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Strategies for Nursing Staff Working in a Correctional Facility.

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2019

Abstract

Strategies for Nursing Staff Working in a Correctional Facility

by

Ima James

APRN-FNP, Walden University, 2016

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2019

Abstract

As primary care providers in correctional facilities, correctional nurses are expected to balance inmates' healthcare needs with the security demands of the facility. This project explored whether an evidence-based education program could provide strategies for promoting health, a healthy work environment, and a sense of well-being to improve the knowledge, coping skills, and well-being of nurses working in a correctional occupational setting. Twenty nurses participated in an educational intervention project that was guided by the transactional theory of stress. Using a pretest/posttest design, data were collected over a 2-week period and calculated using means and percentages. The descriptive statistics using the 6 items in the pre- and posttest showed an average gain of 48% in knowledge compared to the pretest scores. Using the World Health Organization Well-Being Index scale, participants' sense of well-being also improved with an average score of 21% to 40% following the intervention. Findings indicate that effective management of work-related stress could result in positive social change by improving the health of nurses, the health outcomes of inmates, their families, and the community at large. With knowledge from this project, leadership might provide support and create opportunities for nurses to improve their skills.

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Dedication

This project is dedicated to my beloved husband who was my rock, my greatest encouragement, my loudest cheerleader, and my mentor who went to be with the Lord one year ago.

Acknowledgments

This project would not have been possible without the help and blessings of the Almighty God during this darkest time of my life; I owe Him my deepest respects. I also express my sincere gratitude to Dr. Barbara Gross, for all her time and advice; Dr. Janice Long for correcting my initial draft and guiding me; Dr. Courtney Nyange for her attention to detail; and Dr Edna Hull for her valuable ideas and tweaks. Dr Hull I will not forget that phone call you made on a Sunday evening, although I had a sleepless night after the call, but that phone call was a catalyst to this great achievement and my timely graduation from the program. I am especially indebted to you, thanks a lot ma'am.

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Section 1: Nature of the Project

Introduction

Correctional nurses perform their duties in a high-stress environment due to the nature of their patients and the primacy of security (Flanagan, 2006). They work with a variety of individuals, but most of the offenders have been incarcerated for violent offenses. Correctional nurses are persistently confronted with issues of security, and they must perform their duties within a custody-versus-caring conflict (Flanagan, 2006). In addition to this conflict, prisoners often have multiple health issues because of their lifestyles and risk factors prior to incarceration. Within prison populations, there is a high prevalence of tuberculosis, hepatitis, AIDS, dental problems, and chronic disorders resulting from acute infectious diseases (Flanagan, 2006).

Along with physical health issues, prisoners have a higher prevalence of psychotic disorders, such as schizophrenia, major depression, and bipolar disorder, compared to the general population (Flanagan, 2006). Because of the number of prisoners' health issues and security concerns, providing nursing care to inmates is an emotionally demanding job that can adversely impact the nurse's lives and mental well-being (Walsh & Freshwater, 2009). But an understanding of the nature and sources of correctional nurses' stress can inform the development of appropriate stress management strategies. This doctor of nursing practice (DNP) project was conducted to provide education on coping strategies for correctional nurses to assist with the challenges they face in performing their duties. This initiative can promote healthy outcomes in a correctional setting.

Problem Statement

Stress is a significant issue in the nursing profession as it is associated with work overload, role conflicts, staffing shortages, and aggression (Schreuder et al., 2012).

Recent studies in the healthcare industry have confirmed that nursing work has become increasingly stressful, and nurses experience a higher level of psychological distress than members of the general population (Pisanti et al., 2015). In addition to the stress encountered in a typical medical environment, the correctional setting poses unique challenges, so the stress level of correctional nurses is even higher than nurses working in other settings. Many prisoners have complex chronic illnesses and infectious diseases due to their high-risk behaviors and lack of medical attention before incarceration (Geiman & O'Brien, 2008). Some of these prisoners also have mental health issues and can become violent. Because of these daily challenges and experiences, an “outsider” may wonder why anyone would want to be a prison nurse (Geiman & O'Brien, 2008).

Correctional nursing differs from traditional nursing in many respects (White & Larsson, 2012). For instance, retention of nursing staff is more difficult in a correctional setting, which can lead to staffing shortages. When nurse retention becomes an issue, nurses experience a heavier workload, increased burnout, and higher job-related stress (Chafin & Biddle, 2013). However, nurses are the key providers of health care in prison (Almost et al., 2013; Dhaliwal & Hirst, 2016; Powell, Harris, Condon, & Kemple, 2010). Correctional nursing is a career option full of challenges, it requires a diverse skill set ranging from medical-surgical, emergency, critical care, and mental health abilities. In addition to the required competencies, nurses must deal with working in confinement,

which can pose challenges to even the most proficient nurse (Williams & Heavey, 2014). Correctional nurses work closely with correctional officers, but the approaches and priorities of these two groups differ and, often result in conflict. The primary focus of a nurse is serving as a patient advocate and caring for his or her well-being, whereas correctional officers are concerned primarily with safety (Williams & Heavey, 2014).

Some nurses consider working in the prison environment to be stressful and difficult due to safety, security, and procedural issues (Gerber, 2012). Other challenges of correctional nurses include bias because it can be difficult to disregard the magnitude and severity of the offender's crime. However, correctional nurses are not only required by the tenets of nursing to provide appropriate care, but they are also mandated by law (Flanagan, 2006; Gerber, 2012). The prisoners are not ignorant of the regulations and their rights, and sometimes, they approach the nurses with a litigious viewpoint (Flanagan, 2006). Prisoners can be exploitative; and nurses have to determine whether an inmate's health problem is genuine. This decision can create a dilemma because caring requires building a helping-trusting relationship. The nurse's obligation to be in control while ignoring manipulative behaviors may challenge his or her caring behaviors and cause stress (Maroney, 2005).

At the project site, it has been an ordeal to maintain adequate staffing. The turnover rate is high, especially for registered nurses, representing a concern for the bedside nurses and management staff. Nurses at the project site are continuously complaining about work overload, burnout, job-related stress, staffing shortages, role ambiguity, and role conflict. Due to the complexity of the prison environment, the

correctional nurses need to be equipped for challenges in this continually changing and unique environment. Thus, this project was designed to create a positive professional environment by providing education to nursing staff, which can lead to a productive workforce while increasing nurses' capability to manage stress. The project can encourage healthy nurses who can render quality services and improve the healthcare of the prison population (see Chafin & Biddle, 2013).

Purpose of the Project

The provision of healthcare in correctional facilities is primarily the responsibility of nurses (Almost et al., 2013; Dhaliwal & Hirst, 2016; Powell et al., 2010). However, correctional nurses often do not receive training and ongoing education commensurate with the magnitude of their responsibilities and scope of practice. Nurses need knowledge and competence in using research and evidence to make clinical decisions, especially when seeking to promote positive health outcomes in correctional settings (Almost et al., 2013). Despite this need, the correctional environment has received little attention in nursing research (Almost et al., 2013).

This DNP project was intended to increase correctional nurses' awareness of coping strategies to assist them with the challenges they face daily when performing their duties. Exposure to job-related stress can affect the physical and mental health of prison nurses, leading to decreased organizational productivity (Akbari, Akbari, Farasati, & Mohaki, 2014). Exposure to workplace psychosocial risk factors varies depending on the occupation. High degrees of psychosocial risk factors have been associated with penitentiary work environments, particularly for individuals in direct contact with

prisoners (Ghadder, Mateo, & Sanchez, 2008). Successful implementation of the educational interventions can empower the nurses, resulting in social change, through a healthier work environment, and better care for prisoners.

Practiced-Focused Question

Can an evidence-based education program designed to provide strategies for promoting health, a healthy work environment, and a sense of well-being improve knowledge of coping skills and the well-being of nurses working in a correctional occupational setting?

Nature of the Doctoral Project

This was a staff education project, and the sources of evidence for this work consisted of a literature review and pre- and post-test responses from the nursing staff. Many studies have suggested that nursing is one of the most stressful professions in the healthcare industry (Najimi, Goudarzi, & Gholamreza, 2012). The psychological factors associated with a nursing job, the physical risks of the job, and the environment can affect a nurse and, lead to depression and other mental disorders (Najimi et al., 2012). For the literature review, conducted as part of this project, published articles were searched for evidence of strategies that promote a healthy work environment for nurses employed in correctional facilities. An educational session was held for the nursing staff, and information from the literature review—about strategies that promote health, a healthy work environment, and a sense of well-being—was included in the educational presentation. The participants completed a pre-and post-test questionnaire, which included a well-being scale to assess the nursing staff's sense of well-being before and

after the educational program. The objective of the educational program was to improve participants' knowledge of health, a healthy work environment, and a sense of well-being while working in a correctional occupational setting.

Significance

Providing a caring environment is an inherent part of the nursing profession. Correctional environments pose ethical and professional dilemmas for nurses whose training presents caring as an essential part of their practice (Brodie, 2001). The responsibilities of a prison nurse differ from those of a nurse in any other setting or nursing specialty. A prison nurse's daily tasks consist of outpatient, occupational health, community, and acute psychiatric nursing (Evans, 1999). An educational strategy used for these nurses previously has been to develop post-registration programs that build on the nurses' existing skills, knowledge, and understanding of the unique needs of the inmates (Evans, 1999).

Understanding the difficulties of correctional nurses requires nursing leadership that promotes caring values within this setting so that nurses can provide services that are essential to human growth, well-being, and survival (Brodie, 2001). A positive social change associated with this project is enhanced knowledge about strategies to promote health, a healthy work environment, and a sense of well-being for nurses working in a correctional occupational setting. Reduced rates of early retirement, increase in job satisfaction, decrease in diseases and disorders, and an overall better quality of life may be accomplished by this project. Nurses with a healthy background will provide high

quality and safe patient care, which will lead to better outcomes and contribute to the social well-being of the prisoners and prison workers.

Summary

Prison constitutes a major component of the criminal justice system, and its environment produces multiple types of stress for its workers (Akbari et al., 2014). Workplace stress and burnout affect between 19% and 30% of employees in the general workforce. Job stress can be a result of individual and organizational stressors, which cause psychological distress and strain (Finney, Stregiopoulos, Hensel, Bonato, & Dewa, 2013). Job stress involves negative emotive and physical responses, which may occur when the job requirements are not in alignment with the abilities, resources, or needs of the employees (Najimi et al., 2012).

Studies have revealed that the level of behavioral and psychological problems people face directly correlates with the amount of stress they experience (Kristofersson & Kaas, 2013). Therefore, correctional facilities are among the most challenging environments for nursing practice, but this has received little attention in nursing research (Almost et al., 2013). The health needs of inmates in correctional facilities include disproportionate rates of mental illness, alcohol and/or drug dependence, victimization, traumatic injuries, and both chronic and infectious diseases (Schoenly & Knox, 2013). Developing educational interventions and coping approaches for nurses working in such facilities is significant, which is why this project was conducted to educate correctional nurses on coping strategies. Section 2 presents a discussion of the theoretical framework, the relevance of the project to the field of nursing, and the role of the DNP student.

Section 2: Background and Context

Introduction

The focus on health, healing, and prevention of disease in correctional settings is often challenged by the view of prison as part of a punishment, which can make it difficult for nurses working in this setting. Correctional nurses' functions have to be balanced with the need for security (Weiskopf, 2005). Several studies have linked mental health with correctional nurses' job stress, which is associated with organizational issues such as role conflict, emotional abnormality, job control, and the length of time spent with inmates (Akbari et al., 2014). To reduce the occupational stress levels of the nurses, an understanding of the factors and causes of occupational stress is essential.

Accordingly, the practice-focused question for this project was "Can an evidence-based education program designed to provide strategies for promoting health, a healthy work environment, and a sense of well-being improve the knowledge of coping skills and the well-being for nurses working in a correctional occupational setting?" The purpose of the project was to provide educational interventions on coping strategies for correctional nurses to alleviate their work-related stress. This section presents the theoretical framework, the relevance of this project to the field of nursing, and the role of the DNP student.

Concepts, Models, and Theories

A theoretical framework is important to evidence-based research. For this project, the transactional theory of stress and coping provided an explanation for the stressor-coping-strain process. The fundamental argument of the transactional model of stress is

that the association between stressors and strain is affected by coping responses (Brough, Drummond, & Biggs, 2018). In other words, coping strategies can lead to a significant difference in the adaptation results. The transactional model offers theoretical explanations for the existence of occupational stress, including the job-demands-control-support (JDC-S) model (Brough et al., 2018).

The JDC-S model outlines the major psychosocial job attributes that explain the occurrence of occupational stress. The three primary psychosocial job characteristics are psychosocial demands, decision latitude, and social support. Psychosocial demands are assessed using measures of job demands, decision latitude is evaluated using job control measures, and social support is assessed using measures specific to it (Brough et al., 2018). According to the JDC-S model, workers engaging in jobs distinguished by a high level of job demands and a low level of job control/support experience high levels of strain (Brough et al., 2018). Additionally, the growth or active learning model explains how work environments that satisfy an employee's psychosocial needs for support and control can produce positive effects, such as individual learning, development, job satisfaction, and high performance (Brough et al., 2018). Therefore, the JDC-S model was used as part of the transactional theory of stress in this project for developing appropriate coping skills strategies and helping correctional nurses in their daily challenges within their unique work environment.

Definition of Terms

Psychosocial: Relating to the shared relationship between social factors and individual thought and behavior (Akbari et al., 2014).

Correctional nurse: A professional nurse who cares for and treats inmates in a correctional facility. This could be a registered nurse or licensed vocational nurse (Gerber, 2012).

Burnout: Being drained and fatigued emotionally from work (Almost et al., 2013).

Stress: A combination of the brain and body response to any type of demand or threat, and it can affect individual emotional or physical well-being (Kristofersson & Kaas, 2013).

Stressors: A biological agent, a chemical, or an environmental condition, external stimulus, an event that can lead to stress in an individual (Finney et al., 2013)

Relevance to Nursing Practice

Prison nurses are predisposed to mental and physical health issues because of their work environment. Occupational and environmental stressors associated with prisons have consequences for the organization as well as its nurses (Akbari et al., 2014). The problems frequently reported by prison nurses include mental health issues as well as physical, emotional, and behavioral disorders such as depression, anxiety, sleep disturbances, burnout, alcohol abuse, early retirement, and heart disease (Akbari et al., 2014). Besides health issues, occupational stress can lead to job dissatisfaction, job turnover, frequent absenteeism, increased job events, and low job productivity (Akbari et al., 2014). Improving the job environment requires an understanding of the nature of the job in prisons. Therefore, as part of this project, a review was conducted of scholarship on the work-related stress of prison nurses and the approaches for mitigating the situation (see Appendix A).

The gaps identified in practice include poor support for new nurses in the form of mentorship, induction, or orientation programs to prepare them for their roles in correction; role conflicts; nurses' retention and turnover; and lack of continuing education (Almost et al., 2013; Choudhry, Armstrong, & Dregan, 2017; Dhaliwal & Hirst, 2016). Ensuring that nurses receive adequate and effective training may lead to increased skills, better retention, and improved professional identity of a correctional nurse (Choudhry et al., 2017). This DNP project was designed to close this gap through educational strategies.

Local Background and Context

The correctional healthcare system where this project was conducted is managed by the health department of two universities located in the Southern part of the United States and the state's department of criminal justice. "According to the state's department of criminal justice, the mission of the correctional healthcare committee is to establish a statewide healthcare plan that provides prisoners prompt access to quality healthcare while controlling cost."

The project site is one of the intake facilities for offenders in one of the Southern states in the United States. The healthcare needs of this facility are directly managed by one of the universities in charge of corrections. All the medical personnel are employees of the university. The facility can hold up to 2,300 offenders, and the prisoners can be housed in this facility for weeks, months, or a maximum of 2 years before they are transferred to their respective facilities depending on their charges and the duration of incarceration. Inmates are received daily from different parts of the state, except on

weekends. This facility has a high footfall and turnover. There are 22 licensed vocational nurses (LVNs), and 2 registered nurses in the facility; thus, a total of 24 nurses run a 24-hour shift in the facility. Because of the number of inmates that flood this facility daily, the nurses often express a sense of being overwhelmed and feeling burned out. Shortage of nurses on every shift is a common occurrence. If one of the two registered nurse leaves before the end of a shift, administering intravenous therapy becomes impossible. In such situations, the nurses seek assistance from the onsite nurse practitioner or the medical doctor. Correctional nurses are not always equipped with the appropriate training or given the ongoing education that is required for a broad scope of practice (Almost et al., 2013).

Nurses in this facility understand that security supersedes healthcare. In many situations, correctional priorities override nursing priorities. For instance, an offender who is scheduled for an intravenous antibiotic therapy at 9 o'clock in the morning can miss this dose if the facility decides to do a "special" count at that time. This situation often leads to conflict between the need for security and the provision of medical needs (Almost et al., 2013). The work of a correctional nurse is not just providing healthcare; it combines the two systems of correction and healthcare. The nurses at the project site are continually struggling to find a balance between prisoners' healthcare and security needs.

Further, opportunities for formal and informal learning and continuing education through support and mentorship are not readily available since the facility has only two registered nurses. Nurses at this site often report a sense of unpreparedness when they assess their roles vis-à-vis their qualifications, the scope of practice at the site, and the

number of offenders they receive. Training opportunities or ongoing education needed to appropriately handle the job demands in prison is not often available to correctional nurses (Almost et al., 2013). Job burnout is a common problem seen among these nurses. Burnout is negatively related to job satisfaction and positively associated with absenteeism (Lambert, Barton-Bellessa, & Hogan, 2015).

Nurses are the key healthcare providers in correctional institutions (Almost et al., 2013). Hence, broad-based knowledge, expertise in managing different aspects of the nursing practice, and promoting a positive patient outcome within this setting are vital. Nevertheless, the focus of correctional facilities is custodial care in a heavily secured, regulated, and punitive environment. A combination of the work environment rules and the expected roles of prison nurses presents unique contextual challenges for nursing practice (Almost et al., 2013).

Role of the DNP Student

This was a pilot project for this facility. In the future, it can be applied to a more extensive system of correctional care under the managing university. I work for the university that is directly in charge of this facility as a nurse practitioner; my preceptor is the medical director of this facility. I chose him as my preceptor just after I registered in the DNP program. Visiting him in his office to discuss the DNP program mentorship, I saw firsthand the struggle, the workload, the sense of frustration, and feelings of being overwhelming associated with correctional nursing. Being a floor nurse for many years in a trauma one hospital, it was not difficult to connect or relate to what the correctional nurses were experiencing. Besides, it was apparent that the work of a correctional nurse is

more than providing healthcare. This led me to find a DNP project that would alleviate the nurses' stress. This project began with the biased view that adequate staffing could reduce the stress of the correctional nurses. However, as this project evolved, it became clear that the issues of correctional nurses are multifaceted, and various approaches and strategies are needed to relieve their stress.

The DNP program prepares nursing students to develop the advanced competencies needed for increasingly complicated practice settings like the prison. The DNP education program is grounded in the context of societal demands, needs, and the requirements of an interprofessional work environment (American Association of Colleges of Nursing, 2006). Nurses who receive their DNP education occupy roles as educators and use their considerable expertise to impart knowledge to the next generation of nurses either in a practice environment or in an academic environment. To graduate, DNP students are expected to understand the principles of practice management, including conceptual and practical strategies for balancing productivity with quality care (American Association of Colleges of Nursing, 2006).

In addition, a DNP graduate should be capable of assessing the effect of practice policies and procedures (such as rules in the prison setting) on meeting the health needs of the patient population and the practicing nurse. DNP graduates should be competent in quality improvement approaches and in developing strategies to sustain changes at the organizational level. Besides, they should possess the ability to structure care to address emerging practice problems and the ethical dilemmas that unfold in different practice settings (American Association of Colleges of Nursing, 2006). As a DNP student, my

role involved generating educational awareness and identifying appropriate strategies to assist correctional nurses in combating their daily challenges toward improving patient and healthcare outcomes. This project was approved by the Walden Institutional Review Board, approval number for the project was 12-24-18-0413252 and the education program was guided by the university's staff education manual.

Summary

The provision of healthcare services to inmates is a critical aspect of every correctional system in the United States (Geiman & O'Brien, 2008). According to a 2006 report by the US Bureau of Justice, more than half the nation's inmates in jail and prison had been diagnosed with mental health disorders, and those with mental illnesses also had a high rate of substance dependence or abuse (Geiman & O'Brien, 2008). Given this setting, correctional nurses face unique challenges with regard to their patient population. Offenders may misbehave, or their actions may become unpredictable. Some may turn violent, while others may manipulate the medical staff to their advantage (Geiman & O'Brien, 2008).

Another concern is that the skill set needed for prison nursing is higher than that needed in other settings. Correctional nursing demands adequate knowledge of public health; psychiatric, emergency, chronic, acute, and critical care; disease management; and medical-surgical services (Geiman & O'Brien, 2008). The expertise needed for this level of nursing can be facilitated through educational opportunities. Both formal or informal learning can contribute to the nurses' progression from a novice to an expert, thus enabling nurses to respond to specific client needs (Almost et al., 2013). Trained

correctional nurses will promote patient and staff safety; moreover, practice and patient care will be favorably affected if these nurses are provided with strategies to reduce their job-related stress (Chafin & Biddle, 2013). Many research studies have noted that nurses are the primary healthcare providers in correctional facilities. They need a solid knowledge base and expertise in clinical decision making, which is backed by research-based evidence, to optimize their nursing practice, alleviate anxiety and stress, and promote positive health outcomes within the settings (Almost et al., 2013; Geiman & O'Brien, 2008). Section 3 presents the sources of evidence used in this project, data collection procedures, analysis methods, and synthesis of the data.

Section 3: Collection and Analysis of Evidence

Introduction

The prison environment can be a difficult place for nurses to deliver care. In this environment, nurses regularly carry out activities that seem to go against their professional expectation, while they render care to inmates who have significantly more health needs than the general population (Choudhry et al., 2017). Unfortunately, there is a dearth of theoretical and practical advice on how to equip nurses in this unique setting to perform their duties in the face of these challenges (Choudhry et al., 2016). The primary objective of this DNP project was to develop an educational program to create awareness and increase the knowledge of stress management among nurses at the project facility. Within the prison environment, a stable and positive professional identity is needed for delivering the appropriate care to patients (Choudhry et al., 2017). Section 3 describes the sources of evidence for the project, the analysis and synthesis of the data collected, and the evidence generated for the doctoral project. The section concludes with a summary.

Practice-Focused Question

Correctional nurses face a higher level of exhaustion than nurses in other medical settings and even higher than police officers. Work stressors, role conflict, role ambiguity, work overload, harassment, and work-family clashes are significant issues resulting in correctional nurses' burnout (Lambert et al., 2015). A key gap in practice is that the resources for correctional nurses are not proportionate to the scope of their practice. At the case facility, most of the nurses are LVNs, yet they practice at a level much higher than their educational attainment, which results in an ill-prepared nurse.

To alleviate staffing issues, burnout, and work overload on the nurses, the management has contracted with some staffing agencies. However, nurses sent by these agencies find it difficult to handle the stress associated with correctional nursing. Some of them scheduled to work for a week may work for 1 or 2 days and not return on the third day. Nurses contracted for 3 months have a 1-week orientation during which they cannot take on a complete assignment, which means less support for the other nurses who are already short-handed. By the second week, the contract nurses can take on full responsibility for their patients. One may think that once the orientation is complete, the staffing issue is resolved at least for 3 months of the contract period. However, this is far from the truth. The agency nurses do not stay in this facility for over 1 month, so the cycle continues.

Nurses work long hours of overtime, though not mandatory, to impress the management; however, they also complain of stress and burnout, inadequate resources, and lack of continuing education opportunities. Therefore, the practice-focused question for this project was "Can an evidence-based education program designed to provide strategies for promoting health, a healthy work environment, and a sense of well-being improve the knowledge of coping skills and the well-being of nurses working in a correctional occupational setting?" This DNP project was focused on presenting educational strategies and coping skills that can assist correctional nurses in alleviating their stress.

Sources of Evidence

Many factors contribute to the stress and frustration of correctional nurses. For instance, the security rules that control basic human processes infringe on individual autonomy. These include access to electronic devices like mobile phones, random security checks by prison staff, the unique traits of the prisoners, and the difficulties of working with correctional officers when they do not understand the role of the nurse and the respect needed. This often leads to feelings of frustration among the correctional nurses (Choudhry et al., 2017). Thus, nursing leaders in correctional facilities should ensure that the nurses employed in this setting have resources designed to address the peculiar challenges associated with the prison environment. To understand strategies that promote a healthy working environment for correctional nurses, I retrieved sources of evidence from the Walden University Library and other databases such as CINAHL, Ovid Plus, Nursing Journals, Medline, PubMed, ProQuest Nursing and Allied Health Sources, SAGE journals, and Wiley Online Library. The keywords used for searching these databases were *prison nurse*, *correctional nursing*, *custody and caring*, *burnout*, *stress*, *occupational stress*, and *prison work environment* (see Appendix A).

Health services within the prison setting are focused on delivering care that is equivalent to that in the community; however, this can be challenging for the correctional nurse (Choudhry et al., 2017). They are confronted with providing quality care to a vulnerable and occasionally behaviorally demanding population in an environment where security supersedes healthcare (Almost et al., 2013).

In a study by Almost et al., (2013), nurses reported caring for prisoners as a constant struggle with custody. They recognized that security poses a significant problem

in meeting the healthcare needs of the prisoners. The different assumptions about the value of health have resulted in stress and frustration for the nurses who advocate for appropriate medical care for the inmates. Additionally, this conflict between views can lead to bullying by correctional officers (Almost et al., 2013).

Nurses also suffer stress from time pressure, lack of understanding and support from superiors, inadequate resources, unstable workload, and competing priorities (Flanagan, 2006). Other causes of correctional nurses' frustration have been associated with exposure to infectious diseases, demands of inmates, feeling unsafe, and role ambiguity (Almost et al., 2013; Lert, Chastang, & Castano, 2001). Additional challenges for correctional nurses include inadequate staffing, heavy workload, limited resources, and challenging workplace relationships (Almost et al., 2013).

Nurses have reported problems such as being short-staffed, spending time on administering medication, and hand delivering medications to each prisoner. Regarding limited resources, nurses have reported lack of equipment, technology, or opportunities to collaborate with other health professionals for support. Nurses have also reported a lack of educational support and in-service training (Almost et al., 2013). On workplace relationships, nurses have discussed the differences in the values and expectations of healthcare between nurses and correctional officers, which creates conflicts and adds stress (Almost et al., 2013). Studies on Magnet hospitals suggest that nurses are interested in a work environment that supports education, positive work relationship, autonomy, control over nursing practice, and sufficient staffing (Almost et al., 2013). However,

stress is a significant concern in the nursing profession along with work overload, role conflicts, and inadequate support (Schreuder et al., 2012).

Nurses need adequate resources not only to support and promote their practice but also to conduct patient assessment and perform treatment (Choudhry et al., 2017). For instance, lack of educational support hinders skill development and curbs the ability to practice at full scope. Despite the expertise required to practice nursing in prison, correctional nurses often lack reliable knowledge to optimize their nursing practice. This is because of heavy workloads, lack of time, and short-staffing, which make it difficult for the nurses to acquire the necessary training and education. Further, communication and collaboration between security officers and nurses is imperative for team building in a prison setting (Almost et al., 2013).

The evidence from the literature was used to develop educational interventions that addressed the stress management issues of correctional nurses. This DNP educational program was aimed at educating correctional nurses and increasing their knowledge of stress management approaches in the prison environment. I assessed the changes in the participants through a pre- and post-test (see Appendix B) before and after implementing the educational interventions (see Appendix E).

Evidence Generated for the Doctoral Project

Participants

The target population for this DNP project was correctional nurses at the project site, including nursing leaders. The project facility was a small unit with few nurses. I recruited the nurses for the project with the help of the nurse manager and by e-mailing

the nurses. The e-mail explained the purpose, goals, and objectives of the project to the nurses. To promote better understanding, an educational flyer was attached to the e-mail on the following topic: approaches to stress management and coping skills among correctional nurses. The project was announced on the facility's bulletin board, and information about it was shared with the nurses during a staff meeting. Nurses were informed that a key benefit of participation was increased knowledge of stress management, which could help deliver better patient care. A total of 20 full-time employees participated in the project.

Procedures

The DNP project was guided by the three steps outlined in the Walden University Manual for Staff Education Project: planning, implementation, and evaluation. The educational program also relied on the relevant theory for the implementation of educational interventions. Choosing a suitable model or a theoretical framework facilitates the implementation of evidence-based change and improves the uptake of evidence into practice (French et al., 2012). The educational intervention was offered to the nurses through various sessions depending on their availability. Small sessions were held with two to three nurses each; availability was indicated via a sign-in sheet posted on the bulletin board. Holding a single educational session for all the participants was not possible because of staffing issues. The purpose of the intervention was to increase the nurses' knowledge of stress management and to help them implement the learnings in their practice. The pre- and post-tests were identical, and they were used to evaluate the participant's knowledge before and after the educational intervention. The pre- and post-

test instrument (Appendix B) consisted of six questions with true and false response options. Another tool was used for assessing their sense of well-being (Appendix D). The instrument to assess the sense of well-being contained 5 items to be rated on a 6-point Likert scale.

Planning

A significant part of the preparation stage involved obtaining the site approval and the approval from the Walden Institutional Review Board. I discussed this aspect with the leaders of the organization and approval was obtained both from the project site and from Walden Institutional Review Board. I had an informal discussion during the staff meeting to prepare the nurses for the educational project.

The educational tools and interventions were developed from the existing literature and from theoretical frameworks and models such as the transactional theory of stress, the JDC-S model, and Seligman's positive emotion engagement relationships, meaning, accomplishments (PERMA) model (see Appendices B & E). I worked with my project mentor to develop an educational program suitable to the participants. The effectiveness of the educational program was assessed using an evaluation form (see Appendix C).

Implementation

The goal of the educational program was to create awareness about stress management and to increase nurses' knowledge of coping skills in a correctional environment. This program was designed on premise that knowledge makes a difference and that educating nurses can help them acquire a better understanding of their work

environment (see Appendix E). The nurse manager and my project mentor supervised the development of the educational program. I collaborated with my mentor and the nurse manager to develop an educational flyer outlining the objectives and goals, a PowerPoint presentation (see Appendix E), and an evaluation tool to assess the effectiveness of the educational program (see Appendix C). I was the facilitator of the educational program. An informative session was conducted at the project site for the nurses on the following topic: approaches to stress management and coping skills among correctional nurses. Several sessions were held to accommodate the nurses' availability; the shortage of nurses prevented them from attending a session together.

The educational intervention program covered stressors in the correctional setting, communication among nurses and correctional officers, signs of work-related stress, methods of stress mitigation, benefits of adaptability, factors that promote a healthy work environment, and the theoretical framework underlying the project and coping skills (see Appendix E). The approach to the intervention was based on a study by Tacia, Biskupski, Pheley, and Lehto (2015), who reported that the strategies to address a clinical problem can be implemented by fostering awareness of evidence-based innovation, creating an understanding among the stakeholders through education, blending new practice into routines, and embedding the new practice in the organization.

Evaluation

Evaluation approaches for any program focus on assessing the effectiveness, accomplishment, outcomes, and objectives of the program. Evaluation supplies information regarding the impact of a program and highlights gaps for improvement

(Hassandra, Zourbanos, Kofou, Gourgoulianis, & Theodorakis, 2013). To evaluate the educational intervention, the nursing staff at the facility were given a pre-and-post questionnaire. The questionnaire tested their knowledge of strategies for promoting health, a healthy work environment and a sense of well-being in a correctional occupational setting. All the participants were also given an evaluation instrument (see Appendix C) to assess the effectiveness of the educational program based on the learning objectives. A separate tool was also provided to evaluate the sense of well-being of the correctional nurses (see Appendix D). The data collected was analyzed manually because there were few participants. The synthesized findings and conclusions were shared with the project facility and are reported in the following sections.

Protections

The data collected did not include any personal information or details of the staff. To match the pre-test to the post-test, and without revealing the identity of the participants; the nurses were asked to use their first initial with their birth month and the last two letters of their mother's maiden name. Twenty nurses participated in this project, which was approved by the Walden University Institutional Review Board and the project site. Participation was voluntary as this was an educational program; however, a detailed explanation of the project was shared with the participants before obtaining their questionnaire responses.

Analysis and Synthesis

In this project, pre- and post-testing (see Appendix B) was used to track the impact of the educational program. Research suggests that the health benefits of

education can accrue at the individual level in form of skill development and access to resources (Zimmerman, Woolf, & Haley, 2015). This educational DNP project was expected to generate awareness and increase correctional nurses' knowledge and their skill of managing stress in their work environment (see Appendix E). In the evaluation stage, the effectiveness of the educational program (see Appendix C) and the sense of well-being of the correctional nurses (see Appendix D) were determined.

To measure the outcomes stated in the practice-focused question, it was necessary to collect and analyze the pre/post-test survey results. To measure the nurses' sense of well-being before and after the education program, the WHO well-being index (WHO-5) was used (see Appendix D). This instrument has five items, each of which is rated on a 6-point Likert scale. The score on the index ranges from 0 to 25, where 0 denotes the worst quality of life, and 25 represents the best quality of life. The educational program was designed to improve correctional nurses' knowledge of health, a healthy work environment, and a sense of well-being. The educational program was based on interventions developed from evidence-based literature, the transactional theory of stress, and the JDC-S model.

Summary

Correctional nurses encounter different challenges in their daily routine. Creating a better working environment for these nurses can reduce burnout and stress and promote more collegial workplace relationships (Choudhry et al., 2017; Dhaliwal & Hirst, 2016). Research studies have found that lack of professional competence in working with clients can result in emotional exhaustion (Lambert et al., 2015). Educational and policy

initiatives are needed to help correctional nurses improve their skills and their capacity to practice at full scope. The vulnerability of inmates calls for nurses with a broad knowledge base for critical decision making (Almost et al., 2013).

Further, correctional nurses serve a unique population of patients who rarely appreciate the care provided. Developing the adaptability skills needed to thrive in this harsh environment is as critical as upholding the ethical principles of beneficence, nonmaleficence, fidelity, and justice toward all the patients (Williams & Heavey, 2014). The next section presents the findings, implications, recommendations, strengths, and limitations of the project.

Section 4: Findings and Recommendations

Introduction

Nursing is an inherently stressful job, which can lead to psychological and physical problems (Najimi et al., 2012). This problem is compounded for correctional nurses who work in a harsh job environment with a difficult patient population and in accordance with the policies governing the prison facilities. Typically, correctional nurses play dual roles of providing custody and nursing care. These dual roles are adversarial and not complementary; further, custody supersedes nursing. Because of this role ambiguity, nurses at correctional facilities struggle to find a balance between the healthcare needs of the inmates and the security limitations of the prison. This often leads to daily job-related stress for correctional nurses (Maroney, 2005).

The purpose of this DNP project was to create awareness and increase knowledge about coping strategies among correctional nurses faced with daily challenges in providing nursing care to the inmates. The scope of practice of the correctional nurses at the project site covered almost all the elements of nursing specialties, including mental health, outpatient care, emergency, medical-surgical, occupational, and community nursing. Despite the job demands, most of the nurses were LVNs, which indicates that their job demands are not in alignment with their acquired professional qualifications.

In the project facility, nurse turnover, work overload, burnout, lack of resources, shortage of staff, have been experienced on a routine basis. Owing to short staffing issues, the nurses did not have time for continuing education or undertaking skill- and knowledge-based improvements. Additionally, newly employed nurses did not have

enough time to get accustomed to their job expectations. The facility had no mentorship program for a novice nurse to progress gradually to a proficient nurse. This DNP project aimed to address the challenges faced by nursing staff working at the project site. This DNP project was an educational program that sought to answer the practice-focused question “Can an evidence-based education program designed to provide strategies for promoting health, a healthy work environment, and a sense of well-being improve knowledge of coping skills and the well-being of nurses working in a correctional occupational setting?”

Twenty correctional nurses working in the facility participated in the project. Data were collected using a pre- and post-test research tool before the project was implemented and at 2 weeks after the implementation of an educational intervention titled “Approaches to Stress Management and Coping Skills Among Correctional Nurses” (see Appendix E). Pre- and post-test data were also collected on a sense of well-being among the nurses (see Appendix D). This section includes the findings, implications, recommendations, strengths, and limitations of the project.

Findings and Implications

This was a pilot project and a small group of full-time employed nurses who had worked in the facility for at least 2 years participated. The pre- and post-test survey data were analyzed using mean scores and percentages, and conclusions were drawn about the overall outcomes of the project. The percentage was calculated by dividing the number of correct responses to each question by the total number of participants ($n = 20$) and then multiplying the answer by 100. Different participant characteristics were used to compare

the pre-/post-test samples such as qualifications (registered nurse and LVN) and years of experience as a prison nurse (see Tables 1 & 2). Table 3 contains descriptive statistics for correct responses to questions in the pre- and post-test.

Table 1

Qualification of the Participants (n =20)

Qualification	Pre-test	Post-test
Registered Nurse	10%	10%
LVN	90%	90%

Note. LVN = licensed vocational nurse

Table 2

Participants' Work Tenure at the Project Site (n = 20)

Number of Work Years in the Facility	Pretest %	Posttest %
2-4 years	15%	15%
>4-7	5%	5%
>7-9	10%	10%
>9-11	10%	10%
>11-13	10%	10%
>13-15	5%	5%
>15-17	5%	5%
>17-19	20%	20%
>19-21	15%	15%
Above 21	5%	5%

Table 3

Descriptive Statistics for Correct Responses to Questions in the Pre- and Post-Test (see Appendix D) (n = 20)

Categories	Pretest %	Posttest %
Question 1	100%	100%
Question 2	60%	100%
Question 3	60%	95%
Question 4	55%	90%
Question 5	40%	100%
Question 6	70%	95%

The data analysis showed differences in the responses to the six questions contained in the pre- and post-test (i.e., before and after implementation of the educational program). Differences were also noted in the sense of well-being scores. The test scores showed that all the participants understood that work-related stress is an adverse reaction from employees because of pressure at work. For question 2, which pertained to low self-esteem being connected to stress, there was a 40% increase in correct responses. For Question 3, about the physical and psychological impact of stress, there was a 35% increase in the correct responses. For Question 4, there was an improvement of 35%, and for Question 5, there was an increase in knowledge improvement by 60%. Finally, for Question 6, which was about managing stress through voicing opinions, there was a 25% increase in correct responses (see Table 3). Table 4 presents descriptive statistics for responses to questions on a sense of well-being in the pre-test survey, whereas Table 5 shows the descriptive statistics for responses to the same question in the posttest survey.

Table 4

Descriptive Statistics for Responses to Questions on a Sense of Well-Being (Pre-test) (n = 20)

Categories	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
Question 1	0%	0%	15%	25%	60%	0%
Question 2	0%	0%	20%	40%	40%	0%
Question 3	0%	10%	35%	25%	30%	0%
Question 4	0%	0%	20%	45%	35%	0%
Question 5	5%	10%	15%	35%	35%	0%

Note. 5 points = all the time, 4 points = most of the time, 3 points = more than half of the time, 2 points = less than half of the time, 1 point = some of the time, and 0 points = at no time.

Table 5

Descriptive Statistics for Responses to Questions on a Sense of Well-Being (Post-test) (n = 20)

Categories	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
Question 1	0%	25%	40%	15%	20%	0%
Question 2	5%	20%	45%	20%	10%	0%
Question 3	0%	30%	45%	10%	15%	0%
Question 4	0%	20%	40%	20%	20%	0%
Question 5	5%	25%	30%	15%	25%	0%

Note. 5 points = all the time, 4 points = most of the time, 3 points = more than half of the time, 2 points = less than half of the time, 1 point = some of the time, and 0 points = at no time.

The sense of well-being index is composed of five items (see Appendix D). The score ranges from 0 to 25, where 0 indicates a poor sense of well-being and 25 denotes

the best possible quality of life. Table 4 illustrates the findings of pretest, and Table 5 shows the results of the posttest. The mean score is the average value, which is calculated by adding all the possible scores (5, 4, 3, 2, 1) for one question and then dividing it by the total number of responses. A score of 3 is the average for each item in the scale, the maximum score is 5, and the minimum score is 1. For Question 1, 2 weeks after implementation of the educational intervention, there was a 50% decrease in the number of participants who scored below average. Similarly, 80% of the participants scored less than 3 points on Question 2 in the pre-test (Table 4, row 2), but after the intervention, only 30% scored less than 3 points (Table 5, row 2). This shows a 50% reduction in below-average scores. On Question 3, there was a 30% improvement in the number of participants who scored at average or above average. On Question 4, there was a 40% score improvement. On Question 5, there was a 30% reduction in below-average scores (see Table 4).

The analysis of the descriptive statistics using the six items in the pre-and post-test survey (Table 3) showed that a higher percentage of nurses had better knowledge after the intervention about the causes and impact of stress and how to manage stress compared to before the intervention. Further, in the evaluation of a sense of well-being, using the WHO-5 scale, the percentage of nurses that scored above average was higher in the post-test than at pre-test. This suggests an improvement in the sense of well-being after implementation of the educational intervention. Thus, the results indicate that an evidence-based education program designed to provide strategies for promoting health, a

healthy work environment, and a sense of well-being *can* improve the knowledge of the topic and the well-being of nurses working in a correctional occupational setting.

Linking Findings to the Literature and Framework

The transactional theory of stress served as the theoretical framework for this project. The theory explains that the association between stressors and strain is affected by coping responses. The growth or active learning model describes how a work environment that meets the psychosocial obligation for support and control can impact individual job satisfaction and performance positively (Brough et al., 2018). Many factors can affect an individual's ability to work to full scope with less stress. In this case, continuing education opportunities, which can take the form of formal and informal learning, can help nurses' progress from novice to expert (Almost et al., 2013). Supporting nurses through education can increase their knowledge and equip them for their demanding roles and eliminate feelings of unpreparedness. The findings of the project are aligned with the literature postulating that education can create awareness and increased knowledge, which in turn can alleviate stress.

Implications for Practice

The problems identified at the project facility were staff shortage, lack of resources for formal and informal training, burnout because of long working hours, work overload, policy conflicts, and communication issues between the correction officers and the nurses. The educational intervention was efficient in dealing with the everyday issues that affected the facility. The results of the project (pre-and post-test) survey suggest that a work environment can be improved, and stress can be alleviated by being

knowledgeable of the causes of stress, signs of work-related stress, the impact of stress on health, and the methods of stress management. The project outlined that access to more resources, collegial workplace relationships, and better nurse leadership support can improve the sense of well-being of correctional nurses.

The project, as a pilot project in the facility, opened the door for the nurse leaders and administrators to identify ways to increase staffing, provide resources, and thus reduce the stress on the nurses. In this way, a favorable work environment can be created. The project can be applied in other facilities in the organization. It highlights the importance of orientation and mentorship in assisting newly employed nurses in a correctional environment. Nurse leaders can use the mentorship strategy to increase nurse retention. Workforce planning in correctional settings demands appropriate retention approaches to improve staffing (Almost et al., 2013).

Implications for Positive Social Change

The enhancement of psychological well-being leads to stress alleviation. Correctional nurses at the facility felt empowered after the implementation of the educational intervention. Each nurse could handle a daily task without feeling overwhelmed. At the individual level, the nurses were more satisfied with themselves after the intervention.

Nurses experiencing burnout can suffer from emotional exhaustion, resulting in the loss of sympathy and respect toward their patients. It can also lead to a gradual loss of caring for co-workers. Over time, stress or emotional exhaustion is accompanied by physical changes, psychological changes, and the inability to sustain the personal care

and commitment needed in the nursing profession (Lambert et al., 2015). Effective management of work-related stress by the correctional nurses is likely to be associated with healthy nurses with high levels of life satisfaction.

Any healthcare organization will benefit from having nurses who are caring and committed to providing quality care to the patients. Such an organization may experience decreased nurse turnover, increase retention, and effective teamwork. Professionally competent nurses are also associated with positive social changes for the community. In the project facility, community refers to the patients (the inmates). Quality nursing care has an impact on disease control, disease improvement, and effective treatment. The quality of care provided by nurses can contribute to improved health outcomes. It is also reflected in the change in health status, such as relief from symptoms, cure of the disease, and reduction in morbidity and mortality (Kapoor, 2011). Further, the reduction in healthcare cost would be a remarkable positive social implication.

Recommendations

Studies on the work environment of prison nurses are limited. Further research is needed to thoroughly explore the strategies to improve the work environment of correctional nurses. Future studies should identify other predictors of job retention, turnover intent, job satisfaction and stress management process. Findings from this project support the development of programs that promote nurses' retention. Educational and policy initiatives are required to create opportunities for nurses to improve their skills, including, online opportunities. Another approach recommended for a conducive work environment is the establishment of an effective communication and support system

between the correctional officers and the nurses (Almost et al., 2013). Further, effective adaptation processes for newly employed nurses should be initiated in the form of induction, orientation and mentorship programs. These steps can improve the retention of nurses in correctional settings (Choudhry et al., 2017).

Strengths and Limitations of the Project

Strengths

The project targeted nurses who had worked in the facility for at least two years to strengthen the representativeness of the responses and the findings. The participants of the study were the primary audience for the project, and they had first-hand information about their work in the prison. The results of the study answered the practice-focused question. The use of a sense of well-being scale provided information on how to measure nurses' sense of well-being. The evaluation of the study confirmed that the goals and objectives of the project were achieved. The impact on the recipients and the outcomes of the project were positive, and the project highlights what can be done to improve the work life of correctional nurses.

Limitations

The limitation of the evaluation is that the sample size was small, and this was a pilot project limited to one facility. It should be noted that the results of the evaluation are limited to nurses working at the project facility. They may not be representative of the work environment of all nurses working in other correctional facilities. The analysis of the sense of well-being of the nurses was limited in that only one measurement tool was used. A detailed and in-depth measurement might be needed in the future to measure the

sense of well-being of correctional nurses satisfactorily. The study did not include an adequate number of registered nurses to determine whether the work stress level of the registered nurses and the LVNs was affected by their educational levels.

Section 5: Dissemination Plan

This section presents a plan for the dissemination of the project results and my self-analysis as a practitioner, scholar, and project manager. A nursing research study is an opportunity to improve the health of the patients whom the nurses encounter daily. However, nursing practice cannot change if the findings of the study are not disseminated. This DNP project was an educational intervention for correctional nurses on approaches to stress management which is essential for advanced nursing practice. The dissemination plan aligns with the need for leaders in the nursing profession to share knowledge with other nurses, interdisciplinary colleagues, and policymakers through publications, journal clubs, presentations, panel memberships, posters, and media interviews (Hanrahan, Marlow, Aldrich, & Hiatt, 2010). Dissemination of nursing knowledge is significant for advanced practice nurse, and being able to contribute substantially, communicating knowledge to nurses is crucial in advancing the nursing profession.

The primary audience for this project was the correctional nurses at the practice site, who were the first to participate in the sharing of the findings. The findings were shared with other stakeholders at the project site, and the management staff through a PowerPoint presentation. I initially presented the findings to the management staff at a leadership meeting, then, at a staff meeting. I used a PowerPoint presentation to discuss the results.

The findings of this project can also be disseminated via a peer-reviewed journal, such as *Journal of Forensic Nursing*, to a broader nursing audience. The journal is a

cutting-edge publication that addresses health issues, forensic psychiatric nursing, and correctional nursing. The likelihood of successful reception is high when information or a product is tailored to the needs of the desired audience. For instance, a product on public health will be best targeted at public health practitioners and policymakers (Brownson, Eyler, Harris, Moore & Tabak, 2018). Given the nature of this DNP project, the findings can be beneficial to nurses from all types of correctional settings, including jails, and even those working in other environments.

Analysis of Self

The DNP program, the practicum experience, and the opportunity to develop a scholarly product have been an exciting journey, though not without challenges. I chose a correctional facility for my practicum site and a topic that relates to correction because I wanted to explore an unfamiliar healthcare setting. This DNP experience has helped me acquire substantial leadership skills through working with different professionals such as psychologists, correctional officers, pharmacists, the nursing staff, and others.

The DNP program is centered on leadership, organizational systems, health policy, healthcare finance, informatics, and integration of evidence-based practice (Edwards, Coddington, Erler, & Kirkpatrick, 2018). As a practitioner, by pursuing the DNP program, I have developed the skills needed to handle complex organizational and system issues in the provision of quality patient care. Evaluating myself in the role of a practitioner, I have noted significant improvements in terms of participation in team building and innovations. The DNP program produces clinicians who are capable of leading and applying evidence-based research to clinical settings to enhance health

outcomes (Edwards et al., 2018). My DNP education has prepared me to function at the highest level of nursing practice and helped me develop evidence-based approaches through the application of new knowledge and innovations for improving clinical practice and optimizing health outcomes.

As a scholar, the process of reviewing the literature and writing my DNP project has expanded my knowledge base. The program has stimulated my critical thinking and advanced skills, which are needed for transforming and transferring evidence and quality improvement outcomes into the clinical domain (Edward et al., 2018). During the practicum at the project site, having an impact on the nursing staff and on the nursing profession was significant. I educated the nurses on skill development and improvement and on the importance of evidence-based practice. I served as a mentor, team builder, and leader, which helped me improve my own skills. The interactions and experiences during my practicum have honed my skills as a clinician and helped me gain more confidence as a nurse leader, as I recognize the impact this project had on the nurses at the facility and the insights the management staff gained toward the retention of nurses.

The DNP program has also enabled me to better understand the role of a project manager. Communication is important for connecting stakeholders and ensuring their buy-in. To motivate, engage, and receive the consent of stakeholders, a leader should be able to articulate the vision of the project and explain all the “whys.” As a project manager, I did not find it difficult to obtain site approval for the DNP project because I was able to articulate the benefits of the DNP project to the leaders at the project site. Because people may respond negatively to leaders’ ideas if they are not aware of the

intent or the context of the project (Benson, 2015), I also articulated the project to nurses in advance via e-mail, in a project announcement on the bulletin board, and through an explanation before the implementation of the education intervention. During this project, I learned that communication is essential to ensure team cooperation.

I faced many challenges because the project had to be conducted in a restricted environment and because of lack of resources. Conducting education sessions repeatedly required a lot of time that could have been channeled into other activities. However, the expected goals have been achieved, and I learned that perseverance is the route to success. I have experienced first-hand that determination and the right attitude can foster cooperation among team members. The DNP program has contributed to my growth as a scholar, as a nurse practitioner, and as a leader in my organization. My long-term goals are to introduce a system-wide change, contribute to policy development, serve as a mentor to nurses, and advocate for quality patient care.

Summary

Occupational stress can affect the life of an employee, the service they provide, and their job satisfaction. Job-related stress is associated with increased risks to physical and mental health and psychological well-being as well as decrease in the quality of service provided to the client (Wu, Chi, Chen, Wang, & Jin, 2009). The problem of job stress is worse for correctional nurses because of their client population and the policies governing the prison facility. Correctional nursing requires leaders who can support nurses through formal systems such as clinical supervision (Walsh & Bee, 2012). In supporting and promoting practice development in prisons, it is essential to consider the

influence of prison culture where the competing priorities of caring and custody present significant challenges for nurses and the practice (Walsh 2009; Perry, Bennet, & Lapworth, 2010; Powell et al., 2010).

The problem of work-related stress at the DNP project site was compounded by a lack of resources, burnout, long working hours, policy conflicts, inadequate training, and communication issues between the nurses and correctional officers. Occupational education and training programs may be essential to improve knowledge and promote the ability of correctional nurses to cope with work responsibilities (Wu et al., 2009). This DNP educational intervention provided useful resources to reduce the correctional nurses' stress. The pre- and post-test analysis confirmed the positive results of the intervention. Nursing leaders and policy administrators can use the recommendations of this project to boost nurses' retention and create a more conducive work environment. A conducive work environment can be realized through leadership support, better workplace relationships, provision of resources, continuous education opportunities, and a mentorship program for new nurses. Nurses working in such an environment will remain healthy and are more likely to provide quality care to the patients.

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Appendix A: Literature Review Matrix

Author/Year	Purpose	Research Design	Population	Findings
Akbari, Akbari, Farasati, & Mahaki (2014)	To study work-related stressors among employees of prisons of Ilam, western Iran.	A cross-sectional study conducted from July to October 2013	177 employees of Ilam prisons and security-corrective measures organization (Dalab)	Job stress was highest among employees of correction and rehabilitation center of Ilam province than Dalab vocational training center
Almost et al. (2013).	The purpose of this study was to examine the work environment of nurses working in provincial correctional facilities	A mixed method design	Final sample consisted of 270 nurses and 27 healthcare managers	When asked to describe issues and challenges within their work environment, both groups identified three key issues: (1) inadequate staffing and heavy workload, (2) limited resources, and (3) challenging workplace relationships.
Brough, Drummond, & Biggs (2018).	The paper presents a rare simultaneous assessment of how two types of job demands (cognitive and emotional) are both moderated by job control and social support and mediated by coping for the prediction of work engagement and psychological strain over time.	Self-report surveys were administered twice over 12 months	2,481 respondents	The results offer support for the process of occupational stress by demonstrating how both accommodation and avoidance coping mediate the job-demands–outcome relationship over time. The results also demonstrate that this stressor-coping-strain process is simultaneously moderated by job support or job control.
Choudhry, Armstrong, & Dregan (2017).	The aim of the study was to analyze how working within prison environments can influence the self-identity and professional identity of nurses.	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	18 Articles were identified, one was excluded	Results show 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.

(table continues)

Author/Year	Purpose	Research Design	Population	Findings
Chafin & Biddle (2013).	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	The study used a nonexperimental, descriptive, cross-sectional correlational design.	33 Respondents	The nursing staff surveyed indicated a likelihood of continuing employment at this correctional facility, even up to 5 years
Dhaliwal & Hirst (2016).	How correctional nurses show caring for offenders	A systematic review and narrative synthesis of literature	Total number of articles identified were 1382, total included were 42. Nonresearch articles were 31 and research articles were 11	Findings show that caring in correctional nursing is portrayed by addressing the struggle of custody and caring and showing the need for nonjudgmental attitudes and by the importance of boundaries
Flanagan (2006)	To (a) replicate an earlier study of correctional nurses to determine whether similar findings could be duplicated in a study of prison nurses from another state and (b) test the concepts of stress and satisfaction as represented in the anticipated turnover model.	This study used a nonexperimental correlational design	984 Questionnaires were mailed to registered nurses, 454 nurses completed the survey	The overall stress scores across studies were not significantly different. The mean scores for both studies were approximately half of the maximum possible stress score, indicating only a moderate amount of stress
Ghadder, Mateo, Sanchez (2008).	To explore the association between workplace psychosocial risks and the mental health of correctional officers	A cross-sectional study	384 subjects were recruited for the study, 164 completed the surveys	Mental health was found to have a significant inverse relationship with psychological demands, while psychological demands had the largest impact on mental health.
Lambert, Barton-Bellessa, & Hogan (2015).	This study examined the effects of the emotional exhaustion dimension of burnout on life satisfaction, support for treatment, support for punishment, absenteeism, views on use of sick leave, and turnover intent	Survey Research	272 Subjects	The results indicated that emotional burnout had a significant negative effect on life satisfaction.

Appendix B: Pre- & Posttest

Pre-test**Approaches to Stress Management and Coping Skills among Correctional Nurses**

1. Work-related stress is an adverse reaction from employees due to pressure from work
a. True b. False
2. Low self-esteem has no connection with stress at work
a. True b. False
3. Work-related stress can result in:
Circle all that apply
a. Eczema b. Hypertension c. Depression
4. Joining a professional organization can reduce work-related stress
a. True b. False
5. Adaptability skills can make an employee to become an informal leader
a. True b. False
6. A healthy way of making your opinion known is a method of stress management
a. True b. False

Post-test**Approaches to Stress Management and Coping Skills among Correctional Nurses**

1. Work-related stress is an adverse reaction from employees due to pressure
a. True b. False
2. Low self-esteem has no connection with stress at work
a. True b. False
3. Work-related stress can result in:
Circle all that apply
a. Eczema b. Hypertension c. Depression
4. Joining a professional organization can reduce work-related stress
a. True b. False
5. Adaptability skills can make an employee to become an informal leader
a. True b. False
6. A healthy way of making your opinion known is a method of stress management
a. True b. False

Appendix C: Evaluation

Educational Program Evaluation

Please Evaluate the program using the scale below

1 – Poor 2 – Fair 3 – Good 4 – Very good 5 – Excellent

Circle the number that best describes your rating with the statements below

1. The objectives of the education were clear 1 2 3 4 5
2. The objectives were met 1 2 3 4 5
3. The teaching approach was easy to follow 1 2 3 4 5
4. The content was relevant to my job 1 2 3 4 5
5. The facilitator was knowledgeable of the topic 1 2 3 4 5
6. I am able to identify the causes of work-related stress 1 2 3 4 5
7. I am able to recognize signs of work-related stress 1 2 3 4 5
8. I can list the methods of stress mitigation 1 2 3 4 5
9. I can list the impact of stress on health 1 2 3 4 5
10. The program has increased my knowledge and understanding of stress management 1
2 3 4 5

What other educational topics would you be interested _____

Position/Title _____

Appendix D: Sense of Well-Being Evaluation

Pretest**WHO (Five) Well-Being Index (1998 Version)**

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher number mean better well-being

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box next to the number 3

<i>Over the last two weeks</i>	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
I have felt calm and relaxed	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
I have felt active and vigorous	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
I wake up feeling fresh and rested	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
My daily life has been filled with things that interest me	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0

Sense of Well-Being Evaluation

Posttest

WHO (Five) Well-Being Index (1998 Version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher number mean better well-being

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box next to the number 3

<i>Over the last two weeks</i>	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
I have felt calm and relaxed	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
I have felt active and vigorous	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
I wake up feeling fresh and rested	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0
My daily life has been filled with things that interest me	€ 5	€ 4	€ 3	€ 2	€ 1	€ 0

Appendix E: Educational PowerPoint Presentation

Approaches to Stress Management and Coping Skills among Correctional Nurses

Objectives

- Recognize causes of work-related stress.
- Discuss signs of work-related stress
- Explain impact of stress on health
- Identify methods of stress mitigation
- Discuss factors that promote adaptability skills
- Discuss the benefits of adaptability in stress management
- Recognize factors that promote a healthy work environment
- Describe impact of skill development on social change and patient care

Causes of Work-Related Stress for Correctional Nurses

- Work-related stress is adverse reaction from employees due to excessive work pressure
- Demands – can result from inadequate staffing and heavy workloads
- Limited control over practice since security supersedes health
- Challenging workplace relationships with correctional officers and co-workers
- Limited resources (Flanagan, 2006)
- Scope of practice beyond earned qualification
- Long hours spent with offenders

Signs of Work-related stress

- Higher staff turnover (Chafin & Biddle, 2013).
- Decreased performance and productivity
- Frequent sickness absenteeism
- Loss of motivation, commitment, and confidence
- Report of complaints and grievances
- Lateness to work
- Increased emotional reactions – argumentative, sensitive, tearful, and aggressive
- Inability to concentrate
- Low self-esteem

Impact of Stress-Related Health Problems

- A harsh psychosocial work environment can lead to adverse health event (Ghadder, Mateo, & Sanchez, 2008)

- Hypertension
- Anxiety
- Drug abuse and alcohol abuse
- Depression
- Sleep disturbances
- Coronary artery diseases (Akbari et al., 2014)
- Psychosomatic disorders like psoriasis, eczematous dermatitis

Methods of Stress Mitigation for Correctional Nurses

- Training and ongoing education commensurate with the magnitude of responsibilities (Almost et al., 2013)
- Mentorship program for new nurses
- Use of research evidence to make clinical decision and judgment
- Effective communication among coworkers and correctional officers will promote collegial workplace relationships (Choudhry et al., 2017. Dhaliwal & Hirst, 2016)
- Development of adaptability skills
- Teamwork among nurses
- Nursing Leader Support
- Habit of reading peer-reviewed articles on evidence related to clinical issues
- At work, nurses should bookmark relevant websites as resources for clinical guidelines
- Sign up for emails that offer resources for stress management at work
- Attend seminars, conferences where clinical research are presented on workplace stress management
- Join a nursing professional organization where you can learn from other nurses

Developing Adaptability Skills

- Adaptability takes practice and commitment
- Learn from other people who exhibit adaptability skills
- View assignment given to you objectively, review strategies that did not work as planned, identify positives and start again
- Learn from your mistakes, do not dwell on it, share what you have discovered, and test alternative solutions (Brough et al., 2018)
- Read evidence-based article on adaptability to build and improve your skills

Benefits of Adaptability at Work

- Adaptability influences coping response (Brough et al., 2018)
- Ability to embrace challenges

- Becoming an informed leader among your peers
- Being relevant to your organization

Factors that Promote a Healthy Work Environment

- Professional growth, providing in-service to develop new skills (Lambert et al., 2015)
- Social support with provision of employee assistance program
- Provision of avenue for employees to express their opinions and concerns
- Joint staff meetings for correctional staff and health staff where education can be provided on nursing and custody roles
- Create "No blame culture" environment with professional accountability
- Provision of information for employees to understand their roles, expectations, and responsibilities
- Stakeholders should be timely informed of any proposed changes and training given to support the change example barcode medication administration
- Management reaching out to the local community college to recruit more nurses (Almost et al., 2013)
- Online education opportunities for nurses to learn at their pace
- Investment on resources to encourage collegial and respectful relationship between nurses and correctional officers

Impact of Skills Development on Social Change and Patient Care

- Positive patient outcomes – complex inmates health requires nurses with broad knowledge and skills (Almost et al., 2013)
- Strong assessment skills will assist nurses to communicate professionally
- Increased productivity in the organization
- Ability to manage complicated patient events
- Improvement of individual performance
- Skills acquisition will foster better working relationship, motivation, and result in better social integration
- Skills development will promote a culture of learning and knowledge sharing