

Research In Action: Completed Projects

This fact sheet is the second in a series of fact sheets that highlight findings from a research study entitled “Exploring Worklife Issues in Provincial Correctional Settings”. The research team led by Drs. Diane Doran and Joan Almost includes Linda Ogilvie, Crystal Miller, Shirley Kennedy, Carol Timmings, Don Rose, Mae Squires, Charlotte Lee and Sue Bookey-Bassett. The study was conducted at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and funded by the Ontario Ministry of Health and Long-Term Care. The full report is available on our website at: www.nhsru.com.

Research Background & Purpose

Correctional nurses hold unique positions within the nursing profession as their role and work environment combine the demands of two systems, corrections and health care. However there has been limited research regarding this unique nurse population. This study aimed to explore the worklife issues for nurses in provincial correctional settings in Ontario and their effects on recruitment and retention. A mixed methods research design guided this study which was conducted in two phases: Phase 1 involved interviews with 17 nurses, health care managers and superintendents working in Ontario correctional facilities. In Phase two, surveys were distributed to all 511 nurses and health care managers working in provincial corrections facilities throughout Ontario. Two hundred and ninety-eight surveys were returned for a response rate of 59%.

This fact sheet is the second in a series. Fact sheet I provided an overview of the nurses who participated in the study, job characteristics, scope of practice, and job satisfaction. This fact sheet provides details about correctional nurses’ (RN/RPNs) and health care managers’ (HCMs) perceptions of their practice environment.

Practice Environment

Research has shown that supportive professional practice environments are important for nurses’ attitudes toward their work, satisfaction with their job and the quality of care they provide. Dissatisfaction with working conditions that limit autonomy or control over their practice has been consistently identified as the primary reason why nurses leave the profession. In this study, RN/RPNs and HCMs were asked to indicate the extent to which they agreed that each of the following characteristics was present in their current work environments. Results are presented in Table 1.

Table 1: Presence of Practice Characteristics

Practice Characteristics	RN/RPN		HCM	
	M	SD	M	SD
Access to Resources+	2.76	0.72	3.03	0.59
Autonomy*	2.61	0.61	2.96	0.57
Managerial Support of Nurses*	2.57	0.82	3.17	0.61
Nursing Foundations for Quality of Care*	2.40	0.54	2.57	0.52
Nurse Participation in Facility Affairs*	2.30	0.60	2.73	0.50
Control over Practice*	2.22	0.64	2.32	0.58
Staffing & Resource Adequacy*	2.22	0.73	2.15	0.72

M=mean or average; SD=standard deviation or the variability of the scores

*Likert Scale (1=strongly disagree; 4=strongly agree). High score indicates high level of construct.

+ Likert Scale (1=none; 3=sometimes; 5=a lot). High score indicates high level of access to resources.

“Working in correctional nursing is an ongoing challenge. It is a constant battle between health care needs versus security concerns. It is often difficult to hire and retain nurses because of pay scale.”

Access to Resources

- Access to resources required to do their jobs varied by participant role.
- RN/RPNs reported having limited access to resources i.e., having enough time to do paperwork and accomplish job requirements, opportunities to influence decisions related to human resources, and obtaining supplies and equipment.
- In contrast, HCMs reported more access to resources i.e., being able to influence decisions regarding obtaining supplies and equipment but less able to influence human resources decisions. HCMs also reported having limited access to technology supports and acquiring temporary help when needed.

“Nursing in corrections is extremely demanding and challenging but very rewardingif given the proper resources, the opportunity is there to really teach, influence and care for a population of people that really needs us and do appreciate us.”

Autonomy

- In this study, autonomy refers to:
 - Being able to make important health care and work decisions
 - Not being placed in a position of having to do things against one's nursing judgment
- RN/RPNs somewhat agreed that they have autonomy in their practice.
- HCMs reporting slightly higher levels of autonomy.

"All nursing care is dependent on correctional officers. Depending on the officer, nurses may get all their work done or not."

Managerial Support

- In this study, managerial support refers to having a supervisor who is supportive of nurses, who backs up nurses in their decision making and gives praise for a job well done.
- RN/RPNs reported moderate levels of managerial support while HCMs reported feeling higher levels of support.

Nursing Foundations for Quality of Care

- Includes supports to create a professional practice environment such as:
 - Having a good orientation program and active staff development program
 - The presence of a nursing philosophy that pervades the care environment
 - Having an active quality assurance program with high standards of nursing care and with nurses who are clinically competent
- RN/RPNs and HCMs in this study reported having limited foundations for quality of care in their facilities.

Nurse Participation in Facility Affairs

- Examples of these opportunities include:
 - Career development/clinical ladder opportunities
 - Staff nurses being able to participate in decisions affecting inmate care
 - Serving on nursing practice and policy committees
- RN/RPNs in this study reported having limited opportunities to participate in facility affairs.
- HCMs reported a higher level of participation which is congruent with their leadership roles.

Control over Practice

- Participants were asked to rate their degree of agreement to the following items:
 - Enough time and opportunity to discuss inmate care with other nurses
 - Enough RNs on staff to provide quality care for inmates
 - Opportunities to work on specialized health care units
- RN/RPNs and HCMs reported having a limited amount of control over their practice.

"Staffing is always a problem due to changing population!"
"We never have a full complement of staff and can never cover sick calls."

Staffing Levels and Resource Adequacy

- Staffing issues were an ongoing concern for both interview and survey participants.
- 36% of RN/RPNs and 48% of HCMs felt that the staffing on their last shift was inadequate.
- Nurses were also asked about their agreement regarding:
 - Having enough support services to allow them to spend time providing care to inmates
 - Time to discuss inmate care problems with other nurses
 - Having enough registered nurses on staff to provide quality care for inmates
 - Having enough staff to get the work done
- As shown in Table 1, RN/RPNs and HCMs reported low levels of staffing and resource adequacy.

Summary

Overall, working in a correctional nursing environment is both challenging and rewarding for the nurses who responded to this survey. In general, HCMs' ratings of the practice elements were consistently higher than the RN/RPNs. Both HCM and RN/RPN groups rated access to resources the highest and staffing adequacy the lowest. Additional participant comments on the survey indicate the nurses' frustration with lack of staff and adequate resources to perform their jobs effectively.

Additional fact sheets are available that highlight other factors within the correctional work environment.