

Caring for Prisoners-Patients: A Quandary for Registered Nurses

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Purpose: *The purpose of this study was to unveil the complexity of registered nurse (RN) care for prisoner-patients in an acute care perioperative setting.*

Design: *The study design was based on phenomenology and the philosophy of Hans George Gadamer.*

Method: *This study used researcher journaling and two audio-taped in-depth interviews with each of the 12 nurse participants.*

Findings: *Five key fused horizons or joint understandings emerged that resonated for all participants. They were the following:*

- *RNs give prisoner-patients perfunctory care;*
- *Prisoner-patient care is reactive;*
- *Caring for prisoner-patients is emotionally draining;*
- *Knowing or imagining a prisoner-patient's crime creates practice dilemmas; and*
- *Expressions of care straddle ideal and real caring perspectives.*

Conclusion: *In the caring literature, caring is altruistically presented as an ideal that (ought to) guide RN interactions with patients. However, the study findings call into question the assumptions that are made about what it means to care and how RNs enact their caring role, particularly in vexatious situations.*

Keywords: *postanesthesia care, prisoner, Gadamer, PACU.*

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THIS STUDY WAS DESIGNED to unveil the complexity of registered nurses (RNs) caring for prisoner-patients in a perioperative setting in an acute hospital. It was an assumption of this study that the experience of caring for prisoner-patients in an acute environment is vastly different than

caring for prisoner-patients in a forensic or custodial environment. At an institutional level, the organizational goals of forensic and general hospitals are fundamentally opposed. At an individual level, we argue that little prior consideration is given by RNs in acute care settings to the moral and ethical dilemmas they encounter when caring for a prisoner-patients.

Literature Review

For this study, literature was examined that explored issues of care in nursing, with particular emphasis on care of prisoner-patients. A description that emerged in literature on care and caring is that of professionalization. The concept of caring in relation to emotional involvement or requirements within the professional world initially

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received attention through the research of Arlie Hochschild,¹ whose seminal work explored the role of care and emotion with flight attendants. Hochschild observed that, at times, there was a gap between what flight attendants felt for passengers on an emotional level and what they thought they should feel or what the company wanted them to feel. She described the effort to bridge the gap between these two positions as hard work or emotional labor.

Curzer,² who also wrote on care, purported a similar view of care by professionals, namely, that they should act as though they care, but not necessarily care, a sentiment very similar to that of Nel Noddings.³⁻⁶ Noddings's foundational work on ethical caring suggests that the question to be answered when in a situation whereby care does not come naturally is "How would I respond if I really cared?" Noddings maintained that the natural response of caring is more likely to occur on a personal level in relationships with family or friends, whereas ethical caring may be present in a professional environment where less personal feelings are involved. Noddings description of natural caring and ethical caring raises important questions regarding levels of care that are acceptable within the professional context. For instance, is it acceptable to act as if you care when you may not? In the context of this research, this was a vital question to ask and consider.

Another focus of exigent literature is on issues of custody and the dynamic between nurses and prisoner-patients. A prison health study in Australia concluded that "there emerges from the plethora of results a picture of the prisoner population as an extraordinarily needy, unhealthy, and life-damaged cohort."^{7, p. 1} The primary health problems facing the prison population are mental illness, substance abuse, and infectious diseases,⁸ with a British study suggesting that 90% of the prison population suffer from mental health issues, substance abuse problems, or both.⁹

The literature establishes the existence of friction between the prison culture of custody and the nursing culture of care highlighting the perceived incompatibility of the opposing cultures, which can cause many ethical and moral dilemmas. Many have contributed to this discussion.¹⁰⁻¹⁶ Gadow¹⁰ offered that:

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 (p. 161).

An example of the clash between custody and caring environments is evident when one considers the issue of privacy, which is almost non-existent for a prisoner in prison but fundamental in health care for nurses and patients. This highlights a dichotomy between custody and care, which is the debate at the cornerstone of literature surrounding the nursing care of prisoners.

The impact the custodial environment has on the nurse—prisoner-patient relationship is described by Weiskopf¹⁷ as unique and like no other environment. Limitations imposed by the system, Weiskopf found, restricted the nurses ability to do their job and limits their free expressions of caring, while also presenting both real and potential physical and psychological risks.

Walsh¹⁸ interviewed nurses in British prisons and concluded that when caring for prisoner-patients nurses experienced four significant relationships: the relationship with the prisoner-patient; with the institution; with the guards; and finally the relationship with themselves, their professional self and their emotional self. This she called the intra-nurse relationship.

These studies and others have explored the experience of caring for prisoner-patients from a forensic perspective; yet, there has been little examination to date of the unique circumstances that RNs face when prisoner-patients are admitted to a general hospital, where the primary goal of treatment is care not custody. Therefore, the goal of this study was to explore this experience and identify further the personal and emotional challenges faced by PACU nurses who cared for prisoner-patients.

The Study

The health service where this research took place provides medical and surgical care to general patients, as well as to 300 to 350 prisoner-patients per year, which equates to 1 or 2 prisoner-patients

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