

# The caring dynamic: Registered nurses caring for prisoner-patients

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*With thanks to academic supervisors  
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# Background

- Work in a busy recovery area of a large public hospital operating suite.
- Hospital provides surgical services to the prisoner population of our state.
- 350-400 prisoners year pass through recovery.
- Always handcuffed and with at least two guards (sometimes more).



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Case Assessment Plan  
Respiratory Plan  
Other





# Background

- I noticed we treated prisoners differently and was interested as to why?
- Common perception that prisoners are treated the same;
- Interested about the notion of caring in nursing;
  - What does it mean in this context?
  - Does it have any impact on the nurse?

# Research question

To explore the experiences of  
Registered Nurses caring for  
prisoners in an acute environment

# What other have said about prisoners

- Friction between the prison culture of custody and the nursing culture of care.
- Imprisonment causes deliberate harm, while health care aims to prevent harm and improve well-being. If liberty is good and health includes freedom from gratuitous pain, health care and corrections work in ethically different directions (Gadow 2003 p. 161).

# Judgement

- The caring relationship needs to move beyond judgement.
- Hoagland<sup>(1990)</sup> reinforced how hard it is to be non-judgmental when she suggested that even not to judge is to judge.
- The activity of taking care of a patient, non-judgementally or not, may not be the same type of care that is given to non-prisoner-patients.

# What others have said about caring

- **Emotional Labour** (Hochschild, 1983).
  - Gap between what you feel and what you want to feel.
  - Professionalization of feelings.
  - Can lead to burnout.

# What others have said about caring

- **Natural and ethical caring** (Nel Noddings, 1984).
  - Natural caring flows spontaneously the majority of the time.
  - If you don't feel a natural inclination to care it is appropriate to draw on the memory of these feelings and 'pretend'.

# What others have said about caring

- Care for and caring about.
- An activity and an attitude.
- Does it take both to be a good nurse?

# Not caring

- Little mention is made of situations that challenge the will of the nurse to care.
- There is a “dangerous agenda whereby nurses may begin to feel that unless one cares in a selfless, altruistic way then one is not a nurse (even a good nurse)” (Warelow 1996 p. 659).

# Perioperative literature

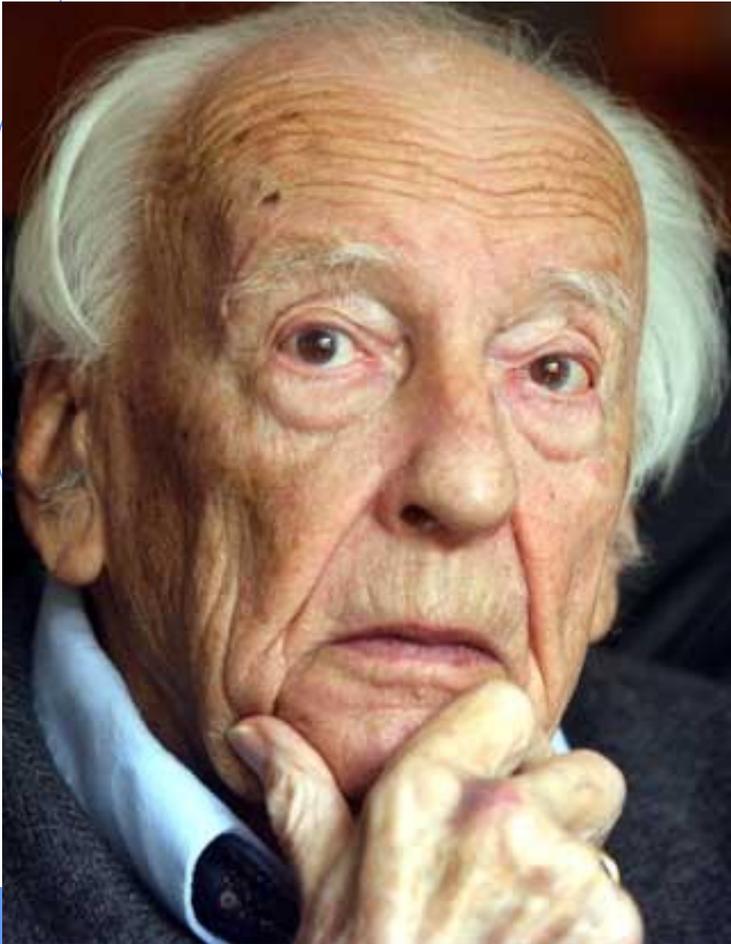
- Safety.
- Presence of non-medically trained personal such as guards has implications.
- The use of handcuffs may restrict access to the patient and hence potentially impede care giving activities.

# Missing in literature

- Studies looked at nurses and prisoners in prison.
- Not in an acute care setting.
- Little focus on care situations that are difficult.

# Philosophy

## Gadamerian Hermeneutic Phenomenology



- Hans Georg Gadamer 1900-2002
- German Philosopher
- Student of Husserl - founder of phenomenology
- Believed that aspects of life that could not be proven in a positivist manner also had value and were worth knowing
- Wrote about understanding
- Not a researcher

# Methodology

- Gadamerian approach acknowledges the influence of the researcher within the process.
- Objectivity not possible or desirable.
- Understanding is an ongoing relationship between the researcher and participant-hermeneutic circle.
- Constantly evolving...never finished.

# Methodology

- Key Gadamerian concepts:
  - Prejudice
  - Horizon
  - Fused Horizon



# Prejudice

- Understanding does not occur in a vacuum.
- It can never be objective.
- The way we come to understand about something is the result of all of our experiences, our culture and history.
- Prejudice - not false judgments rather conditions of understanding.
- They colour our perception of the world, they are conditions of truth, which we cannot exist without.

# Horizons

- Horizons mark the limit of everything that can be seen from a particular point of view.
- Not static moves with you as your position changes.
- There is more to see beyond our viewpoint.

# Fusion of horizons

- Metaphor for understanding.
- Process by which one opens up to the standpoint or view of another and is influenced by that viewpoint.

# Method

- Interviewed 12 PACU nurses.
- Twice about a year apart.
- Conversational style, unstructured interviews.
- Some observation.

# Consent & Ethics

- I worked in the area as an educator.
- Concerns about:
  - Coercion
  - Objectivity
  - Participants as friends
- Vulnerability of prisoner-patients.

# Data analysis

- Identify my prejudices;
- Identify participants prejudices
  - (their verbalizations of their experiences);
- Horizons
  - (summations about what the participants expressed);
- Fused Horizons
  - (understandings that conveyed the essence of caring for prisoner-patients from the participants' fused and unique perspectives).

# Prejudice

- What is the participant trying to say?
- In the participants own words.
- Captures a key phrase.
- Reinforced with sections of their text.

# Belinda\*

## Example of prejudices:

- Knowing changes you
- You are wary
- You've got to own your feelings
- Everyone's entitled
- We are prejudice by many things
- Workplace as sacred

Belinda\*

## Knowing changes you

*Knowing changes you, knowing changes how you are, and I don't know if that is a protective mechanism or what but it's just classic labelling theory. They become the crime and you can tell that.*

# Belinda\*

## You are wary

*Wary I think is a word. I think you have to make a definite effort to overcome that wariness, it is more of a conscious effort to be as caring and as professional; you actually have to make an effort. It asks a bit more of you. I think maybe in all of us we are wary and I keep saying wary but I don't know any other word to describe it. I think you have to make more of an effort it's a different caring it comes with more of an effort, you have to force it, it's not natural because you are guarded.*

# Belinda\*

## Workplace as sacred

- *It was their workspace and this man had performed such a violent crime, a known violent crime, they felt their workplace was somehow violated and their sanctuary had been invaded a little bit by this known source of evil.*

# Andrew\*

## Example of prejudices:

- I try not to judge
- It's a voyeuristic experience
- Prisoners require more pain relief
- You get used to it
- Just because a dog has a lead doesn't mean it won't bite you
- I try to keep a routine
- They are entitled but...

# Andrew\*

## I try and keep a routine

*I really just try to think about the job that I have to do for people. There is a lot of routine involved, you do this then, you do that, and then you do the next bit, so I try to think about those things... that is the main thing, just trying to keep a routine more than anything so you don't think about it too much, about what they've done. That doesn't mean to say that you don't, you just try not to let it interfere with it all. Yeah, I guess I try not to get too involved with them.*

Andrew\*

I try to keep a routine cond...

*It almost becomes automated. What do I have to do, it's like you have this checklist of things in your head. I need this patient to be pain free or as comfortable as possible. They need to have no nausea. What are the requirements for this patient and just work through that.*

## Data analysis process

### Phase 1

Identify my  
prejudice using  
reflective journal

### Phase 2

Identify  
participants  
prejudice using  
interview text

Highlight text to  
ensure no key  
understandings are  
missed

Draw together  
participants prejudice  
into their individual  
horizons

### Phase 3

Draw together  
participants and my  
prejudice and horizons  
into Fused Horizons

Ensure fused horizons  
ring true for each  
participants

### Phase 4

Develop a  
succinct  
statement

# Fused horizon

- Merging of horizons or understanding.
- Each fused horizon needs to ring true for each participant.
- Which is not the same as everyone agreeing.
- What they have said, or what they have omitted.
- Subjective: my interpretation.

# Fused horizons:

Registered nurses give prisoner-patients perfunctory care.

Prisoner-patient care is reactive.

Caring for prisoner-patients is an emotionally draining experience.

Knowing or imagining a prisoner-patients crime creates moral dilemmas.

Expressions of care straddle ideal and real caring perspectives.

# Belinda

## Prejudice

Knowing changes you

You are wary

You've got to own your feelings

Everyone is entitled, it's a dignified society

Workplace as sacred

## Horizons

We have choices

Prisoners require different care

Caring for prisoners violates you

## Fused Horizons

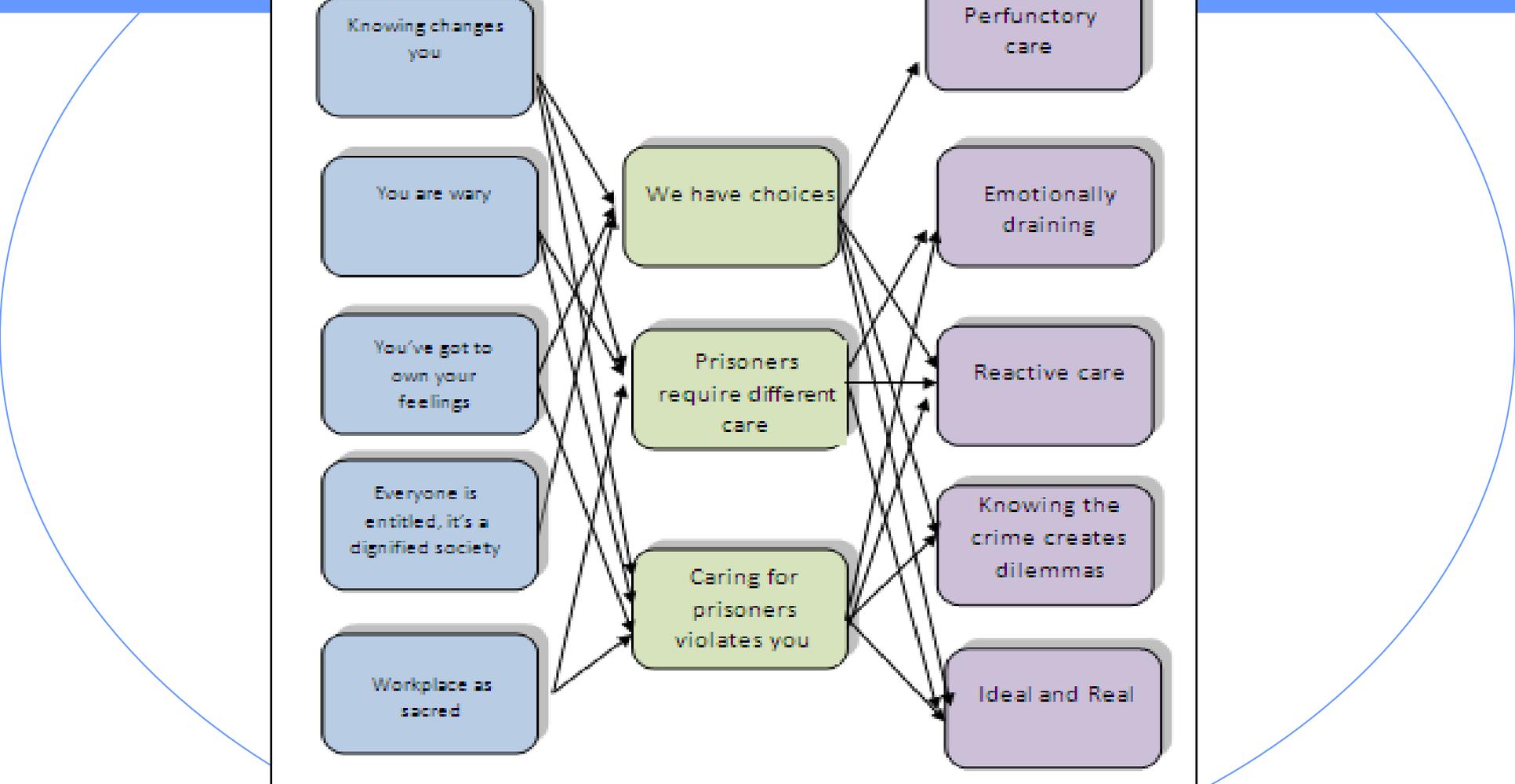
Perfunctory care

Emotionally draining

Reactive care

Knowing the crime creates dilemmas

Ideal and Real



# Perfunctory care

- Perfunctory in this sense is used to convey a sentiment that care was given merely for the sake of getting through a duty, was mechanical in a way, and done out of obligation without affection or genuine feeling.

# Examples of perfunctory care:

- Belinda - You are wary.
- Andrew - I try to keep a routine.
- Rachael - I detach a little bit.
- Beth - I never touch a prisoner-patient.
- Sarah - I keep an arms length.
- Prudence - I wear a mask.
- Julie - Nursing from a checklist.

# Beth\*

## I never touch a prisoner patient

*The thing is, we make a distinction between them and anyone else that we care for. They're definitely, without a doubt, stigmatized and that's hard, you find it permeates the whole theatre. You pull away from them, you put up a wall or barrier with them and yeah, you never touch... its funny, I probably never touch a prisoner patient... definitely, and it's all unconscious you know.*

# Rachael\*

## I detach a little bit

*It really breaks my heart, particularly when they are so young, so for me, I detach a little bit, not because I think they are dirty or unsavory, but because I feel like if I was in touch with my emotional self with those patients, like that all the time, I would just be broken.*

# Reactive care

- Nurses do not practice in a vacuum, they have many influences which affect their environment. Care is in response to socialisation, stereotypes, judgement, guards behaviour. The feeling is that care is earned and not deserved.

# Examples of reactive care

- Andrew- Just because a dog has a lead doesn't mean it won't bite you.
- Ryan- My response depends on the guards.
- Ella- I judge them.
- Ruby- (Sometimes) they are like normal patients.
- Prudence- Initially I believed the stereotype.
- Prudence- I make assumptions and get nervous.
- Julie- I want it to be about me and the patient.

# Ella\*

## I judge them

*Whilst I don't mean to, a lot of the time, some of the time, I do detach, because it's hard. And it's frustrating, because part of me judges them and part of me feels sorry for them. You are just being judgmental. I think it's human nature. If you know the way their brain works to make them do a really bad thing how can you not judge them? How can you not judge their value system? Yeah, I judge them.*

# Emotionally draining

- Did not come with the same ease or as instinctively as most other nursing interactions
- There was a cost. It was hard, there was a gamut of emotions experienced.
- Haunting
- On reflection no one thought it was the same experience as caring for non-prisoner patients

# Knowing makes a difference

- All points on the continuum expressed from never wanting to know the prisoner patients crime, to always preferring to know and be fully informed.
- The perception of the impact of this knowledge varied from 'significant' to 'had no bearing.'
- The thought of the crime often worse than the reality.

# Ideal and the real

- “Idealised views describe nursing as it ought to be whereas reality acknowledges the complex actuality.” (Draper 1991)
- Gap between what nurses held as ideal and the reality of their experiences with prisoner-patients.

# Succinct statement

- Caring for prisoner patients is an **emotionally draining experience** where **knowing or imaging the prisoner-patients crime** subtly provokes registered nurse carers to give **reactive and perfunctory care** that challenges their **ideal and real** caring constructs.

## Data analysis process

### Phase 1

Identify my prejudice using reflective journal

### Phase 2

Identify participants prejudice using interview text

Highlight text to ensure no key understandings are missed

Draw together participants prejudice into their individual horizons

### Phase 3

Draw together participants and my prejudice and horizons into Fused Horizons

Ensure fused horizons ring true for each participants

### Phase 4

Develop a succinct statement

# In conclusion

- Clearly participants made choices about the level of engagement they embraced with prisoner-patients. However, there was also an aspect of the nurse participants' interaction which they described as evoking a tacit and innate response.
- Universal statements that hold the imperative to care as sacrosanct are fraught with problems and ought to be questioned.

# In conclusion

- The benefits of overcoming suspicion and fear, and engaging in touch and caring practice with prisoner-patients, is in the acknowledgement of the patient as a person and connecting with them on a deep level.
- For most participants of this study however, seeing the prisoner-patient as a person was rare.

# Know yourself

- Important to understand your own cultural and social underpinnings, experience, background and attitudes including strengths and weaknesses.
- We need to take time to reflect on who we are and whether we act in accordance with our values and beliefs.

Simmons Carlsson, C. (2009).

# Own yourself

- Own your choices, decisions and emotions.
- Emotional intelligence is the ability to appraise and reflect on one's emotions (Bellack 1999; Fuimano, 2004) and to grow and learn how to channel one's emotions in positive and respectful ways.

Simmons Carlsson, C. (2009).

# Grow yourself

- We need to take responsibility to nourish our competency and wellbeing by learning and growing as a practitioner.
- By being responsible for yourself, your choices and education, nurses can strive to care for themselves.

Simmons Carlsson, C. (2009).

- BROWN, J., KITSON, A. & MCKNIGHT, T. 1992. *Challenges in caring: explorations in nursing and ethics*, London, Chapman Hall.
- CURZER, H. 1993. Is care a virtue for health care professionals? *Journal of Medicine and Philosophy*, 18, 51–69.
- DALTON, V. 1999. Death and dying in prison in Australia: national overview, 1980–1998. *Journal of Law, Medicine and Ethics*, 27, 269–274.
- DEPARTMENT OF JUSTICE 2003. Victorian prisoner health study. Melbourne: Government of Victoria.
- EVANS, N. 1999. Preparing nurses to work effectively in the prison environment. *British Journal of Nursing*, 8, 1324–1326.
- FINE, M. 2007. *A caring society?*, New York, Palgrave MacMillian.
- GADOW, S. 2003. Restorative nursing: toward a philosophy of postmodern punishment. *Nursing Philosophy*, 4, 161–167.
- HAMMER, R. 2000. Caring in forensic nursing: expanding the holistic model. *Journal of Psychosocial Nursing and Mental Health Services*, 38, 18–24.
- HOAGLAND, S. 1990. Some concerns about Nel Noddings caring. *Hypatia*, 5, 109–114.
- HOCHSCHILD, A. 1983. *The managed heart: commercialization of human feeling*, Los Angeles, University of California Press.
- HUFFT, A. & KITE, M. 2003. Vulnerable and cultural perspectives for nursing care in correctional systems. *The Journal of Multicultural Nursing and Health*, 9, 18–26.
- MAEVE, K. & VAUGHN, M. 2001. Nursing with prisoners: the practice of caring, forensic nursing or penal harm nursing? *Advances in Nursing Science*, 24, 47–64.
- MARTIN, T. 2001. Something special: forensic psychiatric nursing. *Journal of Psychiatric and Mental Health Nursing*, 8, 25–32.
- MCQUEEN, A. 2000. Nurse–patient relationships and partnership in hospital care. *Journal of Clinical Nursing*, 9, 723–731.
- MUXLOW, J. 1995. The relationship between nurse and patient. *Professional Nurse*, 11, 63–65.
- NODDINGS, N. 1984. *Caring: a feminine approach to ethics and moral education*, Berkeley, University of California Press.
- NORMAN, A. 1999. Prison health care: what is it that makes prison nursing unique? *British Journal of Nursing*, 8, 1032–1033.
- PETERNELJI-TAYLOR, C. 2004. An exploration of othering in forensic psychiatric and correctional nursing. *Canadian Journal of Nursing Research*, 36, 130–146.
- PETERNELJI-TAYLOR, C. & JOHNSON, R. 1996. Custody and caring: clinical placement of student nurses in a forensic setting. *Perspectives in Psychiatric Care*, 32, 23–30.
- ROACH, M. 2002. *Caring, the human mode of being: a blueprint for health professionals*, Ottawa, CHA Press.
- ROBINSON, C. 1996. Health care relationships revisited. *Journal of Family Nursing*, 2, 152–171.
- Simmons Carlsson, C. (2009). It's all about You: unfurling the koru within. *New Zealand Journal of Occupational Therapy*, 56(1), 27–33.
- SMITH, H. & SMITH, M. 2008. *The art of helping others*, London, Jessica Kingsley Publishers.
- STOCKDALE, M. & WARELOW, P. J. 2000. Is the complexity of care a paradox? *Journal of Advanced Nursing*, 31, 1258–1264.
- TURNER, D. S. 2003. Horizons revealed: from methodology to method. *International Journal of Qualitative Methods*, 2.
- Warelow, P. (1996). Is caring the ethical ideal? *Journal of Advanced Nursing*, 24(4), 655–661.
- WALSH, E. 2009. The emotional labour of nurses working in her Majesties (HM) prison service. *Journal of Forensic Nursing*, 5, 143–152.
- WALSH, L. 2005. Developing prison health care through reflective practice. In: JOHNS, C. & FRESHWATER, D. (eds.) *Transformative nursing through reflective practice*. Oxford: Blackwell Publishing.
- WATSON, R., STIMPSON, A. & HOSTICK, T. 2004. Prison health care: a review of the literature. *International Journal of Nursing Studies*, 41, 119–128.
- WEISKOPF, C. 2005. Nurses experience of caring for inmate patients. *Journal of Advanced Nursing*, 49, 336–343.
- WILLMOTT, Y. 1997. Prison nursing: the tension between custody and care. *British Journal of Nursing*, 6, 333–336.
- ZIMMER, K. & CABELUS, N. 2003. Psychological effects of violence on forensic nurses. *Journal of Psychosocial Nursing*, 41, 29–35.