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Prisons as Learning Environments for Nursing and Public Health Practice

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Background

Challenges in Securing Community Nursing Rotation Sites

Eighteen years of providing clinical placement for Bachelor of Science in Nursing (BSN) students has demonstrated that community-based educational opportunities are shrinking due to:

- Increased regulatory requirements
- Competing numbers of nursing schools
- Increasing student enrollment
- Decreasing availability of community resources capable and willing to precept students

These issues present challenges to preparing students for nursing practice. A college of nursing at an urban, academic health center found a solution by working with unexpected partners – maximum security prisons and juvenile detention centers.

A Novel Solution: Partnerships with Prisons

Several factors make prisons an ideal learning environment for nursing students. Prisons serve as microcosms of society, reflecting social determinants of health within confined communities. They allow students to work alongside interprofessional teams experienced in correctional health, mental/behavioral health, infection control, and community health. There is ample opportunity for individual assessment and patient education, as well as population-based care. Finally, working with the diverse inmate population promotes cultural awareness and sensitivity.



Putting Students in Prison

This study examines the experiences of nearly 200 students who completed rotations in a 4,000-person, all-male, maximum security prison. Students rotated through 11 health care units in the prison, including:

- Outpatient and chronic care clinics
- Extended care facilities
- Infirmaries
- Dialysis unit
- Hospice/palliative care unit
- Detention facility
- Behavioral care facility
- Physical therapy department

Students also had the opportunity to observe telehealth visits for inmates with neurological conditions. In addition to clinical experience, students learned about the health impacts of incarceration, socioeconomic status, and limited education/health literacy.

Methods

The researchers employed a retrospective quantitative and qualitative study design using surveys completed by 186 students between 2006 and 2016 (return rate = 100%). The primary author and two independent qualitative researchers conducted separate thematic analyses of the survey data using open coding. Some survey responses were categorized and totaled to generate quantitative data.

Qualitative Results

Perceptions Prior to Rotation

“I really didn't know what to expect. I came into the community with an open mind.”

Nearly a third of students indicated uncertainty or lack of expectations about the rotation (n=49 out of 169). Survey responses revealed **generally negative stereotypes of prisons, describing them as “dirty,” “dark,” or “scary.”** Despite students' trepidation about the prison, many still considered it an excellent learning environment that would provide a deeper level of experience than “traditional” rotation sites like hospitals.

Perceptions After Rotation

“I thoroughly enjoyed working in this environment with the inmates and the staff.”

Students uniformly praised the safety, cleanliness, and controlled environment of the prison, often describing it as a well-functioning “community” or “society.” They were highly satisfied with the amount of hands-on skills they practiced, especially compared to rotations in other settings: **“I learned more, performed more procedures especially, than all my previous clinicals combined.”** Prison staff were praised for their patience, respect, and willingness to teach.

Perceptions of Correctional Nursing

“I think there is a great need for smart and compassionate nurses in the prison setting.”

Students described correctional nursing as **“vital,” “credible,” and even “noble,”** indicating **high levels of respect for a nursing role with which many were unfamiliar to prior to this rotation.** They commented on the autonomy and wide-ranging scope of practice available to correctional nurses, even as they must comply with strict regulations. Others described what they considered barriers in this nursing role, such as lack of closeness with patients and knowledge of inmates' crimes.

Skills Gained Through Rotation

“We were able to apply what we have learned, practice skills, and see health care in a unique way.”

Following the prison rotation, students expressed a new awareness of, and appreciation for, skills that include **patient education, empathy, cultural sensitivity, and the provision of non-judgmental care.**

Quantitative Results

Feelings of Safety and Recommendations of Prison Rotation

Students reported on their feelings of safety within the prison and while interacting with inmates on various health care units. Responses were categorized and totaled. An overwhelming majority of students reported that they felt safe or conditioned their feelings of safety, explaining that they felt “mostly safe” or safer as time went on (Table 1). Three students indicated that they felt unsafe in various units. Finally, all but one student recommended continuing the prison rotation (n=175) (Table 1).

Table 1: Student Safety and Recommendation of Rotation

Response	n (%)
Did you feel “safe” while in the prison? (n=180)	
Yes	99 (55.0%)
Yes, with supportive comments	57 (31.7%)
Yes - mostly or conditional	24 (13.3%)
Did you feel “safe” while interacting with prisoners in the dialysis unit? (n=133)	
Yes	80 (60.2%)
Yes, with supportive comments	49 (36.8%)
Yes - mostly or conditional	4 (3.0%)
Did you feel “safe” while interacting with prisoners in other units? (n=158)	
Yes	140 (88.6%)
Yes, with supportive comments	11 (7.0%)
Yes - mostly or conditional	4 (2.5%)
No ^a	3 (1.9%)
Would you recommend that this rotation be continued as a community nursing site option? (n=175)	
Yes	174 (99.4%)
No	1 (0.6%)

^a Two students indicated that they felt unsafe in the detention center, and one student indicated that they felt unsafe in the detention center and Extended Care Unit 1.

Student Experience in Health Care Units

Students rated their experience in each health care unit on a scale of one (poor) to four (excellent) and provided qualitative comments to support their ratings. The three highest-rated units were as follows:

- Physical therapy (PT) (mean=3.9)
- Infection control nursing (ICN) (mean=3.7)
- Extended Care Unit (ECU) 1 (mean=3.7)

PT, ICN, and ECU 1 were likely rated favorably because students were greatly impressed by the physical therapist they observed, and ICN and ECU 1 provided ample clinical experience with PPD tests and wound care, respectively. Students rated their experience in the mental health unit lowest (mean=3.2), indicating dissatisfaction with the lack of active practice time there.

Study Limitations

The survey did not collect demographic data, which could have revealed differences in responses based on age, sex, or race/ethnicity. It also did not include questions to discern the motivating factor(s) for students (the majority of whom are female) who request the community clinical rotation in an all-male maximum security prison. Finally, this study's sample may be biased positively, as students had to request the prison rotation and may therefore reflect fewer misgivings about correctional settings than the general population of nursing students.

Conclusion

Placing students in the prison exposed them to an area of nursing practice they would never have had the opportunity to know about or experience. They gained expertise in the new skills for modern nursing practice that include assessment, prevention, population-based care, professionalism, and bias reduction. **Prisons offer an innovative setting in which to prepare population-focused nurses who can function in a rapidly changing health care landscape.**

The benefits of this unique experience extend not only to society but to individual students as well. **This value is best summarized by one student who said, “I entered [the prison] feeling like little more than a student. Today I feel ready to call myself a nurse.”**