

# Evidence Brief: Prison Healthcare Workforce

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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## Evidence Brief: Prison Healthcare Workforce

Evidence Brief: Prison Healthcare Workforce. Katie Nicholas. (August 2023). UK: Workforce, Training and Education Knowledge Management Team

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

### Key publications – the big picture

#### Prison Mental Health Services in England, 2023

Author(s): Dr Graham Durcan

Source: Centre for Mental Health

Publication date: 2023

See section 4 Teams, skills and processes

Nine out of ten prisoners have at least one mental health or substance misuse problem. Commissioned by NHS England, this report compares current levels of need with prison mental health provision. Centre for Mental Health conducted a survey of current English prison mental health caseloads, staffing, skills, gaps in need and processes. With the support of regional commissioners and local leads, this involved the distribution of three surveys to all English prisons, young adult Young Offender Institutions (for over 18-year-olds) and Young Offender Institutions (for under 18s) in the summer of 2021. Just over three-quarters of England's prisons and Young Offender Institutions (YOIs) returned at least one of the survey forms. This exercise followed on from a consultation and evidence gathering review on the future of adult prison mental health care, also commissioned by NHS England.

#### The health and justice inclusive workforce programme

Source: NHS England

The health and justice inclusive workforce programme was created in response to the NHS People Plan (2020/21), to help enable health and justice commissioned services tackle issues relating to workforce recruitment and retention. Health and justice commissioned services relate to health services provided in prisons, young offender institutions, immigration removal centres (IRCs), secure children's homes, secure training centres and support services at the initial stages of the criminal justice system and post custody.

#### Injustice? Towards a better understanding of health care access challenges for prisoners?

Author(s): Davies et al.

Source: Nuffield Trust

Publication date: October 2021

Many prisoners still struggle to access hospital services despite their significant health care needs, and early data suggests the pandemic has worsened access further. In this report, we consider new evidence relating to pre-existing health conditions before prison, the use of remote consultation, different ethnic groups' use of health services and the early impact of the Covid-19 pandemic.

#### The WHO Prison Health Framework: a framework for assessment of prison health system performance

Source: World Health Organisation

Publication date: 2021

p. 23 Health Performance (Workforce)

Universal health coverage (UHC), central to better health and well-being for all, delivers gains across the 2030 Agenda for Sustainable Development and embodies the 2030 Agenda pledge to leave no one behind (1). The WHO Thirteenth General Programme of Work (GPW 13), adopted at the 2019 World Health Assembly, and the European Programme of Work, adopted in 2020, both reiterate the need to promote increased UHC and healthier populations. Indeed, the targets set to be met by 2023, which constitute the basis of GPW 13, ambitiously refer to the "triple billion target", which aspires to 1 billion more people benefiting from UHC, 1 billion more being better protected from health emergencies, and 1 billion more enjoying better health and well-being. For these targets to be met, no one can be left behind, including marginalized and vulnerable groups such as people in prison (2); and to realize the ambitions of UHC and reduce health inequalities, we need the capacity to measure health-care design and delivery, which vary widely across

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regions. The need to measure health system performance in order to obtain meaningful data to inform evidence-based policy decisions is well recognized. Various frameworks have been proposed by WHO (3, 4, 5) and other entities (6, 7, 8) to monitor and measure health-care delivery in a standardized way that allows comparisons to be made between Member States. Such comparisons are also important in assessing the effectiveness of different policy approaches and their impact on system performance in relation to the health outcomes of people deprived of their liberty. In addition, health system frameworks support informed decision-making at the country level by providing a cohesive frame of reference for policy design and implementation. Frameworks for mapping health systems are commonly made up of domains that depict the main functions and components of such systems, describing inputs and processes, outputs, and impacts. The focus of these frameworks varies, as some focus on UHC while others focus on performance measures in the broad sense or, more specifically, on quality indicators. However, frameworks that aim to assess delivery at the population level are so broad in nature that they fail to capture the complex array of features that specifically characterize health-care delivery in settings such as prisons and other places of detention.

### [How prison healthcare in England works](#)

Author(s): Hutchings and Davies

Source: Nuffield Trust

Publication date: October 2021

Prisoners tend to be of poorer health than the general population and have complex health care needs. Alongside their research [report](#) on prisoners' access to health care in England, Rachel Hutchings and Miranda Davies provide an overview of what health care should be provided to people in prison and how it is commissioned.

### [Service specifications for primary \(medical and nursing\) and dental care provision in prisons and immigration removal centres in England](#)

Source: NHS England

Publication date: March 2020

These revised service specifications set out a modular approach to primary and dental care provision in prisons and immigration removal centres in England.

### [Prison Health](#)

Source: Health and Social Care Committee

Publication date: October 2018

The Government is failing in its duty of care towards people detained in England's prisons. Too many prisoners remain in unsafe, unsanitary and outdated establishments. Violence and self-harm are at record highs. Most prisons exceed their certified normal accommodation level and a quarter of prisoners over the last two years have lived in overcrowded cells. Staffing shortages have forced overstretched prisons to run restricted regimes, severely limiting not only opportunities for prisoners to engage in purposeful activity, but access to health and care services both in and outside prisons. Too many prisoners die in custody or shortly after release. Whilst deaths, including by suicide, in prisons have fallen slightly since their peak in 2016, so-called natural cause deaths, the highest cause of mortality in prison, too often reflect serious lapses in care. We are also concerned about the increase in deaths during post-release supervision and reports of people being found unresponsive in their cells. Every suicide should be regarded as preventable and it is unacceptable that those known to be at risk face unacceptable delays awaiting transfer to more appropriate settings. Prisons have also been grappling with the increasingly widespread use of novel psychoactive substances, which are a serious risk to the health and safety of users, fellow prisoners and staff alike. Evidence to our inquiry suggests the Government

and the prison service are some way from having this under control.

See p. 39 Workforce  
And pp. 60-61 Staffing

See also ["RCN warns failure to invest in prison healthcare staff will jeopardise safety" \(RCN\)](#)

[Working in West Midlands' Prisons: current provision, staff feedback and future opportunities in prison health and substance misuse services](#)

Source: NHS West Midlands

Publication date: September 2010

This report sets out "findings about the prison health and substance misuse workforce in the West Midlands Region. It presents the current knowledge base on the workforce including employee sickness and absence rates, recruitment issues, employee engagement and future workforce plans. It also highlights the strategic issues that need to be addressed in order to improve health and substance misuse provision in prisons and provides a focal point for partnership discussions on prison health workforce planning and development. It will assist Clinicians, Directors of Nursing & Human Resources, Commissioners, The National Treatment Agency (NTA), Drug Action Teams and Prison Partnership Boards to develop plans that resonate with local priorities to support workforce planning and development. It will also contribute towards the identification of areas for service improvement and the reduction of health inequalities.

## Case Studies

[Supporting workforce development in the health and justice sector](#)

Source: The Academy of Fab Stuff

Supporting workforce development in the health and justice sector NHS England South, South East, with funding from Health Education England has developed a range of tools to support nurse leaders in the retention and development of staff working in the health and justice sector. NHS England commissions health and substance misuse services in prisons, immigration removal centres, youth offender institutions and sexual assault referral centres across the UK.

## The Star for workforce redesign

More resources and tools are available in [the Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under **"Health and Care"**

[HM Prison and Probation Service workforce quarterly: March 2023](#)

Source: HM Prison & Probation Service and Ministry of Justice  
Publication date: May 2021

Nurses and other healthcare staff are no longer directly employed by HMPPS. These services are now commissioned through Clinical Commissioning Groups. Although the publication tables continue to show historical trends over time for these

grades, they are no longer being presented in the snapshot of HMPPS staff in post by grade table.

## National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### Allied health professionals

[Paramedics working in a prison-based healthcare setting: an exploratory mixed methods study](#)

Item Type: Generic

Author: Johnson, Lewis

Publication Date: 2020

Publication Details: British paramedic journal, 4, (4) pp.1-9. , England:

Abstract: BACKGROUND: Prison healthcare departments recently started recruiting paramedics to assist in dealing with a rise in medical emergencies largely attributed to an aging prison population and an increase in novel psychoactive substance misuse. There has been little research investigating the paramedic role in this setting. This study aims to explore the strengths and limitations of employing paramedics within the prison healthcare setting from the perspectives of non-paramedic colleagues., METHODS: An exploratory mixed methods study was conducted in a UK category B remand prison, focusing on the opinions and observations of current healthcare and custodial staff. Paper questionnaires were completed by 32 members of staff and semi-structured interviews were conducted

with two participants., RESULTS: Seven global themes were identified within the qualitative data: management of medical responses; effect of a specialist role; effect on ambulance escorts; contribution to professionalism within the department; effect on the role of other healthcare staff; prisoner interaction with paramedics; and difficulties encountered in role implementation. Of the 32 participants, 31 believe paramedics have had an overall positive effect on the provision of healthcare, with a variety of reasons explored., CONCLUSION: In a small exploratory study, it is suggested that paramedics possess the relevant skills and training to offer a meaningful contribution to the provision of prison healthcare; however, further research is required to explore the full scope of their contribution in this setting. Copyright © 2020 The Author(s).

### Covid-19

[“It was really poor prior to the pandemic. It got really bad after”: A qualitative study of the impact of COVID-19 on prison healthcare in England](#)

Author(s): Wainwright et al.

Source: BMC Health & Justice 11(6)

Publication date: February 2023

Background: The impact of COVID-19 has been exceptional, particularly on the National Health Service which has juggled COVID affected patients alongside related staff shortages and the existing (and growing) health needs of the population. In prisons too, healthcare teams have been balancing patient needs against staffing shortfalls, but with additional strains unique to the prison population. Such strains include drastic lockdown regimes and prolonged isolation, the need to consider health alongside security, known health inequalities within prisoner groups, and an ageing and ethnically diverse population (both groups disproportionately affected by COVID). The aim of this paper is to contribute to emerging research on the impact of

COVID-19 on prison healthcare. Methods: We conducted 44 in depth interviews (over phone or video) across three groups: prison leavers, healthcare staff and decision makers, between July and December 2021. Framework analysis was undertaken. Results: Three themes were found. First, we found that Covid-19 had a significant impact on prison healthcare which involved reduced access and changes to how healthcare was delivered. This affected the health of prisoners by exacerbating existing conditions, new conditions being undiagnosed and mental health needs increasing. Second, the pandemic impacted on healthcare staff through creation of stress, frustration and exhaustion due to minimal staffing levels in an already under-resourced system. Third, an emerging conflict was witnessed. People in prison felt neglected regarding their healthcare needs but staff reported doing the best they could in an unprecedented situation. Healthcare staff and decision makers felt that prison healthcare was seen as a poor relation when compared with healthcare in the community, with no extra resource or staffing for Covid-19 testing or vaccinations. Conclusion: The Covid-19 pandemic has significantly impacted almost all aspects of prison healthcare in the UK. This includes delivery of healthcare by staff, receipt of it by people in prison and the management, planning and commissioning of it by decision makers. These three groups of people were all affected detrimentally but in vastly different ways, with some participants describing a sense of trauma. Health needs that were exacerbated or went unmet during Covid urgently need to be addressed in order to reduce health inequalities. In order for welfare and wellbeing to be maintained, and in some cases repaired, both prisoners and staff need to feel heard and recognised.

### Education and training

[Motivation and training needs of prison healthcare professionals: findings from a qualitative study](#)

Author(s): Jeker et al.

Source: BMC Psychology 11(167)

Publication date: May 2023

Health care in prison is a challenging task. The conditions of imprisonment create distinct difficulties for those providing health care in this setting. These particular circumstances have led to a shortage of quality professionals, working for the health of imprisoned people. The aim of this study is to elaborate reasons for healthcare professionals to work in a prison environment. The main research question is: why do healthcare workers choose to work in prisons? Furthermore, our study identifies training needs in various fields. Interview data that comes from a national project carried out in Switzerland and three other relatively wealthy countries were analyzed using content analysis. One-on-one, semi structured interviews were designed and conducted with professionals working in prison context. A total of 105 interviews were carried out and for this work 83 of them were analyzed and coded into themes responding to the study aim. Most participants chose to work in prison either because of practical reasons, as many reported various forms of contact with the studied prison environment at a younger age, or because of intrinsic reasons, including among others, having the wish to change the system of healthcare in prisons. Even though the education of the participants varied greatly, a lack of specialist training was expressed by many health care professions as an important factor. This study points out the need for more specific training programs for healthcare workers in prison and provides suggestions to ameliorate the recruitment and education for future prison health care workers.

[Correctional nurse education and training to care for and support prisoners with dementia: A systematic review of text and opinion](#)

Abstract only\*

Item Type: Generic

Author: Gaston, S., Porritt, K. and Jordan, Z.

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Publication Date: 2022

Publication Details: JBI Evidence Synthesis, 20, (5) pp.1275-1323. , United States: Lippincott Williams and Wilkins.

Abstract: Objective: The objective of this review was to synthesize the best available evidence on the training required for correctional nurses to care for and support prisoners with dementia. Introduction: Nurses caring for people in aged care facilities receive training related to aging and dementia; however, this has not carried across to training for the increasing aging population within correctional settings. Most research related to dementia care is focused on the aged and acute care sectors, and there is an absence of research in the correctional setting. Therefore, this systematic review was based on expert opinion and synthesizes information related to correctional nurse training for the support and care of prisoners with dementia. Inclusion criteria: Articles focusing on correctional nurses, regardless of gender, who were responsible for the health care of adult prisoners were considered for this review. The primary phenomenon of interest was the training needs and requirements for correctional nurses to support prisoners with dementia. The secondary phenomenon of interest was how the delivery of the training could be facilitated. The context of this review was the adult correctional setting. The sources of information considered for this review included text and narratives describing expert opinion, expert opinion-based guidelines, expert consensus, published discussion papers, unpublished dissertations, reports accessed from professional organization websites, and government policy documents. Method(s): A three-step search strategy was employed to look for both published and unpublished articles as recommended by JBI. The search was conducted for English-only articles, and from database inception to November 2020. All included articles were assessed by two independent reviewers for methodological quality. The data were extracted and pooled. Categories were developed and assigned based on similarity of meaning, and a

set of synthesized conclusions was developed after subjecting the categories to meta-synthesis. Result(s): Sixteen papers met the inclusion criteria and underwent critical appraisal and data extraction. Five synthesized findings were generated from 103 findings, which were aggregated into 15 categories. As expected, the rating was very low due to the nature of the included papers (ie, non-research), and the mix of unequivocal, credible, and unsupported findings. Conclusion(s): The review highlighted gaps in correctional nurse training related to caring for prisoners with dementia. Training for correctional nurses should incorporate information on general aging, alterations in aging, and dementia screening and management. Other findings included the need for policy and procedures related to training nurses to become dementia experts, and the development of partnerships with experts in the community to adapt training to the correctional setting. Copyright © 2022 by the Author(s).

[A review of primary care training programs in correctional health for physicians](#) Abstract only\*

Item Type: Generic

Author: Min, Insung, Schonberg, Dana and Anderson, Matthew

Publication Date: 2012

Publication Details: Teaching and learning in medicine, 24, (1) pp.81-9. , United States:

Abstract: BACKGROUND: Despite the health consequences of incarceration, there are no national standards for teaching physicians about correctional health. The purpose of this study was to survey existing correctional health training programs for primary care physicians. SUMMARY: Programs were identified through literature and Web search, snowballing, and professional meetings. Programs were contacted and asked to complete a survey. Correctional health programs exist in a variety of disciplines. We identified 22 in primary care. Programs seek to improve public health, reduce stigma, and recruit physicians to correctional health. Curricula covered specific health problems



as well as the impact of incarceration on families and communities. Relationships between the academic center and the correctional facilities were varied. Barriers include issues of security, time, financial resources, and stigma. Programs evaluate their learners, as well as educational and clinical outcomes., CONCLUSIONS: A variety of correctional health programs currently exist. A national model curriculum could strengthen teaching in correctional health.

### [Fulfilling the mission of academic medicine: training residents in the health needs of prisoners](#)

Item Type: Generic

Author: Wakeman, Sarah E. and Rich, Josiah D.

Publication Date: 2010

Publication Details: Journal of general internal medicine, 25 Suppl 2, pp.186. , United States:

Abstract: The single mission of academic medicine is the pursuit of health for all. This mandate serves as a reminder to focus care on vulnerable and underserved populations. The 12 million Americans who cycle through correctional facilities each year are arguably among the most vulnerable populations in this country; predominantly black, with a high burden of disease and many barriers to care after release. Medical training programs should provide exposure to the health needs of prisoners. Residents could establish care with inmates prior to release and arrange follow-up in the community. This addition to training would not only provide care to this underserved group, but also would train residents in the myriad problems prisoners face, and foster social responsibility.

## Health, wellbeing, and burnout

### [Working Conditions and Wellbeing among Prison Nurses during the COVID-19 Pandemic in Comparison to Community Nurses](#)

Author(s): Guardiano et al.

Source: International Journal of Environment Research and Public Health 19(17)

Publication date: September 2022

The psychological health and work challenges of nurses working in prisons during the COVID-19 pandemic are understudied. We evaluated the work and wellbeing characteristics of a California prison nurse group, with a comparison to those of a community nurse group. From May to November 2020, an online survey measured psychosocial and organizational work factors, sleep habits, psychological characteristics, COVID-19 impacts, and pre-pandemic recall among 62 prison nurses and 47 community nurses. Prison nurses had significantly longer work hours ( $54.73 \pm 14.52$ ,  $p < 0.0001$ ), higher pandemic-related work demands, and less sleep hours ( $5.36 \pm 1.30$ ,  $p < 0.0001$ ) than community nurses. Community nurses had significantly higher pandemic-related fear levels (work infection:  $p = 0.0115$ , general:  $p = 0.0025$ ) and lower perceived personal protective equipment (PPE) supply ( $p = 0.0103$ ). Between pre-pandemic and pandemic periods, both groups had significantly increased night shift assignments and decreased sleep hours, but the prison group had increased work hours. Although not statistically significant, both groups had high occupational stress and prevalence of post-traumatic stress symptoms. Our results indicate that prison nurses experienced work and wellbeing challenges during the pandemic. Future research and practice ought to address nurses' workload, PPE, and psychological resources in correctional facilities and healthcare organizations.

### [Work-Life and Well-Being in U.K. Therapeutic Prison Officers: A Thematic Analysis](#) Abstract only\*

Item Type: Generic

Author: Walker, Emma J., Egan, Helen H., Jackson, Craig A. and Tonkin, Matthew

Publication Date: 2018

Publication Details: International Journal of Offender Therapy

and Comparative Criminology, 62, (14) pp.4528-4544. , United States:

Abstract: Previous research has clearly demonstrated the positive impact of therapeutic interventions on offenders' well-being. Much less is known about the impact on prison staff facilitating and delivering such interventions. We employed qualitative methodology to capture a deeper understanding of the work of therapeutic prison officers. Seven prison officers working in a U.K. Category B therapeutic community prison were interviewed about their working lives, including their own participation in therapy. Following a thematic analysis approach, key findings indicated that the physical and cultural work environment was very important to staff; the therapeutic element of their job role, although demanding, was both satisfying and rewarding; and that working in a therapeutic prison environment provided the opportunity for personal as well as professional development. We conclude that further attention should be given to the unique nature of therapeutic prison work and the positive impact it can have on well-being at work.

### Reducing burnout in nurses and care workers in secure settings

Abstract only\*

Item Type: Generic

Author: Stewart, W. and Terry, L.

Publication Date: 2014

Publication Details: Nursing standard (Royal College of Nursing (Great Britain) : 1987), 28, (34) pp.37-45. , United Kingdom:

Abstract: AIM: To identify which educational interventions reduce burnout and promote wellbeing in nurses and care workers in secure settings., METHOD: A systematic review of health, educational and criminal justice literature was undertaken to appraise relevant studies and identify educational interventions that were effective in reducing burnout., FINDINGS: There is some evidence that clinical supervision and psychological intervention training are successful in reducing burnout in nurses

and care workers in secure settings., CONCLUSION: Supportive relationships can help nurses to manage emotional stress, and continuing personal and professional development can reduce burnout in qualified nurses in secure settings.

## Multidisciplinary teams

### Multidisciplinary team working in an adult male prison establishment in the UK

Item Type: Generic

Author: Heidari, E., Dickinson, C. and Newton, T.

Publication Date: 2014

Publication Details: British dental journal, 217, (3) pp.117-121. , United Kingdom: Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom).

Abstract: The first two articles in this series exploring the oral and dental health of male prisoners in the UK demonstrated how the general and oral health of prisoners is compromised compared to those of a similar age who are not prisoners. In caring for the oral health needs of this group the high demand for emergency dental services often precludes the delivery of preventive and routine care. Comprehensive oral care for this population requires a level of training to gain the skills and knowledge to manage prisoners' complex medical, dental and social needs and the heightened dental anxiety that prisoners exhibit. The type of training that might be required for prison dentistry will be discussed in the final article. This article will describe a number of cases selected to demonstrate the complex problems presented by male prisoners in Her Majesty's Prison (HMP), Brixton. This article will also discuss the establishment of a primary care inter-professional relationship network (IRN) developed within a prison setting involving a dentist and other healthcare professionals. After informal discussions between the dentist and other prison healthcare professionals, it became apparent that vulnerable patients were

not accessing dental services. These patients also cancel/fail to attend their dental appointments more frequently. In order to improve access and provision of dental care for this group of prisoners, an IRN was developed between the dentist, diabetic nurse, forensic psychology team, communicable disease lead, general medical practitioner (GMP), prison officers and healthcare manager within HMP Brixton. The nature of the IRN is presented along with reviews with relevant patient cases. The IRN allowed information sharing between professionals and an open care culture. The network was valued by prisoners. Prison populations show higher rates of general and oral disease, therefore an IRN can help to identify vulnerable groups and allow healthcare providers to give appropriate, targeted and focused care in a timely fashion. © 2014 Macmillan Publishers Limited. All rights reserved.

### Nursing

[The emergence of custodial health nursing as a specialty whose time has come: An Australian experience](#) Abstract only\*

Item Type: Generic

Author: Burton, Josephine

Publication Date: 2022

Publication Details: International nursing review, , England:

Abstract: BACKGROUND: Nurses provide healthcare in prisons worldwide. Working within security restraints, in environments not designed for nursing care, custodial health nurses (CHNs) use specialist nursing skills and knowledge to do essential work.

Rapid increases in prisoner age, infirmity and ill-health of prisoners mandate their access to these nurses., AIM: To raise awareness of the CHNs struggle for specialty status within the nursing profession, public health frameworks and prisons.,

SOURCES OF EVIDENCE: Publicly available information is organised and analysed through the author's lens of 20 years working in the Australian prison system as a general nurse and

nurse practitioner., DISCUSSION: CHNs efforts towards becoming a specialty within nursing, public health and prisons are ongoing. Overcoming barriers and maximising facilitators to effective CHN practice would be indicators of successful incorporation of nursing models that assist prisoner patients. Prison healthcare contexts are unique regarding prisoner health and funding that impacts the CHNs resourcing, their scope of practice and acceptance of nursing in prison systems and the broader healthcare sectors., CONCLUSION: Greater visibility of the CHNs will help promote policy reforms regarding nursing services within a changing prisoner demographic. Changes to educational and professional support for CHNs are needed. Policy restrictions on funding for CHN models in Australia fall short of international standards for prison healthcare; however, political and organisational commitment in this area will be necessary to attain community-equivalent healthcare standards across the custodial setting., IMPLICATIONS FOR NURSING AND OTHER POLICIES: Professional structures, competencies and specialty policy frameworks are required to promote CHNs as advocates for prisoners needing care and their professional development. CHNs at the forefront of policy development and review will benefit all stakeholders in custodial health. Copyright © 2022 International Council of Nurses.

[Dementia in prisons: the Admiral Nurse offer](#)

Author(s): Chamberlain and Denning

Source: British Journal of Neuroscience Nursing 16(3)

Publication date: June 2020

Dementia is an increasingly common condition, affecting over 50 million people worldwide, with approximately 850 000 living with dementia in the UK. In recent years, there has been a significant rise in the number of older prisoners, many of whom may also have dementia; however, there is little in the literature about the needs of this population. This is the first in a series of clinical articles on dementia in underserved populations. Aims: To

explore current literature; academic, policy and guidance to develop an understanding of what is currently known about this population. Methods: A literature review. Findings: There is insufficient data on the amount of dementia in the ageing prison population and limited research that defines the needs of this underserved population. This results in prison services often failing to meet the needs of this underserved population, with prison staff struggling in this regard due to limited knowledge, resources and training. The Prisons and Probation Ombudsman argues the failure to strategically respond to this population leads to each prison and its local healthcare providers being left to respond in a piecemeal fashion. Conclusions: This paper discusses the demographic changes related to prisoners with dementia and details how Dementia UK and Admiral Nurses can support a specialist care solution to this underserved population.

### Moral distress in correctional nurses: A national survey

Item Type: Generic

Author: Lazzari, Tiziano, Terzoni, Stefano, Destrebecq, Anne, Meani, Luca, Bonetti, Loris and Ferrara, Paolo

Publication Date: 2020

Publication Details: Nursing ethics, 27, (1) pp.40-52. , England:

Abstract: BACKGROUND: Moral distress is an increasingly documented problem in nursing and might foster nurses' intention to leave their workplace. It has been studied in different settings, but no specific research has been conducted in Italian correctional facilities. A recent Italian study produced a preliminary validation of the Moral Distress Scale for Correctional Nurses, which needs to be completed., OBJECTIVES: To investigate the level of moral distress of nurses working in the Italian correctional setting, by completing the validation process of the Moral Distress Scale for Correctional Nurses., METHODOLOGY: Multicenter questionnaire survey. All correctional nurses (461) affiliated with the Italian Society of Medicine and Penitentiary Health (also called "Simspe-onlus")

were invited to participate and 238 responded. The survey was conducted between April and November 2017 through SurveyMonkey R. Analysis of covariance was conducted to investigate the relationship between moral distress and the other variables under study. Exploratory factor analysis was conducted on the scale to confirm its dimensions., ETHICAL CONSIDERATIONS: The study was approved by the Italian Society of Medicine and Penitentiary Health (Simspe-onlus). The questionnaire included informed consent, pursuant to the law in force. The software could not accept questionnaires without explicit consent. Data were analyzed anonymously., FINDINGS: The median score was 46.5, indicating moderate moral distress. The only variable affecting moral distress was work experience in correctional facilities. Longer experience was correlated to higher levels of moral distress and intention to leave. Incompetent colleagues and short staffing were related to higher levels of moral distress. The scale confirmed the one-dimensional structure suggested by the original authors., DISCUSSION: This is the first study investigating moral distress among Correctional Nurses. The prison context is a high-risk environment for nurses, increasing the intention to leave the workplace., CONCLUSION: Corrective and protective measures, such as specific education, are needed to prevent moral distress development and to reduce nurses' shortage in this area.

### Prison Nurses' Professional Identity Abstract only\*

Item Type: Generic

Author: Goddard, Donna, de Vries, Kay, McIntosh, Tania and Theodosius, Catherine

Publication Date: 2019

Publication Details: Journal of forensic nursing, 15, (3) pp.163-171. , United States:

Abstract: In the United Kingdom, health and justice services nurses are a diverse group working across a range of contexts and settings such as police custody, sexual assault referral

centers, young offenders' institutes, and prisons and probation. Recruitment and retention to the specialist field of health and justice services nursing, specifically prison nursing, is problematic in the United Kingdom. In this article, we consider the background to the current situation in prison nursing and summarize some of the existing literature and research relating to this specialty to raise, for discussion and debate, issues that are pertinent to the concept of professional identity and professionalism. Role definition, resilience and burnout, and education within prison nursing are identified in relation to the development of professional identity. It could be that professional identity is the missing link to recruitment and retention.

### Prison nursing: Formation of a stable professional identity

Abstract only\*

Item Type: Generic

Author: Choudhry, K., Armstrong, D. and Dregan, A.

Publication Date: 2017

Publication Details: Journal of Forensic Nursing, 13, (1) pp.20-25. , United States: Lippincott Williams and Wilkins (E-mail: [kathiest.clai@apta.org](mailto:kathiest.clai@apta.org)).

Abstract: Aim: The aim of this study was to analyze how working within prison environments can influence the self-identity and professional identity of nurses. Background(s): The prison environment can be a difficult environment for nurses to deliver care within, with nurses having to carry out activities that seem to go against their professional role, while at the same time providing care to prisoners who have greater health needs than the general population. There is a lack of theoretical consideration of how prison nurses carry out their role in the face of such challenges. Method(s): This study used a review of literature published over the last 11 years exploring nurses' beliefs, thoughts, and feelings toward delivering care within prison environment. Implications for Forensic Nursing: With time, nurses working within prison environments develop specific skills

to be able to deliver appropriate care to their patients. These skills include adapting to both the prison environment and the prison culture. Ultimately, adaptations lead to a change in identity allowing nurses to work effectively within prison. Conclusion(s): Providers of prison healthcare should ensure that induction (orientation) processes for new nurses are designed to address specific challenges that nurses face including the potential for cognitive dissonance. They should ensure that nurses receive training to develop and acquire the skills highlighted in this review. Ensuring that this training is in place may increase nurse retention. Copyright © 2017 International Association of Forensic Nurses.

### Nursing care of prisoners: Staff views and experiences

Item Type: Generic

Author: Powell, J., Harris, F., Condon, L. and Kemple, T.

Publication Date: 2010

Publication Details: Journal of advanced nursing, 66, (6) pp.1257-1265. , United Kingdom: Blackwell Publishing Ltd (E-mail: [customerservices@oxonblackwellpublishing.com](mailto:customerservices@oxonblackwellpublishing.com)).

Abstract: Aim: This paper is a report of a study of the views and experiences of nurses and other prison healthcare staff about their roles and the nursing care they provide to prisoners. Background(s): Nurses have become the key providers of healthcare in prison settings in England, replacing the previous prison service-run system. However, there is very little evidence about the health services they provide to meet the health needs of prisoners. Method(s): A ethnographic study was conducted. Participants were 80 healthcare staff working in 12 prisons of all security categories in England. Twelve individual interviews with general healthcare managers and 12 key informant focus group discussions with healthcare staff were undertaken in 2005 using a semi-structured interview schedule. Issues investigated included participants' thoughts and experiences of nursing roles and delivery of primary healthcare. The group discussions and

interviews were analysed to identify emerging themes. Finding(s): Participants gave accounts of day-to-day processes and the healthcare routine. They saw their work as identifying and meeting the health needs of prisoners and maintaining their health, and identified major influences that shaped their daily work, including new ways of working in primary care. They identified how policy and organizational changes were affecting their roles, and acknowledged the conflict between the custody regime and healthcare delivery. Conclusion(s): The move towards a NHS-led primary healthcare service within prisons, predominantly delivered by nurses, has made positive changes to healthcare. Healthcare managers have benefited from the involvement of the local NHS in improving the health of prisoners. © 2010 The Authors. Journal compilation © 2010 Blackwell Publishing Ltd.

### Patient experience

[What are the sources of patient experience feedback in the UK prison setting, and what do patients and healthcare staff think about giving and receiving feedback in prison?: a qualitative study](#)

Item Type: Journal Article

Authors: Hankins, Frances; Charlesworth, George; Hearty, Philippa; Wright, Nat and Sheard, Laura

Publication Date: 2022

Journal: Patient Experience Journal 9(1), pp. 138-145

Abstract: BACKGROUND: The collection of patient experience feedback (PEF) has seen a marked global increase in the past decade. Research about PEF has concentrated mainly on hospital settings albeit a recent interest in primary care. There has been minimal research about PEF in the prison healthcare setting. The aim of this study was to explore the role of prison PEF, the different forms it might take and the perceptions of healthcare staff and people in prison. METHODS: Qualitative

face to face interview study involving 24 participants across two prisons (male and female) in the North of England, involving twelve healthcare staff and twelve patients. Framework analysis was undertaken. RESULTS: PEF sources were variable, from informal and verbal through to formal and written. The willingness of people in prison to give PEF related to whether they felt sufficiently comfortable to raise concerns, with some feeling too frightened and having apprehension about anonymity. It was viewed as disheartening to give PEF but not be informed of any outcome. Healthcare staff opinions about PEF were divergent but they found PEF unhelpful when it was about prison regime issues rather than healthcare. Suggestions for improving the PEF process were put forward and included accessibility, anonymity and digitalisation. CONCLUSIONS: This is the first study to report findings about prison PEF. There are broad similarities between our findings and research examining hospital-based PEF. Prison healthcare services seem to be listening to patients but the ways in which PEF is collected, considered and used could be improved. Abstract]

### Pharmacy and prescribing

[Exploring the challenges to safer prescribing and medication monitoring in prisons: A qualitative study with health care staff](#)

Item Type: Generic

Author: Magola-Makina, Esnath, Abuzour, Aseel S., Ashcroft, Darren M., Dunlop, James, Brown, Petra and Keers, Richard N.

Publication Date: 2022

Publication Details: PloS one, 17, (11) pp.e0275907. , United States:

Abstract: INTRODUCTION: Research suggests that patients who are prisoners experience greater morbidity, increased health inequalities and frequent preventable harm, compared to the general population. Little is known about the process and influencing factors for safe prescribing in the unique prison

## Evidence Brief: Prison Healthcare Workforce

environment, which may limit the development efforts to improve the quality of care in prisons. This study aimed to understand the process and challenges associated with prescribing in prisons, explore the causes and impact of these challenges, and explore approaches to improve prescribing safety in prisons., METHODS: Grounded theory informed data collection and analysis of a nominal group discussion by seven participants and semi-structured telephone interviews with twenty prison healthcare staff, including GPs, pharmacists, psychiatrists and nurses., FINDINGS: The underlying complexity of prescribing in prison settings increased the level of challenge and influenced the safety of this process. Multiple contributors to the challenges of safe prescribing were identified (comprising governance and policy; the prison structure; staff retention, training and skill mix; IT systems and interface; polypharmacy and co-morbidity; tradability and patient behaviour) with overarching constructs of variations in practice/policy and the influence of prison culture. Participants identified measures to address these challenges through multi-disciplinary collaborative working, increased consistency in processes, and the need for more innovation and education/training., CONCLUSIONS: Our study highlighted that healthcare provision in prisons is unique and needs to tailor the care provided to patients without enforcing a model focused on primary, secondary or tertiary care. Participants emphasised a necessary shift in workplace culture and behaviour change to support improvements. The COM-B model of behaviour change may be effectively applied to develop interventions in organisations that have in-depth understanding of their own unique challenges.

### Clinical Pharmacist Services on Admission to a Large Correctional Center Abstract only\*

Item Type: Generic

Author: Bhat, Ashwin, Gunther, Mary, Bungard, Tammy J., MacLennan, Stewart, Taube, Kim and Macek, Peter

Publication Date: 2020

Publication Details: Journal of correctional health care : the official journal of the National Commission on Correctional Health Care, 26, (2) pp.105-112. , United States:

Abstract: The clinical role of pharmacists in a correctional facility has not been fully described. We report the proportion of patients assessed by a pharmacist within 48 hours of admission to a large correctional facility. Of those assessed, the frequency and type of pharmacist interventions were described. A retrospective chart review was conducted for patients admitted to the Edmonton Remand Center (ERC) from September to November 2017. From 1,500 patients, 518 (34.5%) were assessed by a pharmacist, and 511 (98.6%) of those received one or more pharmacist interventions. Interventions were most commonly health care provider interactions (89.0%) and drug therapy interventions (76.1%). ERC pharmacists assessed a sizable proportion of admitted patients, with most receiving at least one pharmacist intervention.

### Clinical Pharmacists in Correctional Facilities: A Literature Review and Future Directions Abstract only\*

Item Type: Generic

Author: Thomson, Caitlyn, Gunther, Mary and Macek, Peter

Publication Date: 2019

Publication Details: Journal of correctional health care : the official journal of the National Commission on Correctional Health Care, 25, (3) pp.201-213. , United States:

Abstract: The role of pharmacists has undergone a significant transformation. Expanding clinical roles in the community and hospital settings have led to opportunity for correctional facility pharmacists to expand their practice. This literature review identifies past and present roles of correctional pharmacists, along with areas for growth. Peer-reviewed and gray literature is

described, outlining current and expanding pharmacist roles from 1997 to 2017. The literature reveals that health care provided in correctional facilities is shifting from a basic level of care to a greater role in inmate health and identifies the challenges and barriers that pharmacists meet. There is strong evidence to support the expanding role of pharmacists as primary care providers in the corrections setting through activities such as direct patient care, health care clinics, and medication management.

### Defining the Role of the Pharmacy Technician and Identifying Their Future Role in Medicines Optimisation

Item Type: Generic

Author: Boughen, Melanie, Sutton, Jane, Fenn, Tess and Wright, David

Publication Date: 2017

Publication Details: Pharmacy (Basel, Switzerland), 5, (3) , Switzerland:

Abstract: **BACKGROUND:** Traditionally, pharmacy technicians have worked alongside pharmacists in community and hospital pharmacy. Changes within pharmacy provide opportunity for role expansion and with no apparent career pathway, there is a need to define the current pharmacy technician role and role in medicines optimisation., **AIM:** To capture the current roles of pharmacy technicians and identify how their future role will contribute to medicines optimisation., **METHODS:** Following ethical approval and piloting, an online survey to ascertain pharmacy technicians' views about their roles was undertaken. Recruitment took place in collaboration with the Association of Pharmacy Technicians UK. Data were exported to SPSS, data screened and descriptive statistics produced. Free text responses were analysed and tasks collated into categories reflecting the type of work involved in each task., **RESULTS:** Responses received were 393 (28%, n = 1380). Results were organised into five groups: i.e., hospital, community, primary

care, General Practitioner (GP) practice and other (which included HM Prison Service). Thirty tasks were reported as commonly undertaken in three or more settings and 206 (84.7%, n = 243) pharmacy technicians reported they would like to expand their role., **CONCLUSIONS:** Tasks core to hospital and community pharmacy should be considered for inclusion to initial education standards to reflect current practice. Post qualification, pharmacy technicians indicate a significant desire to expand clinically and managerially allowing pharmacists more time in patient-facing/clinical roles.

### Placements

#### Nursing students' lived experience of a clinical placement in prison healthcare: A systematic review

Author(s): Brooke et al.

Source: Nurse Education in Practice 65

Publication date: November 2022

**Aim:** A systematic review of the literature to explore nursing students' lived experience of a clinical placement in a healthcare setting in a prison, to identify how and if their needs were met to enable an optimal learning environment. **Background:** There is an increasing demand for clinical placements to support undergraduate/prelicense nurse education, especially within primary and community healthcare settings. A clinical placement in a prison has the potential to provide multiple learning opportunities for nursing students due to the unique requirements of prisoners. However, there remains a need to understand nursing students' experiences of a clinical placement in a prison. **Methods:** The updated PRISMA guidelines for reporting systematic reviews guided the development of this study. Inclusion and exclusion criteria informed the search strategy of recognised MeSH terms and Boolean operators, which were applied to search CINAHL complete, APA Psycinfo, MEDLINE, Google Scholar and Grey Open. Manual searching of



the reference lists of all identified studies was completed. Standardised critical appraisal instruments were applied to each included study. Data extraction and analysis was completed by adhering to the thematic analysis process described by Thomas and Harden. Results: The electronic database and reference list search identified 81 studies published between January 2000 and December 2021 in the English language, which was reduced to the inclusion of five studies. Following screening, studies were completed in USA (n = 2), Australia (n = 1), Canada (n = 1) and UK (n = 1). A total of 228 nursing students had completed a clinical placement in prison. Four themes were identified: 1) pre-placement anxiety; 2) a sense of safety; 3) impact on negative stereotypes; and 4) an opportunity for learning. Conclusion: The voluntary and opt-in nature of clinical placements in prison may have created some bias in the results. However, standardised preparation and orientation of nursing students prior to commencing a clinical placement in prison is essential. Nursing students require structured support to understand their anxieties, the rules and regulations of security and how to interact with prisoners prior to entering a prison. Clinical placements within prison provide nursing students with an opportunity to challenge negative attitudes towards diverse and marginalised populations, develop clinical practice, knowledge and become socialised into the profession. However, the experience, knowledge and willingness of Registered Nurses to support nursing students is essential, to enable and empower their learning within this non-traditional clinical placement.

[Seeing is believing: The effect of prison-based insight-days on student nurses' perceptions of undertaking practice placements within a prison healthcare environment](#) Abstract only\*

Author(s): Hunt et al.

Source: Nurse Education in Practice 45

Publication date: May 2020

Prisoners' access to healthcare should mirror that of the general public, but is adversely affected by challenges in recruiting nurses to work in custodial settings, potentially impacting on prisoner well-being. To address this issue prison-based insight-days have been developed jointly by one university and prison to positively influence students' views of undertaking placements in custodial settings because nurses are known to subsequently seek employment in areas where they have had positive student placements. A phenomenological investigation explored student nurses' [lived experiences](#) of prison-based insight-days. Questionnaires and interviews were used to gather qualitative data about students' feelings both prior to and following the insight-day (n = 17). All data was thematically analysed resulting in four themes: pre-placement curiosity, escalating admission anxiety, calming down inside and post-placement decision making. The empirical findings showed that first-hand exposure to prisoners, and to the realities of a working prison, were crucial factors in dispelling stereotypes and addressing negative preconceptions of prison healthcare environments, as students could find prison placements unexpectedly appealing. Drawing on the findings, this paper recommends that facilitating prison insight-days within custodial settings may be one way to encourage students to undertake prison placements.

["I just had no idea what it was like to be in prison and what might be helpful": Educator and Learner views on Clinical Placements in Correctional Health](#) Abstract only\*

Author(s): Abbott et al.

Source: Teaching and Learning in Medicine 32(3)

Publication date: February 2020

Phenomenon: Correctional health services can provide quality learning experiences for medical students and graduate medical trainees, including through motivating learners to work with people involved with the justice system, and promoting understanding of the social determinants of

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health. Approach: We conducted 38 semi-structured interviews to examine the views of learners and educators on how to promote high quality clinical learning in correctional settings, with a focus on the Australian context. Participants included medical students; general practitioners who had undertaken graduate trainee placements; clinical staff involved in teaching and clinical supervision; and graduate program medical educators and university teachers from Australia, New Zealand, and Canada. Data were analyzed thematically. Findings: Clinical placements in correctional settings provided learning about the health of people involved in the justice system, but also beneficial clinical learning for working with a wide range of patients with complex health needs. Valued learnings included managing complex consultations, mental health and substance use disorders, and overcoming anxiety related to interacting with people in prison. Learner concerns included limited patient contact time, apprehension prior to placements, and stress related to experiences during the placements. This apprehension and stress could be mitigated by orientation and debriefing, and by appreciating healthcare professionals in correctional settings as advocates for their patients. Clinical supervision was perceived to be demanding in this context. Independent patient interaction was not usually possible for students and there could be short windows of time in which to provide direct patient care, making pauses for teaching difficult. Insights: Clinical placements in correctional health services provide experiential learning of direct relevance to medical student, and potentially to general practice trainee, curricula which is valuable even when learners do not have particular interest in correctional health. Furthermore, these placements may increase the capacity of the medical workforce to provide skilled care to other underserved populations. High quality learner and clinical supervisor experiences, and program scale and sustainability, require enhanced learning support systems through partnerships between correctional health services and education institutions. Required supports for

learners include orientation to security arrangements, debriefing sessions which assist learners to distill their learning and to reflect on challenging experiences, and alternative learning opportunities for when direct patient consultations are not accessible. Supervisor teaching supports include shared teaching approaches in the correctional health clinics and added student support from university-based staff.

### [Medical student experiences in prison health services and social cognitive career choice: a qualitative study](#)

Author(s): Brooker et al.

Source: BMC Medical Education 18(3)

Publication date: 2018

Background: One of the purposes of undergraduate medical education is to assist students to consider their future career paths in medicine, alongside the needs of the societies in which they will serve. Amongst the most medically underserved groups of society are people in prison and those with a history of incarceration. In this study we examined the experiences of medical students undertaking General Practice placements in a prison health service. We used the theoretical framework of the Social Cognitive Career Theory (SCCT) to explore the potential of these placements to influence the career choices of medical students. Methods: Questionnaire and interview data were collected from final year students, comprising pre and post placement questionnaire free text responses and post placement semi-structured interviews. Data were analysed using inductive thematic analysis, with reference to concepts from the SCCT Interest Model to further develop the findings. Results: Clinical education delivered in a prison setting can provide learning that includes exposure to a wide variety of physical and mental health conditions and also has the potential to stimulate career interest in an under-served area. While students identified many challenges in the work of a prison doctor, increased confidence (SCCT- Self-Efficacy) occurred through performance success

within challenging consultations and growth in a professional approach to prisoners and people with a history of incarceration. Positive expectations (SCCT- Outcome Expectations) of fulfilling personal values and social justice aims and of achieving public health outcomes, and a greater awareness of work as a prison doctor, including stereotype rejection, promoted student interest in working with people in contact with the criminal justice system. Conclusion: Placements in prison health services can stimulate student interest in working with prisoners and ex-prisoners by either consolidating pre-existing interest or expanding interest into a field they had not previously considered. An important aspect of such learning is the opportunity to overcome negative preconceptions of consultations with prisoners.

### Quality

[Improving health in prisons - from evidence to policy to implementation - experiences from the UK](#) Abstract only\*

Author(s): Leaman et al.

Source: International Journal of Prisoner Health 13(3-4)

Publication date: September 2017

Purpose The purpose of this paper is to understand the components of a high-quality prison healthcare system and the impact, ten-years on, of the transfer of accountability in England, from a justice ministry to a health ministry.

Design/methodology/approach A rapid the evidence review was undertaken, which included a review of 82 papers and qualitative interviews with key informants. The concepts and themes identified were summarised and analysed through a framework analysis, designed to improve population outcomes and address health inequalities. The use of a rapid evidence assessment, rather than a systematic review methodology, the use of abstracts (rather than full-text articles) to extract the data, and limiting the search strategy to articles published in the English language only might mean that some relevant research papers

and themes were not identified. The need for the evidence to be produced within a limited time frame and with limited resources determined these pragmatic approaches. Findings The review found that English prison healthcare has undergone "transformation" during this period, leading to increased quality of care through organisational engagement, professionalisation of the healthcare workforce, transparency, use of evidence-based guidance and responsiveness of services. The review also highlighted that there is still room for improvement, for example, relating to the prison regime and the lack of focus on early/preventive interventions, as well as specific challenges from limited resources. Research limitations/implications Time and resource constraints meant a rapid evidence review of papers in the English language was undertaken, rather than a systematic review. This might mean relevant papers have been missed. The review also only covered small number of countries, which may limit the transferability of findings. The lack of qualitative data necessitated the use of quantitative data gathered from key informants. However, this enabled a good understanding of current practice. Practical implications The review findings support the World Health Organisation position on the value of integrated prison and public health systems in improving quality of healthcare. It also recommends future policy needs to take account of the "whole prison approach" recognising that healthcare in prisons cannot operate in isolation from the prison regime or the community. Originality/value This is unique research which has great value in supporting prison reform in England. It will also be of interest internationally due to the paucity of data in the published peer-reviewed literature on the impact of commissioning models on healthcare or health outcomes.

### Retention

[Social identity and the prison health worker: Implications for practitioner satisfaction and turnover intentions](#) Abstract only\*

Item Type: Generic

Author: Stephenson, A. L. and Bell, N.

Publication Date: 2019

Publication Details: Health care management review, 44, (4) pp.286-295. , United Kingdom: Lippincott Williams and Wilkins (E-mail: [agents@lww.com](mailto:agents@lww.com)).

Abstract: Background: Delivering health care within the prison walls poses distinct and arduous challenges to the practitioner. Correctional health workers regularly face issues of overcrowding, increased prevalence of infectious disease, advancing age, deteriorating conditions, and patients with an inclination for violence. Still, regardless of the sizeable workforce, costs, and impact on community well-being, correctional health is often overlooked in health services delivery research. Purpose(s): The aim of this study was to better understand the unique nature of delivering services in the prison context through the lens of social identity theory and further explore practitioner satisfaction and retention.

Methodology/Approach: A survey design was used in this study, sampling clinicians in a state department of corrections in the United States. Using the data from 317 respondents, the study explored the relationship between professional identification and perceived organizational support as they impact job satisfaction and turnover intention and while controlling for burnout.

Result(s): Using nested ordinary least squares regression and nested logistic regression, the results showed that professional identification and perceived organizational support were positively associated with job satisfaction. Perceived organizational support was negatively and significantly related to turnover intentions. Conclusion(s): This article adds originality and value to the literature by using social identity theory to

address the occupational perceptions of a large, yet often underrepresented and underexplored, subsector of the health workforce. Practice Implications: The results highlight several areas where health care managers, whether from correctional or noncorrectional environments, could implement policy and procedure changes to further engage and retain the clinical workforce. To engage and retain the health worker population, managers must consider identification-reinforcing interventions that align with the self-concept and visibly display gestures of organizational support. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.

[Nurse retention in a correctional facility: a study of the relationship between the nurses' perceived barriers and benefits](#)

Abstract only\*

Item Type: Generic

Author: Chafin, W. S. and Biddle, Wendy L.

Publication Date: 2013

Publication Details: Journal of correctional health care : the official journal of the National Commission on Correctional Health Care, 19, (2) pp.124-34. , United States:

Abstract: Retention of nursing staff is more complex in a correctional facility. After a period of 3 years, only 20% of the staff remained employed at this study facility. Without retention of qualified correctional nurses, there are decreases in access to care, gaps in continuity of care, and less time for mentorship. Trained correctional nurses improve patient and staff safety, provide more education, and are more team-oriented. The purpose of this study was to identify barriers and benefits to nursing staff satisfaction with their job and the likelihood that they will continue to work in correctional settings. Practice and patient care will be favorably impacted if correctional nurses are provided with services such as new hire orientation, clinical ladder programs to recruit and retain nursing staff, and

teambuilding.

### Shortages

[Addressing Shortages of Mental Health Professionals in U.S. Jails and Prisons](#) Abstract only\*

Item Type: Generic

Author: Morris, Nathaniel P. and Edwards, Matthew L.

Publication Date: 2022

Publication Details: Journal of correctional health care : the official journal of the National Commission on Correctional Health Care, 28, (4) pp.209-214. , United States:

Abstract: Many jails and prisons in the United States do not have enough mental health professionals (MHPs) to meet the mental health needs of the people incarcerated in these facilities. This article examines strategies used to address MHP shortages in U.S. jails and prisons, including compensation incentives, telemental health services, interdisciplinary health care, flexible work schedules, and training rotations in correctional settings. These measures may help alleviate some of the shortages of MHPs in correctional facilities; however, these shortages will likely persist without broader policy reforms that decrease the size of U.S. correctional populations or increase the number of MHPs across the country.

[Can we address the shortage of psychiatrists in the correctional setting with exposure during residency training?](#) Full text

available with NHS OpenAthens account\*

Item Type: Generic

Author: Fuehrlein, Brian S., Jha, Manish K., Brenner, Adam M. and North, Carol S.

Publication Date: 2012

Publication Details: Community mental health journal, 48, (6) pp.756-60. , United States:

Abstract: Psychiatry residents at the University of Texas Southwestern Medical Center were surveyed to investigate their attitudes towards inmates, towards various aspects of correctional psychiatry and whether rotating at the local jail is associated with these attitudes. The overall opinion towards correctional psychiatry was fairly neutral though significantly more negative than towards inpatient psychiatry. While citing a high need for psychiatrists at correctional facilities, residents reported they are not likely to work there when they complete residency. No statistical differences were found between those residents who had rotated at the local jail and those who had not. Given the severe shortage of mental health providers in correctional facilities it is important to expose residents to this and understand ways to promote correctional psychiatry as a career.

### Secondary care

[Secondary care clinicians and staff have a key role in delivering equivalence of care for prisoners: a qualitative study of prisoners' experiences](#)

Author(s): Edge et al.

Source: eClinical Medicine 24

Publication date: July 2020

Background: While challenging to provide, prisoners are entitled to healthcare equivalent to community patients. This typically involves them travelling to hospitals for secondary care, whilst adhering to the prison's operational security constraints. Better understanding of equivalence issues this raises may help hospitals and prisons consider how to make services more inclusive and accessible to prisoners. We used prisoners' accounts of secondary care experiences to understand how these relate to the principle of healthcare equivalence. Methods: We undertook a qualitative interview (n = 17) and focus group (n = 5) study in the English prison estate. Prisoners who had

visited acute hospitals for consultations were eligible for participation. They were recruited by peer researchers. 45 people (21 female, 24 male, average age 41) took part across five prisons. Participants were purposively recruited for diversity in gender, age and ethnicity. Findings: Experiences of hospital healthcare were analysed for themes relating to the principle of 'equivalence of care' using Framework Analysis. Participants described five experiences challenging 'equivalence of care' for prisoners: (1) Security overriding healthcare need or experience (2) Security creating public humiliation and fear (3) Difficulties relating to prison officer's role in medical consultations (4) Delayed access due to prison regime and transport requirements and (5) Patient autonomy restricted in management of their own healthcare. Interpretation: Achieving equivalence of care for prisoners is undermined by fear, stigma, reduced autonomy and security requirements. It requires co-ordinated action from commissioners, managers, and providers of prison and healthcare systems to address these barriers. There is a need for frontline prison and healthcare staff to address stigma and ensure they understand common issues faced by prisoners seeking to access healthcare, while developing strategies which empower the autonomy of prisoners' healthcare decisions.

## Book Chapter

### Role of pharmacist in provision of clinical services in prisons

Author(s): Hussain et al.

Source: Encyclopaedia of Pharmacy Practice and Clinical Pharmacy

Prisoners are the most deprived and marginalized individuals of the society, who mostly come from very poor socioeconomic background having multiple health associated conditions, hence carrying a considerable burden of disease on the society. Therefore, like any other health care system in community,

prison-based health care system requires similar health facilities to cater the needs of prison population. This chapter describes the organization of the health care system in prison, health care facilities available for the prisoners and role of pharmacist in providing such facilities to the prisoners. It also outlines various challenges that a pharmacist experiences while delivering the clinical services in prison.

## eLearning

### Nursing Adult Prison Healthcare Settings

Source: NHS England eLearning for Healthcare

The Nursing in Adult Prison Healthcare Settings programme has been developed to support nursing colleagues who may be interested in a healthcare career within adult prison settings. The programme has been developed to support specific learning opportunities for pre-registration and registered nurses, and registered nursing associates. Nurses and nursing associates work in a wide range of health and justice settings, which includes adult male prisons. This programme is also intended to support the current nursing workforce in this area of practice, and signpost further information about career development opportunities. This resource has been developed to map to the NMC Code of Conduct and the NMC proficiency standards for pre-registration nurses and nursing associates.

### Introduction to Health and Justice Careers

Source: NHS England eLearning for Healthcare

This elearning session is designed to provide a basic overview of the services commissioned by NHS England, Health and Justice, and the career options within these services. This includes services that provide healthcare within the criminal justice system, immigration removal centres, sexual assault referral centres and also healthcare within the children and young

people's secure estate. The session was co-developed with expert stakeholders and is designed to explain and promote the unique working environments and career opportunities available within health and justice commissioned services, and to give the learner a flavour of what to expect should they choose a career within one of these services.

### [Health and Justice Pharmacy \(prisons and secure environments\)](#)

Source: Centre for Pharmacy Postgraduate Education

## In the news

### [Podcast: My experience working in the hidden world of prison pharmacy](#)

Author(s): Emily Stearn

Source: Chemist and Druggist

Publication date: 12<sup>th</sup> August 2022

Shortly after Ms Oshi-Ojuri graduated from the University of Manchester, she hit a crossroad. She'd undertaken her pre-reg working in community pharmacy at Day Lewis before beginning to work as a locum. "I wasn't quite sure what I wanted to do next," she tells C+D's reporter Emily Stearn in a podcast (listen below). Stuck between continuing with community or testing the waters in hospital pharmacy, an opportunity then arose as a clinical prison pharmacist in the Belmarsh, Thameside and Isis prisons in Greenwich. She accepted the job.

### [Prison healthcare in Wales suffers 'significant workforce challenges', RPS says](#)

Source: The Pharmaceutical Journal

Publication date: 31<sup>st</sup> May 2019

There are several challenges facing prison healthcare in Wales that are impacting the quality of services, including problems in recruiting adequate numbers of staff.

### [Dispensing behind bars: life as a prison pharmacist](#)

Author(s): Thomas Cox

Source: Chemist and Druggist

Publication date: 4<sup>th</sup> January 2018

A pharmacist speaks honestly to C+D about his experiences working in one of the largest prisons in England.

### [What I do as a pharmacist in the prison service](#)

Author(s): Christine Rowlands

Source: The Pharmaceutical Journal

Publication date: 4<sup>th</sup> April 2016

An interest in substance misuse led pharmacist Christine Rowlands to work in Health and Justice services.

## Competency Frameworks

### [Career and Competence Framework for the Adult Secure and Detained Estate](#)

Source: Skills for Health

This Career and Competence Framework was commissioned by Health Education England, South East and NHS England and NHS Improvement. Providing healthcare in secure, sensitive, and complex environments requires a wide range of roles and specific expertise. Ensuring that health and justice sector healthcare providers can recruit and retain staff, within both clinical and non-clinical roles, is vital in the delivery of an effective service.

### [Career and Competence Framework for the Children and Young People's Complex Needs Pathway](#)

Source: Skills for Health

This Career and Competence Framework was commissioned by Health Education England, South East and NHS England and NHS Improvement. It is based on the needs of the [NHS Long](#)

[Term Plan 2019](#) which makes a commitment to invest in additional support for the most vulnerable children and young people, between the ages of 0-18, who have complex needs and can be described as presenting with high risk, high harm behaviours and high vulnerability.

### Non-custodial Career and Competence Framework

Source: Skills for Health

NHS England commissioned Skills for Health to develop a Non-custodial Career and Competence Framework. Building on previous work to develop Career and Competence Frameworks for Liaison & Diversion services, the Adult Secure and Detained Estate and Children and Young People (complex needs pathway), the Non-custodial Career and Competence Framework will ensure that identified roles within Healthcare in Criminal Court Settings, Mental Health Treatment Requirements and RECONNECT and Enhanced RECONNECT services have clearly articulated competences for each identified role, the learning and development required, as well as any necessary on-going professional development.

### Professional Standards for optimising medicines for people in secure environments

Source: Royal Pharmaceutical Society

Publication date: February 2017

In 2003 the Department of Health published “A Pharmacy Service for Prisoners”<sup>1</sup>. This made 30 recommendations which set out a way forward in the development of more patient focused, primary care based pharmacy services to prisoners based on identified need. Implementation of these recommendations, coupled with the transfer of commissioning of health and pharmacy services to the NHS in 2005, has resulted in improved pharmacy services for people in prison with improved medicines governance and a larger pharmacy

workforce that deliver these services and support the wider healthcare and custodial teams.

## \*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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