographic information and a self-assessment tool to establish indicators to be measured following implementation of competencies. Of the respondents, 25% held degrees higher than an Associate's Degree in Nursing (ADN) and 86% consistently earned continuing education credits annually. This research is the first step in creating and utilizing standardized competencies for DPS to improve health care for offenders.

Correctional healthcare has evolved slowly as institutions have changed from punishment institutions to correctional centers. These facilities are no longer only used for confinement; they are now being seen as way to rehabilitate offenders and release productive citizens back to the community (Cowman & Walsh, 2013). The focus of research by Cowman and Walsh (2013) is how correctional healthcare can change for the better by involving the patient in his own medical care by establishing liaisons through chosen offenders. A sample of 28 offenders were chosen for participation as liaisons and provided guidelines for their involvement. They worked as communicators for others by gathering information at monthly meetings and conveying concerns to nursing.

Offenders were found to have increased satisfaction, feelings of control and responsibility, and better communication with medical personnel. Nursing participants reported increased job satisfaction and showed improved retention rates. This research is well structured and supported by literature, but there is need for further investigation to be able to distinguish stringent guidelines for offenders that would be beneficial to serve as liaisons. There is a risk for offenders to use this opportunity for detriment.

Providing quality nursing care in any environment requires cultural awareness and competence; this is especially true in the correctional setting. Kozub's research regarding event analysis as a way to build cultural competence could be utilized in the correctional setting prior to employment or as an exercise annually for nurses (2012). The article explores the definition of self-awareness and how it can be beneficial to a nurse in any setting (Kozub, 2012). Knowing one's own beliefs and limitations is necessary to understand others and grow in cultural awareness. In the correctional setting, an array of cultures are forced to be locked together for long periods of time; it is beneficial for nursing to understand these differences to provide optimal care. This research shares examples of how to use event analysis in different scenarios and apply it to the correctional setting in building cultural awareness.

Improving the Correctional Work Environment

One of the many factors to consider for improvement of retention for correctional nurses is to address the environment. Schoenly (2015) explores hindrances to providing optimal health care in the correctional environment and research that should be conducted to support change. This research used the Delphi technique of repeated surveys for data collection from 18 experts in the field willing to participate. The results found further

study was primarily needed in the following aspects of correctional health care: assessment skills, nursing protocols, patient outcomes, and care environment (Schoenly, 2015). These are beginning areas that need to be researched further to support change.

The correctional nurse must be aware of issues that can arise and affect his/her attitude towards caring for this unique population of patients. As a correctional nurse, one is expected to care for the offender's health and adhere to security regulations. Cervantes and Hanson (2013) asks how caretakers of this population can effectively serve in dual roles. There are examples provided in the article regarding dual roles and conflicts that can arise for nursing, such as knowing an offender needs to have more interaction for his mental health, but limitations by custody make that impossible (Cervantes & Hanson, 2013). This article is informative and elaborates on conflicts that are known within the correctional field of nursing.

Nurse Managers in the correctional setting must be effective leaders to have a positive impact on staff and retention rates. Newman, Patterson, and Clark (2013) explored possible ways to develop skills for nurse managers in the prison system by assessing burnout, job satisfaction, and leadership behaviors. A sample of 63 licensed nurses participated in the study by answering questionnaires and attending discussions as the research was conducted. All the nurses noted some positive aspects of participation in the group and felt more job satisfaction and their leadership skills had improved. Of the participants, 32% felt they were experiencing less burnout following the research than before. This study is statistically sound although there is little discussion regarding the potential limitations for nursing practice.

The literature is just beginning to shape research guidelines for the correctional nurse and his/her role in community health. It is necessary to have competent, caring, and wise nurses to fulfill this need and stay in positions in correctional facilities throughout the country.

CHAPTER III

Methodology

Introduction

Retention is an issue for nurses in the correctional environment for many reasons such as difficulties treating an offender as a patient, problems with custody staff, or perceived limitations to the nurse's scope of practice (Chafin, & Biddle, 2013). It is beneficial to learn the most common reasons affecting retention and address them to improve offender healthcare and community health in general. The incarcerated population of patients requires continuity of care to develop trust and promote communication for better health care (McDonnell et al., 2014).

Study Design

The study design used for this research was a descriptive survey design from the correctional nurse's point of view regarding retention as an issue. The Casey-Fink Retention Survey (2009) was utilized with all permissions obtained prior to research, including the instrument authors, Dr. Kathy Casey and Dr. Regina Fink (Appendix A). All research study purposes and design were explained in detail through staff email and all participants had opportunities to ask questions or seek further information from the researcher throughout the research study. Contact information of the researcher was included in the staff email. Participants' consent was implied and understood upon completion of the survey using Survey Monkey®. All participation was strictly voluntary and respondents could close the browser at any time and end the survey, thus ending their participation.

Setting and Sample

The setting was a closed custody correctional facility in a rural area of the southeastern United States with population of 1,080 offenders at the time of this research submission. The sample was a convenience sample of 24 registered nurses (RN) employed on a full-time basis including travel staff at the facility. The final sample was comprised of 18 RNs who completed the survey, a 75% participation rate. Demographic information was not included in the survey to protect participants' confidentiality due to the small sample number.

Design for Data Collection

The procedure was initiated with a short meeting conducted by the researcher with nursing staff members at shift report on each shift and rotation at the facility. The meeting included an explanation of the research, an introduction to the Casey-Fink survey (2009), understood implied consent with survey completion, and a timeline for survey completion. Data collection began January 2018 with the distribution of a link to the survey via Survey Monkey® per departmental email. Survey instructions and consent information were reiterated in the introductory survey information email to all potential respondents. The researcher followed up daily to review submitted surveys and was available for any questions from staff. Contact information of the researcher was included in the introductory portion of the survey link if contact with researcher was needed.

Measurement Methods

The revised Casey-Fink Retention survey (2009) was used to collect and measure survey responses. All permissions for use of the survey in this research were received via

email directly from Kathy Casey and Regina Fink. The survey is shown to be reliable and has a validity of 0.922 per overall Cronbach's scale. In 2008, a panel of nurse administrators and clinicians reviewed an investigator-developed instrument for content validity. The instrument was pilot tested with oncology/bone marrow transplant nurses (n=60), further establishing content validity (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). The survey has a total of 54 items and consists of three sections. Section one contains 33 items related to work environment, support, and encouragement. The Casey-Fink Retention survey utilizes a 4-point Likert scale consisting of the following responses: strongly disagree, disagree, agree, and strongly agree. Two of the items in section one pertain specifically to stressors at the workplace. Section two has 13 items related to job satisfaction using a 5-point Likert scale with responses of very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, or very satisfied. Section three consists of three questions about professional development (Buffington et al., 2012). The original Casey-Fink survey included a fourth demographic section that was eliminated with the authors' permissions to protect the sample's confidentiality.

Data Collection Procedure

The data regarding factors affecting retention was collected from the sample using the Casey-Fink survey per Survey Monkey® by providing staff with a link via email to the survey in January 2018. The survey was open for approximately four weeks, from mid-January 2018 to mid-February 2018.

Protection of Human Subjects

All subjects were made aware of the research and that no conflicts were anticipated per the confidentiality and consent disclosure agreement included with the

survey. This information was distributed per email in January 2018. Surveys were anonymous and no demographic information was collected. All Institutional Review Board (IRB) permissions were obtained prior to beginning research. All participants had the right to refuse participation or to stop their participation at any time by simply closing the survey browser.

Data Analysis

Data entry and analysis was completed by the researcher using descriptive statistics provided by Survey Monkey®. Results will be presented at the degree granting university by poster presentation and will be published via ProQuest in the spring of 2018.

CHAPTER IV

Results

The results of this study regarding retention issues in correctional nursing were not surprising as compared to other specialties in nursing practice. As with any profession, staff need for recognition and appreciation of a job well-done were reflected in the answers provided by the sample for this study. It is important to understand the results of this study to plan for work environment improvement and increase retention (Reid, 2014).

Sample Characteristics

The final sample size for this study included 18 full-time RNs including travel staff at the project facility. All participants completed the survey; there were a total of four questions that were not answered by participants overall. No demographic information was collected for the sample due to the small size to protect confidentiality.

Major Findings

The Casey-Fink Nurse Retention tool utilized in this study consisted of a total of 54 items in three sections. Section one contains items related to work environment, support, and encouragement. The Casey-Fink Retention survey utilizes a 4-point Likert scale consisting of the following responses: strongly disagree, disagree, agree, and strongly agree. Section two has items related to job satisfaction using a 5-point Likert scale with responses of very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, or very satisfied. Section three consists of three questions about professional development (Buffington et al., 2012).

Work Environment, Support, Encouragement

Questions regarding work environment, support, and encouragement were asked regarding staff reaction and feelings toward physicians, nurse managers, nurse educators, and charge nurses. The question “I feel that I am a respected member of the healthcare team” was answered with a 41.18% each for agree and disagree as shown in Figure 1.

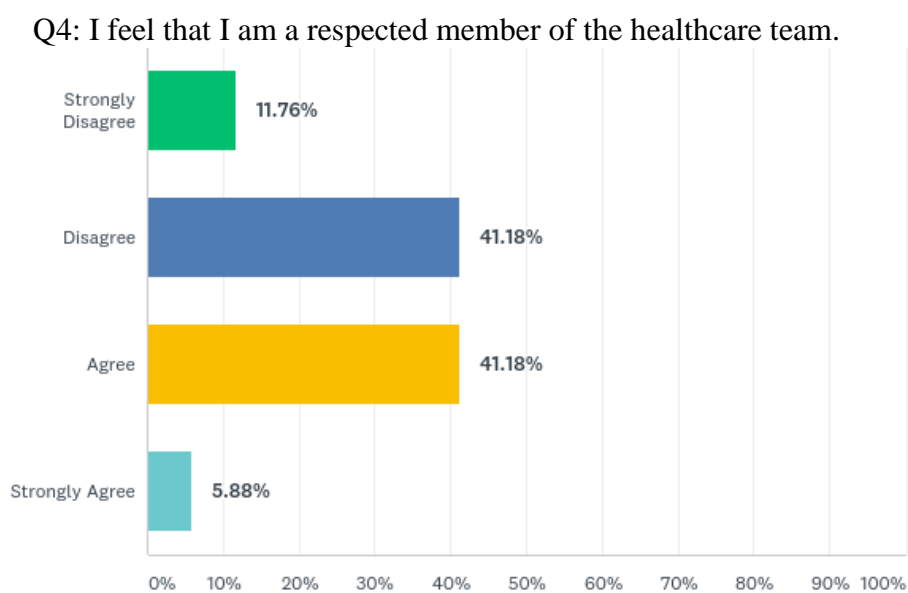


Figure 1. Question 4 Responses

When asked “I feel that my contributions to this organization are acknowledged,” the response was 38.89% disagreed and 33.33% agreed as shown in Figure 2.

Q18: I feel that my contributions to this organization are acknowledged.

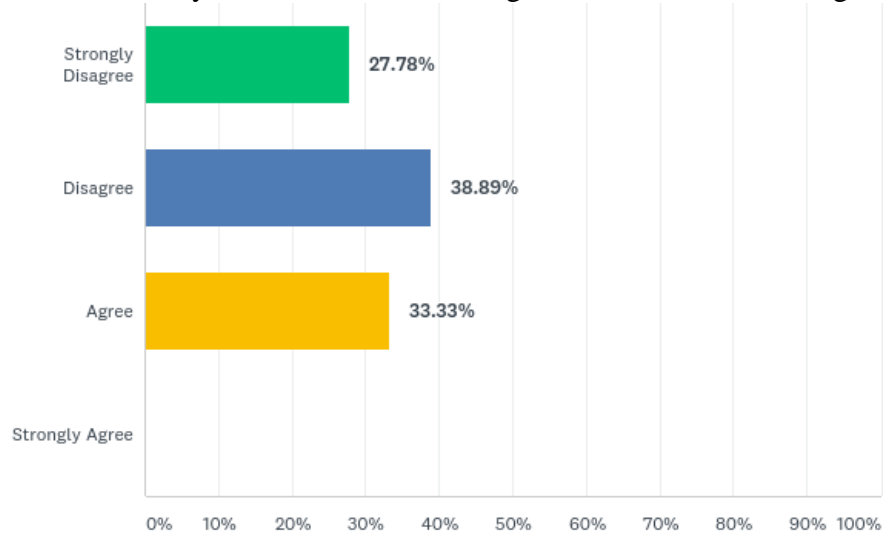


Figure 2. Question 18 Responses

Overall, participants felt supported by various coworkers. The question of feeling supported was asked regarding: team on the unit (Figure 3), the charge nurse (Figure 4), and physicians (Figure 5) each resulting with 61.11% in agreement.

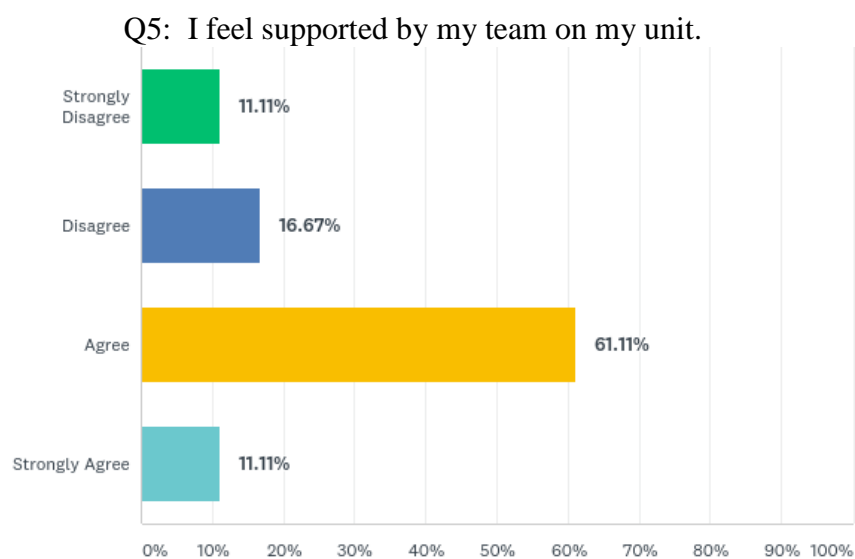


Figure 3. Question 5 Responses

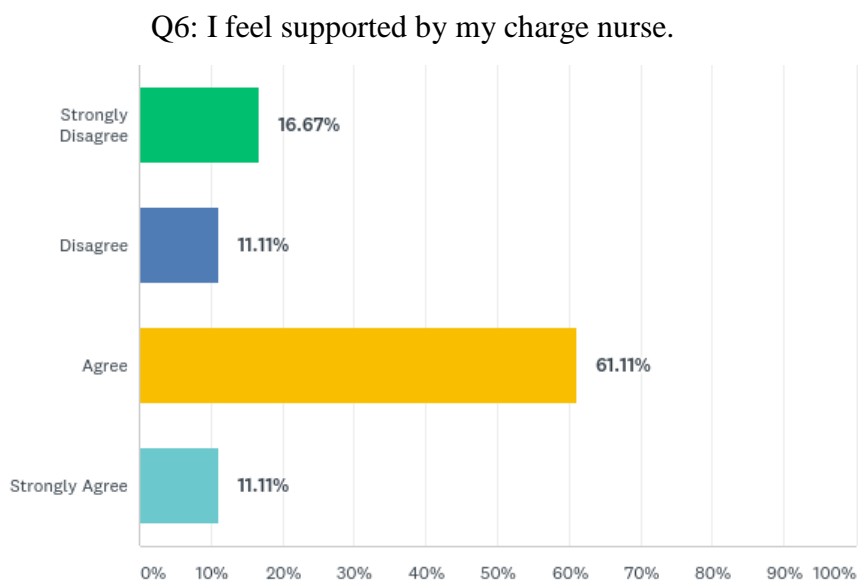


Figure 4. Question 6 Responses

Q15: I feel supported by the physicians I work with.

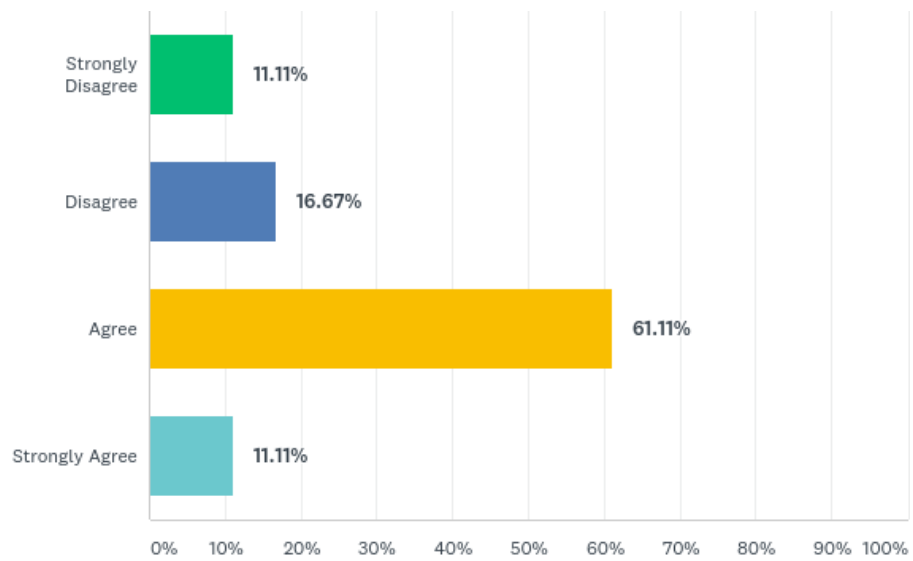


Figure 5. Question 15 Responses

Questions regarding encouragement and feedback for staff were asked in regards to the charge nurse, nurse educator, and nurse manager. Regarding the charge nurse, results showed 44.44% participants agreed, 33.33% disagreed, and 22.22% strongly disagreed that encouragement and feedback were provided as shown in Figure 6.

Q8: My charge nurse provides encouragement and feedback about my work.

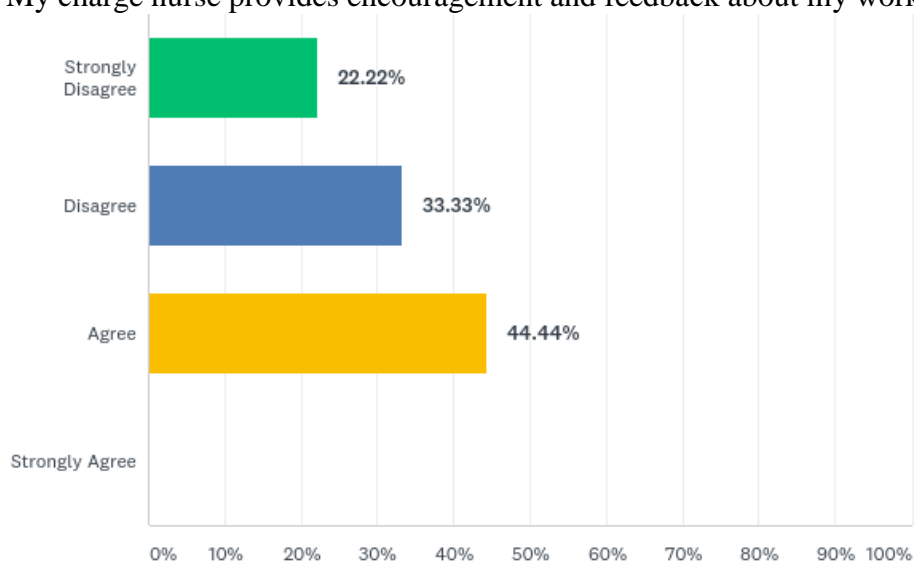


Figure 6. Question 8 Responses

For the educator, 66.67% of participants agreed that encouragement and feedback were provided while 22.22% disagreed, and 11.11% strongly disagreed as shown in

Figure 7.

Q9: My educator provides encouragement and feedback about my work.

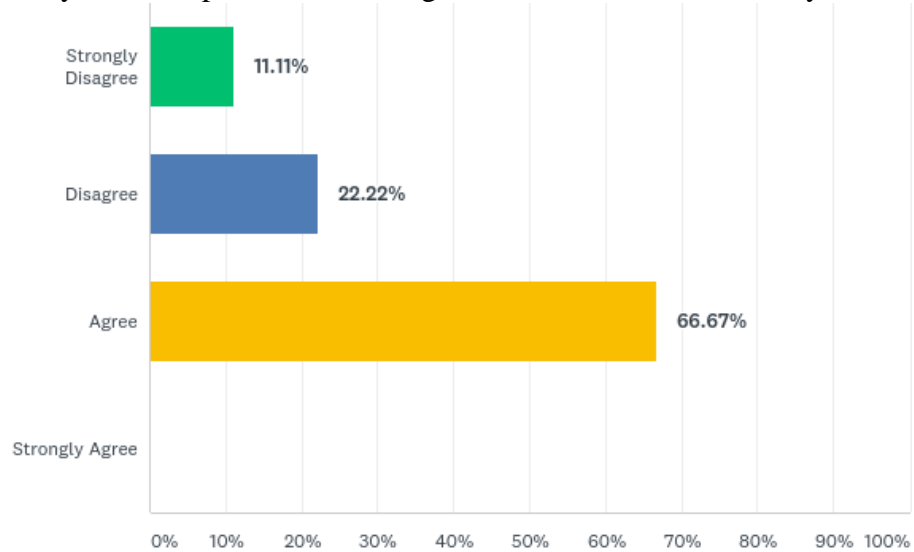


Figure 7. Question 9 Responses

Regarding the manager, 55.56% participants agreed that encouragement and feedback were provided. The remaining participants were spread out with responses of strongly agree (5.56%), disagree (11.11%), and strongly disagree (27.78%) as shown in Figure 8. The same question was asked later in the survey to rate satisfaction with the amount of encouragement and feedback from managers. The results were: 5.56% very satisfied, 22.22% satisfied, 16.67% neither satisfied nor dissatisfied, 22.22% moderately dissatisfied, and 33.33% very dissatisfied as shown in Figure 9.

Q10: My manager provides encouragement and feedback about my work.

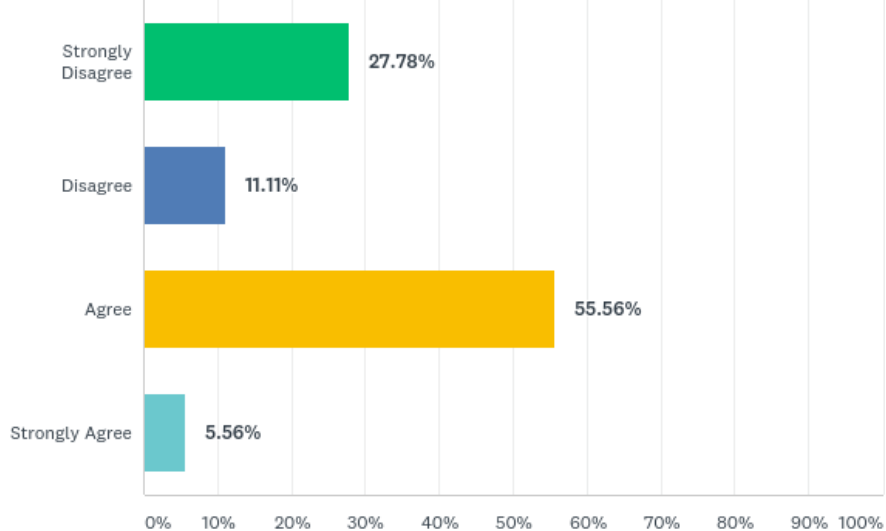


Figure 8. Question 10 Responses

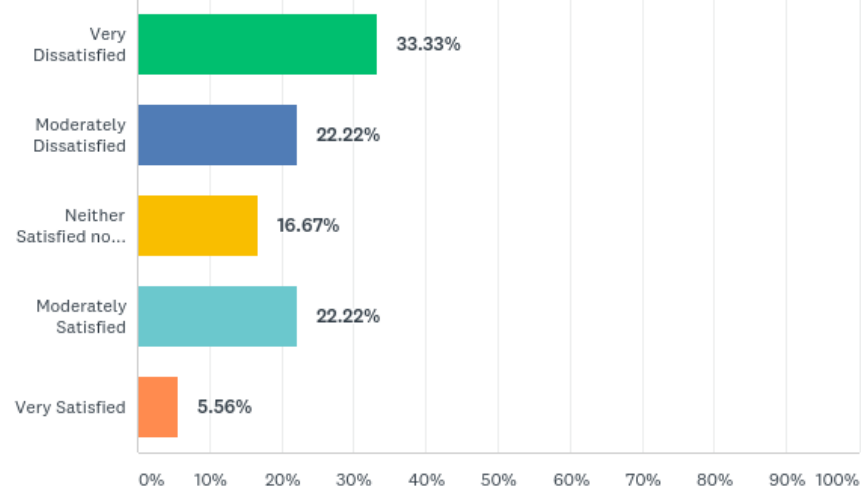
Q47: Amount of encouragement and feedback from manager

Figure 9. Question 47 Responses

Job Satisfaction

Questions regarding job satisfaction were asked regarding salary and benefits.

When asked the question if participants were satisfied with their chosen nursing specialty, 16.67% participants responded with strongly agree, 66.67% agree, 11.11% disagree, and 5.56% strongly disagree as shown in Figure 10.

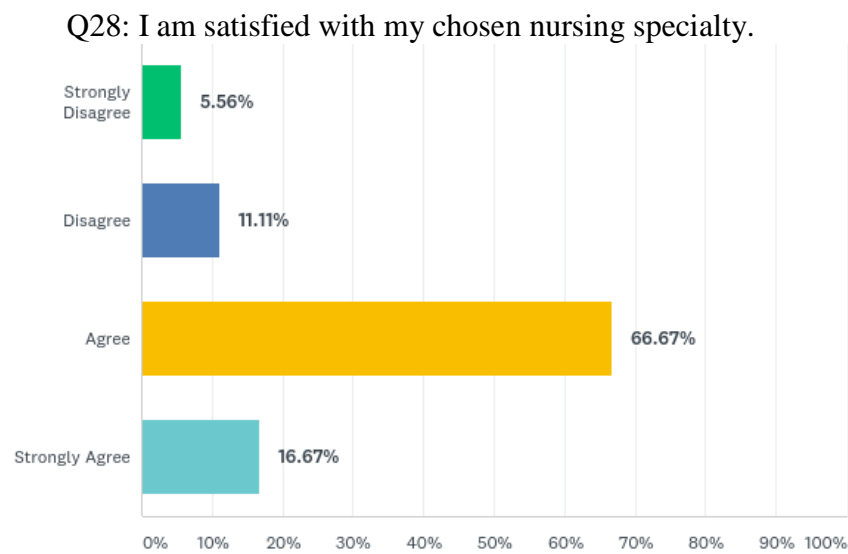


Figure 10. Question 28 Responses

Participants were asked to rate how satisfied they were with their salaries. Results were 5.56% very satisfied, 38.89% moderately satisfied, 27.78% neither satisfied or dissatisfied, 22.22% moderately dissatisfied, and 5.56% very dissatisfied as shown in Figure 11.

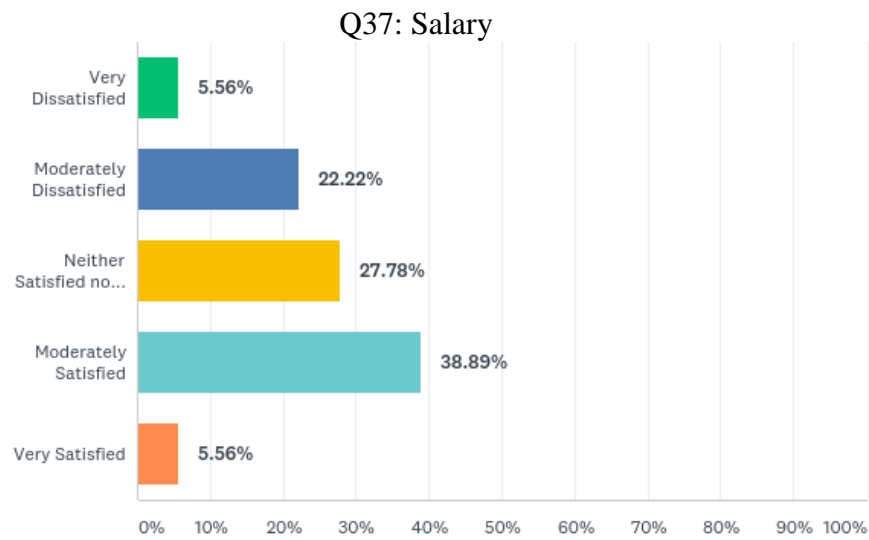


Figure 11. Question 37 Responses

Participants were asked to rate satisfaction with employment benefits. Results, as shown in Figure 12, ranged with 27.78% very satisfied, 38.89% moderately satisfied, 22.22% neither satisfied nor dissatisfied, and 11.11% moderately dissatisfied.

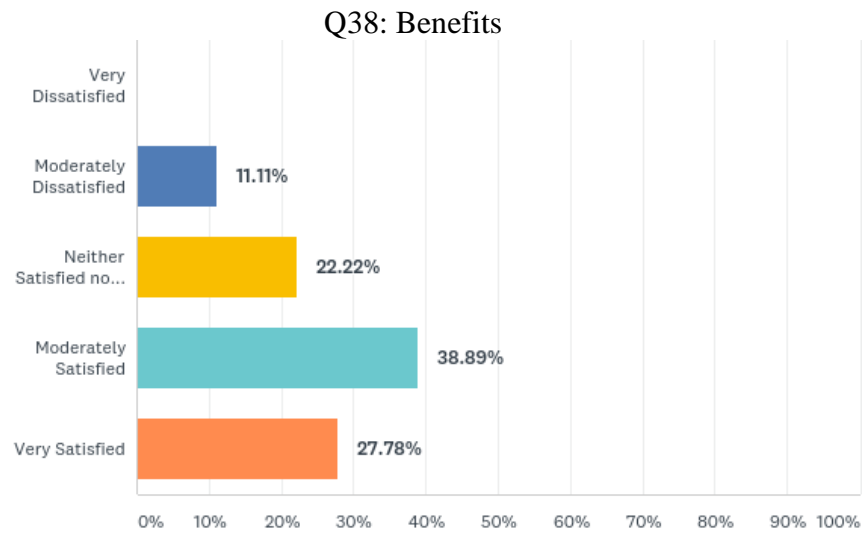


Figure 12. Question 38 Responses

Professional Development

The questions regarding professional development included open-ended questions about participants' future goals and questions to rate satisfaction regarding orientation in the participants' current position. Participants were mostly dissatisfied with orientation with more than 50% of respondents feeling very dissatisfied (27.78%) or moderately dissatisfied (27.78%) as illustrated in Figure 13.

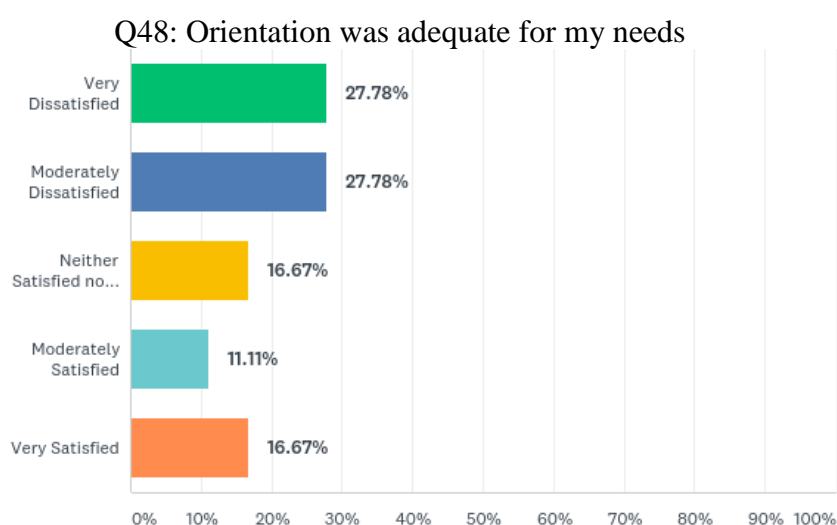


Figure 13. Question 48 Responses

Summary

This research revealed some answers to why retention is an issue in this correctional facility that could be generalizable to other institutions within all of DPS. In work environment, support, and encouragement, results reflected staff overall felt supported by each: the team on the unit, the charge nurse, and the physicians at 61.11% in agreement. However, staff were split at 41.18% disagree and 41.18% agree in regards to being a respected member of the team. Respondents felt their manager did not provide

feedback and encouragement regarding their work. The first time the question was asked, 27.78% strongly disagreed and 55.56% agreed. When asked the second time, responses were categorized more specifically and more than 55% were moderately or very dissatisfied with the amount of feedback and encouragement they received from management. Regarding job satisfaction, respondents were satisfied with their chosen nursing specialty (66.67% in agreement), salary (27.78% neither satisfied nor dissatisfied and 38.89% moderately satisfied), and benefits (moderately satisfied 38.89% and very satisfied 27.78%). In professional development, it is clear that improvements need to be made regarding orientation. Respondents felt very dissatisfied or moderately dissatisfied at 27.78% in each category, approximately 56% of respondents, expressing dissatisfaction that orientation was adequate at the project facility. There are statewide policies affecting all DPS facilities that could limit changes to be implemented in the training processes for individual institutions. Respondents at the project facility clearly report feeling facility orientation is inadequate to prepare them for their immediate position responsibilities.

CHAPTER V

Discussion

Nursing staff retention is especially important in the correctional setting due to the vulnerability of the offender patient population. Offenders are less likely to have received prior quality preventative care contributing to increased health concerns and less knowledge of responsibilities of healthcare professionals, leading to trust issues (Memarpour et al., 2015). Just like in other nursing specialties, when healthcare is provided more consistently, the offender population receives higher quality care with better outcomes (Rich et al., 2014).

Implication of Findings

This research can help to change the way training and orientation happens within DPS to contribute to increased retention for nursing. Staff's answers to the survey at the project facility showed they were satisfied with benefits, salary, and their chosen profession but did not feel like a respected member of the team. As the literature showed, benefits and salary are necessary positives, but employees stay in positions where they feel valued (Chafin & Biddle, 2013). The results clearly reflect that staff do not feel orientation is adequate with 55.56% of staff answering either moderately dissatisfied or very dissatisfied with the current process. A more personalized orientation could be developed to assist in preparing staff for work assignments and instilling confidence prior to beginning work (Almost et al., 2013). Literature also showed that one-on-one mentoring could lead to increased retention, especially in what can be the unfamiliar correctional setting (Thorpe et al., 2009). Results from the survey reflected that staff members did not feel acknowledged or that they received adequate input and feedback

from managers. Bennett et al. (2010) noted that correctional nursing managers could benefit from having such leadership traits such as emotional intelligence, teamwork and collaborative working, negotiating skills, and conflict management. It should also be noted that these traits need to be applied to the staff and making them feel valued, not only to the offender population.

Application to Theoretical/Conceptual Framework

Peplau's Interpersonal Theory of Relationships, the framework for this research, was based on the theory that nursing is an ongoing process of communications and decisions by the nurse and patient through three stages: orientation, working, and termination/resolution (Peplau, 2004). Peplau's framework is appropriate for the correctional setting and this study because the population can be considered vulnerable to exploitation which can contribute to nursing satisfaction on the job. It is the nurses' responsibility to earn trust and foster a positive relationship where the offender can benefit with better healthcare outcomes.

Peplau's orientation phase in this research takes place during the orientation for new staff in the correctional facility. The orientation phase is when initial introductions to the specialty are made and a relationship begins between the new employee and the department. Both parties understand at this point that a lasting relationship is desired and must develop with trust over time (Deane & Fain, 2016).

The working phase of Peplau's theory as applied to this research occurs as the nurse begins to feel comfortable and more confident in her role as a health care provider in the correctional facility. The employee communicates with others regarding nursing responsibilities and deepens relationships with other staff members while providing care

to offenders. Ideally, this phase will result in demonstration of more confident and therapeutic communications between nurse peers and colleagues, the facility health care team, and the patient population.

The termination or resolution phase is when the employee either leaves the position, changes roles, and/or becomes a seasoned nurse whom can provide guidance and become a mentor to other staff. One of the more focal concerns with this phase in correctional nursing is the obvious lack of nurses represented in this transitory, final phase. Poor retention and recruitment are significant barriers to culmination of Peplau's ideal communication framework.

Limitations

This study is limited by the small sample size at this rural correctional facility. The small sample size and limited demography make generalizability difficult. The patient population involves only a gender-specific inmate population, which could possibly influence staff responses and work place issues of the sample size. The Casey-Fink tool used was appropriate but could be considered lengthy and had some repetitive questions.

Implications for Nursing

This study can help to increase retention in correctional nursing by influencing orientation and evaluation processes in DPS. Improving healthcare in the prison system will improve public health nursing in general. A large percentage of the offender population will be returning to the public; part of correctional health services mission is to expose them to positive health behaviors during incarceration (Rich et al., 2014). This

study can be used to raise awareness regarding the specialty of correctional nursing and boost recruitment efforts for nursing positions.

Recommendations

It is important to note the need for improvements to the orientation process for DPS facilities in reflection of results from this study. As a state-funded entity, the process for change can be lengthy and complicated by legislation. The more investigation and focus that this hidden nursing specialty receives, the more likely it will get the attention that is warranted, thus contributing to more cost-efficient healthcare with better outcomes for the patient population (Cloud et al., 2014).

Conclusion

Correctional nursing is a specialty of the nursing profession that is not often considered due to the taboo of providing care to the incarcerated population. Offenders have the right to the community standard of care regardless of their crimes and there must be competent nursing staff to handle the health care needs of this population. This study reflects areas of possible improvement to increase retention in correctional facilities: more focused orientation, increased recognition and respect of staff, and feeling valued by managers. These changes may take time but it will be time well spent to improve work environments for correctional nurses.

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Appendix A

Permission to Use Tool

June 2015

Dear Colleague:

Thank you for the inquiry regarding the *Casey-Fink Nurse Retention Survey* •
(revised,2009) instrument.

The survey was originally developed in 2008 and after pilot testing in oncology/bone marrow transplant nurses and content analyzed with a panel of experts, the instrument was revised in 2009. Psychometric analysis has been done using these data and is reported in the following article:

Buffington A, Zwink J, Fink RM, DeVine D, Sanders C. Factors Affecting Nurse Retention at an Academic Magnet Hospital. *Journal of Nursing Administration* 2012; 42(5):273-281.

We are granting you permission to use this tool to assess the nurse retention in your setting. Please note that this tool is copyrighted and should not be changed in anyway. We have enclosed a copy for you to use for reproduction of the instrument.

We hope that our tool will be useful in your efforts to enhance nurse retention in your practice setting. Please contact us if you have further questions. We would be interested in being informed as to your results or publications related to the use of our instrument.

Sincerely,

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