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Assessing the Quality and Conditions of the Nursing Workplace in Prisons

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Abstract

The nursing practice environment significantly influences the provision of healthcare services, especially in a correctional setting in which specific issues are present. In this study, the professional situation, organizational training, and availability of resources to the work of nurses in Portuguese prisons are evaluated. By conducting a cross-sectional survey of the nursing staff in various facilities, they were able to obtain data on job satisfaction, workload, autonomy, and interprofessional collaboration. The results suggest that, although nurses are resilient and dedicated to the care of inmates, several structural challenges in the system, including insufficient staff, acuity, and opportunities to develop professionally, have negative impacts on the quality of practice. Policy reforms, special training exercises, and enhanced institutional support should help to address these challenges and create safer, more effective healthcare settings inside prisons. The research paper highlights the need to maximize the working environment among nurses to improve the health status of the employees and the prisoners.

Keywords: ***Nursing practice environment, prison healthcare, correctional nursing, professional satisfaction, Portugal, healthcare workforce, organizational support, interprofessional collaboration.***

1.Introduction

Provision of healthcare in a correctional facility is a strange and complicated conglomeration of healthcare, security arrangements, and human rights. Nursing care within the prison setting can be characterized by a number of unique issues that make it quite different to traditional health care settings. Such institutional settings make medical workers have to mediate the intertwined nature of therapeutic obligations and security needs and professional responsibility and ethical accountability.

The total amount of imprisoned people in the world amounts to about 11 million people, most of whom are found in prisons in major countries such as the United States, China, Russia and Brazil. The congestion, the deficiency of resources along with the mental strain of being imprisoned are just some of the contributory factors that make this large population especially susceptible to health risks. In these settings, nursing professionals act as the clinical health practitioners, and in many cases, they are the first and most common medical contact with people who have no freedom.

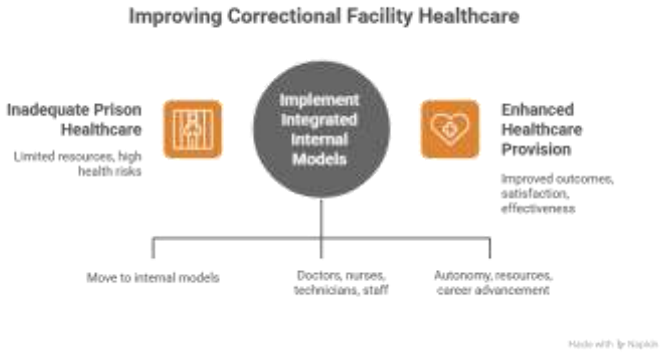

FIGURE 1 Improving Correctional Facility Healthcare

In recent years Portuguese correctional healthcare has seen a drastic restructuring whereby externally contracted services have been moved into integrated internal models. The Directorate-General for Reintegration and Prison Services (DGRSP) has introduced extensive reforms that would help to enhance healthcare provision by hiring multidisciplinary teams comprising doctors, nurses, diagnostic technicians, and support staff. This development is indicative of increasing awareness that proper healthcare delivery in prisons is a human right as well as a social health need.

The nursing career in prison settings requires professional skills that go above and beyond the normal clinical skills. Such professionals have to show their skills in dealing with various health issues under the special limitations imposed by the increased security needs. Incarcerated populations have disproportional representation of mental health disorders, infectious diseases, chronic conditions, and substance dependency concerns, thus the nurses must have extensive clinical knowledge and flexibilities in treatment strategies.

The field of professional practice is an important determinant of healthcare outcomes, staff satisfaction, and organizational effectiveness. In correctional facilities, such environmental factors are especially problematic because of the nature of providing care within limited settings. Professional retention, job satisfaction, and eventually quality of care provided to vulnerable populations are directly associated with the quality of nursing practice environment. To learn how to optimize these environments and understand them is an essential part of quality improvement in healthcare.

The Donabedian theoretical framework offers a useful framework to study the nature of healthcare quality using three interrelated items: structural elements, process indicators, and outcome measures. The organizational resources, physical infrastructure and policy structures supporting healthcare provision also form part of the structural elements. Process elements are focused on the process of care as a process, e.g., process of clinical decision making, process of interprofessional collaboration, process of care coordination. Outcome measures are employed to determine the results of healthcare interventions including clinical outcomes, safety measures, and professional satisfaction outcomes.

In Portuguese correctional institutions, the nursing professionals are exposed to unique environmental attributes that define their practice experiences. Such environments may be categorized based on the degree of security and administrative complexity, though, high-complexity facilities typically contain a population of interest or provide superior healthcare services. The multidisciplinary nature of the matrix organization type adopted at DGRSP is characterized by effectively addressing the issues of professional accountability and clinical governance.

The current healthcare policy recognizes the role of successful nursing practice in favorable organizational environments that promote professional autonomy, adequate resources, and career advancement opportunities. These needs in correctional settings are further compounded by addressing the need of security, regulatory compliance needs and balance of therapeutic relationships and institutional safety measures. The difficulty is to establish the environment that would facilitate high-quality nursing practice and ensure the security of the institution and its functioning.

2.Methods

Research Framework and Approach

In this study, a mixed-methods research design that combines both quantitative and qualitative research approaches was used to give a holistic perspective of the nursing practice settings in Portuguese correctional facilities. The research paradigm was an exploratory-descriptive one, which enabled a detailed study of complex organizational phenomena without binding the methodology. All 30 Portuguese correctional facilities under the jurisdiction of the Directorate-General for Reintegration and Prison Services were included in the study, hence providing a complete national coverage(1).

The conceptual basis of this study was the Donabedian quality framework that analyses the delivery of healthcare on three dimensions that interrelate with each other, namely, structural variables, procedural variables, and result variables. This conceptual framework formed the basis of learning of how attributes of organizations affect professional practice and eventually affect the quality of care and nursing staff wellbeing in correctional healthcare settings.

Target Population and Selection Criteria

All registered nurses and specialist nurses who were directly employed by the Directorate-General for Reintegration and Prison Services at the point of data collection were included in the research population 196 healthcare professionals were registered. The sampling methodology employed was non-probabilistic convenience selection that has some drawbacks, but it was considered suitable, given the specificity of the population, and the feasibility of carrying out a study in correctional facilities.

The inclusion criteria covered all the nursing staff who work in permanent contracts in the DGRSP healthcare system. The exclusion parameters were set to filter out nurses who received services under temporary service provision contracts because of limited exposure to the facilities and irregular working hours that might affect their

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capacity to measure the many dimensions of the nursing practice environment accurately. Also, employees who were on a long leave or on vacation at the time of collecting the data were not included.

Instruments and Methodology, Data Collection

The information was obtained based mainly on a detailed self-completion questionnaire provided via Microsoft Office Forms. This online methodology was chosen due to geographical limitation and security measures that would have limited the traditional face-to-face data collection in the correctional facilities. The questionnaire had three separate sections and each section was meant to reflect certain areas of the nursing practice environment.

The first part was devoted to demographics and professional features of participants by using close-ended questions about sociodemographic variables, education, work experience, and role tasks. This background information was necessary to help me put subsequent responses into context, and therefore make any patterns into the data(2).

In the second part, the Scale of Assessing the Environment of Professional Nursing Practice Environment (SEE-Nursing Practice), a validated tool was introduced that is specially designed and psychometrically validated in the Portuguese healthcare environment. This overall evaluation instrument is made up of 93 single items (categorized into three main subscales) in line with the components of the quality framework provided by Donabedian.

The Structure subscale, has 43 items, which are grouped into six distinct dimensions which analyze organizational foundations, these include: human resource management, conditions in physical environment, involvement of professionals in institutional governance, qualification policies, organization of practice and quality assurance systems. Each dimension characterizes certain features of the organizational framework of nursing practice.

TABLE 1 Methods

Methodological Component	Specification	Details
Study Design	Mixed-methods exploratory-descriptive	Quantitative and qualitative integration
Setting	30 Portuguese correctional facilities	National coverage under DGRSP jurisdiction
Population	196 registered nurses and specialist nurses	All DGRSP-employed nursing personnel
Sampling Method	Non-probabilistic convenience sampling	Direct institutional employment criterion
Data Collection Period	June-July 2022	6-week collection window
Primary Instrument	SEE-Nursing Practice Scale	93-item validated questionnaire
Scale Structure	3 subscales, 14 dimensions	Structure (43 items), Process (37 items), Outcome (13 items)
Response Format	5-point Likert scale	Range: Never (1) to Always (5)
Qualitative Component	Open-ended improvement question	Thematic analysis using Bardin's method

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The Process subscale consists of 37 items in six dimensions measuring collaborative relationships, quality assurance plans, autonomous practice competencies, care planning procedures, theoretical basis, and interdisciplinary collaboration patterns. These products measure how nursing is really being delivered and the interaction of professionals in the correctional setting(3).

Outcome subscale contains 13 items that are assigned to two dimensions that deal with systematic evaluation of indicators of nursing care and processes of performance evaluation. This section is an exploration of the outcomes and effects of nursing practice in the correctional healthcare system.

All items in each questionnaire elicited a five-point Likert scale (never 1, always 5) to offer a subtle measure of how the participants perceive different aspects of their practice environment. The scaling method can be statistically analyzed and has enough granularity to reflect significant differences in responses.

The third section of the questionnaire included an open-ended question, which asked the participants to provide suggestions as to how their professional environment could be improved: What changes to your work environment might support care quality and generally improve wellbeing of the nursing staff? This qualitative element allowed participants to share issues, recommendations, and ideas that were not available in the form of standardized assessment questions.

Data collection procedures and time frame

The data was collected over a period of six weeks, between June and July 2022, to ensure enough time to participate fully without distortion due to time. Distribution of questionnaires was done in collaboration with the nursing leadership in each of the facilities who sent the survey link to all qualified nursing staffs in the respective facilities via institutional email systems.

Pilot testing and participant responses give an estimate of 20 to 25 minutes as the completion time. The online format gave the participants flexibility in filling in the survey at the right time along with anonymity and confidentiality privileges.

Analytical Approaches and Statistical Approaches

Statistical program package, SPSS version 28.0, was used to analyze quantitative data and applied the relevant descriptive and inferential statistics. Means, standard deviations, and frequency distributions were used as descriptive statistics to describe the demographics and responses of participants on the scale. The employed analytical framework provided norms of interpretation of SEE-Nursing Practice, in which there are certain criteria of scoring the favorability ratings of dimensions(4).

The classification of environmental favorability used pre-determined thresholds: scores of below 1.75 were unfavorable environments, scores of between 1.75-2.75 were moderately favorable environments, scores of 2.75-3.75 were favorable environments, and scores of above 3.75 were highly favorable environments.

The analysis of qualitative data used the methodology of thematic analysis suggested by Bardin, which is a systematic approach to revealing patterns and themes in the responses of participants. This process of analysis included four separate stages: compilation of responses, initial analysis and organization, development of categorization according to the model proposed by Donabedian, and interpretive analysis of the findings in relation to the existing literature.

The first classification systematized answers based on the three major elements of the model presented by Donabedian: strategies to improve structure, recommendations to enhance the process and recommendations to monitor the outcomes. Then, each of the major categories was divided into subcategories that reflected the particular types of interventions and improvements proposed by the participants.

3.Results

Demographics and Characteristics of the participants

The research provided the answer to 77 nursing professionals who constitute 39.38 percent of all eligible members of the Portuguese correctional healthcare system. This is a moderate response rate; however, it gave enough data to conduct meaningful analysis due to the wide spectrum of correctional facilities in the study.

There is a gender distribution whereby, 52 participants (67.5) are female and 25 (32.5) are male. This population trend can be compared to the general trends in nursing labor forces across the entire Portuguese health care system. On the issue of marital status, one out of every five (45) respondents (58.4) was married or in non-marital relationships, 26 (33.8), was single, 5 (6.5) was divorced, and 1 (1.3) was widowed.

The average age of the participants was 39.3 (±10.5), which means that the workforce is characterized by a high degree of professional maturity and experience. Educational attainment indicated that 62 (80.5% bachelors degree in nursing, 15 (19.5) master degree in nursing) represented a highly educated professional population dedicated to further learning and specialization.

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Further distribution of the professional roles showed that 56 participants (72.7%) worked as general nurses, whereas 21 (27.3%) worked as specialist nurses. Of the 34 nurses who reported having completed specialized training, psychiatric and mental health nursing was the most common area with 24 practitioners (70.6%), medical-surgical nursing had three practitioners (8.8%), community and public health nursing had three practitioners (8.8%), rehabilitation nursing had two practitioners (5.8%), and both medical-surgery critical care and family health nursing had a single practitioner (2.9%)(5).

Facility classification analysis indicated that 42 (54.5) respondents were in high-grade security establishments, 30 (39.0) in medium-grade institutions and 5 (6.5) in other specialized correctional settings. The complexity and heterogeneity of the healthcare delivery needs of the Portuguese correctional system are depicted through this distribution.

Findings of Environmental Assessment

The SEE-Nursing Practice tool indicated that there were clearly defined performance patterns in the three major assessment subscales. The Process subscale recorded the best mean score of 3.55 (0.66), which suggests that nurses felt positively about their professional practice and care delivery systems. Mean score on the Structure subscale was 2.91 (standard deviation = 0.81), which indicates moderately favorable organizational conditions. The lowest mean score was achieved on the Outcome subscale 2.68 (±1.32), which shows that the area needs a lot of improvement regarding monitoring and evaluation systems.

TABLE 2 Results

Result Category	Key Finding	Score/Percentage	Interpretation
Response Rate	Total participants	77/196 (39.38%)	Moderate participation rate
Demographics	Female nurses	52 (67.5%)	Predominantly female workforce
	Mean age	39.3 ± 10.5 years	Experienced professional cohort
	Bachelor's degree	62 (80.5%)	Well-educated workforce
Facility Type	High-grade security	42 (54.5%)	Majority in complex facilities
	Medium-grade security	30 (39.0%)	Secondary distribution
Specialization	Mental health nursing	24/34 (70.6%)	Dominant specialty area
SEE Scale Results	Process subscale	3.55 ± 0.66	Highest performing component
	Structure subscale	2.91 ± 0.81	Moderately favorable
	Outcome subscale	2.68 ± 1.32	Lowest performing component
Best Dimensions	Shift information transmission	4.32 ± 0.98	Excellence in communication

In the Structure subscale analysis, the top dimensional score of 3.44 (±1.14), was on Human resource management and service leadership, which showed relatively positive perceptions on organisational leadership and staffing strategies. On the other hand, the lowest mean score was obtained in Professional participation and involvement in institutional policies, strategies and management at 2.41 (±0.98), indicating that nurses experience serious gaps in their involvement in organizational decision making processes(6).

Institutional policy in relation to professional qualification scored slightly lower at 2.44 (±0.96) which means it does not support continuing education and professional development programs well. The dimension of physical environment and conditions of service delivery had a 2.77 (87) score, which indicated moderate levels of satisfaction with facilities infrastructure and equipment availability.

When analyzing the subscale of process, it was found that Theoretical and legal support of professional practice had the best score of 3.81 (±0.78) and it showed a high compliance with professional standards and principles of evidence-based practice. Professional practice- The marker of autonomous practices in professional practice scored 3.75 (±0.66) indicating that the nurses believed that they had the power to make independent clinical decisions in the scope of practice.

Nevertheless, the subscale Process-based practices registered the lowest score at 2.50 (±0.69) on the Interdependence practices in professional practice, indicating considerable difficulties in the cooperation and coordination of care provision between people of different disciplines. This result indicates that there is a significant gap in interprofessional relationships and shared care processes to be filled.

Both of these dimensions were found to score below optimal levels in outcome subscale analysis. Mean values of systematic assessment of nursing care and indicators were 2.78 (±1.38) and systematic assessment of the nurses performance and supervision was 2.55 (±1.39). These points reflect high levels of inadequacy in quality surveillance schemes and performance appraisal mechanisms.

Critical Performance Indicators

Individual item level analysis revealed certain areas of interest and excellence within the nursing practice setting. The ten lowest scoring items were mostly associated with structural aspects, which emphasized some basic organizational failures that need to be addressed immediately.

The lowest overall score was 1.84 (±1.25) on institutional motivation strategies, rewards, and incentives to nurses, which showed acute lack of recognition and retention strategies. The score of 2.05 (±1.08) of the aspect of the institutional training policy alignment with nursing needs showed insufficient professional development support systems(7).

Innovation and research policy in nursing scored only 2.09 (±1.47), indicating that institutional commitment to the development of evidence-based practice is still weak. The adequacy of information and communication technology was also rated at 2.09 (±1.15), which implies that the technological infrastructure is severely inadequate and is impacting the efficiency of care delivery.

On the other hand, the most successful items were those that only reflected process elements and exhibited high standards of clinical practice irrespective of organizational constraints. The highest score of 4.32 (±0.98) was obtained in the article titled "Information transmission during shift changes promoting care continuity," which means there were excellent communication practices in care transitions.

The scores on the items "Nursing-specific information sharing during shift changes" were 4.16 (±0.96) and the score on the item "Appropriate shift change strategies ensuring care continuity" was 4.09 (±1.17). The results are indicative of well-defined guidelines to ensure continuity of care even in adverse environmental circumstances.

4.Conclusion

This broad assessment of nursing practice settings in Portuguese prisons shows a multifaceted picture of strong clinical process strengths and weak organizational structures and outcome measures. The study shows that, despite high standards of clinical practice and interprofessional communication among nursing professionals, systemic organizational obstacles restrict their overall potential and professional fulfilment in such specialized healthcare settings.The overall rate of moderately favourable to favourable ratings in most assessment dimensions suggests that the Portuguese correctional healthcare has developed the elements that underlie nursing practice. Yet, the fact that no dimensions received highly favorable status implies a high potential of systematic improvement at all levels of the organization. The fact that most poorly-performing items are clustered in structural system leads to the paradoxical conclusion that organizational investment in infrastructure, human resource, and professional development system is a critical requirement to enable nursing professionals to effectively execute their care delivery processes, given the fact that most of them are operating within organizational structures that do not adequately support their professional development, recognition, and long-term retention. A lack of connection between clinical excellence and organizational support is a considerable threat to healthcare sustainability in Portuguese correctional systems and requires prompt intervention in terms of strategy. The critical lack of recognition programs not only negatively affects professional satisfaction but can negatively affect the long-term stability of the workforce and quality care provision. An organization-wide adoption of all-encompassing recognition systems in accordance with professional outcomes and professional-specific correctional nursing competencies became another essential gap that had to be addressed through systematic change. Underutilization of clinical expertise and professional knowledge is a significant aspect of the insufficient contribution of nursing professionals to policy formulation and strategic decision-making process. The lack of formalized nursing input into organizational policies would improve the quality of care and professional engagement as well as promote evidence-based decision-making and the provision of continuing education, specialty certification, and professional growth. In the absence of sufficient investment in professional development training, organisations

are at risk of professional stagnation, turnover rates, and the loss of capacity to meet changing healthcare needs within the corrections setting, due to inadequate information technology infrastructure.Professional stagnation, higher turnover rates, and diminished capacity to adapt to changing healthcare requirements in the corrections setting are some of the effects of inadequate information technology infrastructure that can be identified through this assessment.These issues would require significant capital investment and strategic planning to modernize healthcare delivery systems. The presence of an excellent shift-level care communication and a care continuity process would be an excellent opportunity to leverage the identified organizational strengths and show that the nursing workforce is highly determined to achieve professional excellence in the conditions of organizational restrictions. These strengths are important starting points when it comes to extending the practice of collaboration and interprofessional coordination efforts across correctional healthcare systems. The developed communication protocols might be used as the examples of the formation of the overall schemes of care coordination that considers the issues of organizational level. This is a professional competency with serious potential to create internal quality assurance programs, peer mentorship systems, and clinical leadership development programs that may fill the perceived organizational gaps with professional-driven process improvements..

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Conflicts of interest

The authors have no conflicts of interest to declare

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