

Spring 4-29-2014

An Examination of Correctional Nursing Competencies for Improved Patient Care

Bing Zheng

University of Connecticut - Storrs, biz09001@alumni.uconn.edu

Follow this and additional works at: https://opencommons.uconn.edu/srhonors_theses



Part of the [Other Nursing Commons](#)

Recommended Citation

Zheng, Bing, "An Examination of Correctional Nursing Competencies for Improved Patient Care" (2014). *Honors Scholar Theses*. 369.
https://opencommons.uconn.edu/srhonors_theses/369

An Examination of Correctional Nursing Competencies for Improved Patient Care

Bing Zheng

University of Connecticut

April 29, 2014

Abstract

The concept of this honors project was to explore correctional nursing competency, working closely with my advisor and the research team. Key findings from the initial competency assessment evaluation phase were compiled, organized, and analyzed. A podium presentation “Advancing Correctional Nurse Competencies for Quality Care: Evaluation of Simulation Learning and Satisfaction” was given at the 2013 American Correctional Health Services Association (ACHSA) Multidisciplinary Educational Conference on Correctional Healthcare: Ring a Bell. Additionally, a poster presentation, “Correctional Nurse Competencies: Evaluation of Simulation Learning and Satisfaction,” was given at the 2013 Frontiers conference. A poster presentation was given at the University of Connecticut School of Nursing ATHENA Conference in April 2014. A systematic literature review was completed, in collaboration with the research team, examining the current knowledge, tools, and methods on implementing correctional nursing competency. Dissemination plans include publication of this literature review.

Introduction

According to the latest 2012 Bureau of Justice Statistics, there were 1,571,013 inmates incarcerated nationally (Carson & Golinelli, 2013). In Connecticut alone, there are currently 16,594 inmates among the 19 correction sites (Connecticut Department of Correction, 2014). The prison population is expanding, and so is the level of complexity in their healthcare needs (Bennett, Perry, Lapworth, Davies, & Preece, 2010; Haley, Ferguson, Brewer, & Hale, 2009). In addition to the fundamental competencies of general nursing, correctional nurses must acquire additional competency related knowledge and skills that are unique to the correctional health. Some examples include characteristics of the inmate population, common medical conditions, public health opportunities, ethics, medical-legal issues, and system, structure, and administration of the security driven correctional institution (Haley et al., 2009). Correctional nursing competency is often associated with higher quality of care that is safer and more efficient not only for the inmates, but also for the community at large. Efforts aiming at implementation and continuation of correctional nursing competency are necessary especially in a healthcare world of constantly evolving evidence based practices.

Due to some barriers or limitations, and the literature gap present in both instituting and maintaining correctional nursing competency, the University of Connecticut School of Nursing, the University of Connecticut Health Center Correctional Managed Health Care, and the Connecticut Department of Correction have formed a public-academic partnership to implement a model for advancing correctional nursing competency and to enhance quality of care for patients in correctional settings. As a member of the evaluation sub-committee in this partnership research team, my objective was to contribute to the process and outcome evaluation of correctional nursing competency, specifically the nurses’ satisfaction evaluation of the correctional competency learning. This evaluation included satisfaction of competency learning modules, skills, and simulation.

Methodology

Prior to joining the evaluation sub-committee, the Human Subjects Research Course Curriculum was completed as part of the ethical requirements of the Collaborative Institutional Training Initiative (CITI). In order to assess the participating correctional nurses’ competency needs before any educational or competency interventions were initiated, the research team

distributed a self-questionnaire survey. One of my first responsibilities was to organize the collected data from this subjective competency assessment into a Microsoft Excel spreadsheet for further data analysis by the research team.

With the assistance of the School of Nursing librarian, an initial literature review of correctional nursing competency was conducted for two reasons. First, by gaining an overview of the current research and knowledge (which were limited) on correctional nursing competency, I was more prepared for my new role on the evaluation sub-committee. Second, looking at the available literature assisted me in finding an evaluation tool to measure correctional nurses' satisfaction with the competency program that the research team introduced. After presenting the literature results on evaluation instruments to the research team, the satisfaction evaluation tool chosen was the structured simulation self-questionnaire from Southern University (McCormick, 2010). In addition to the original 18 five point Likert scale (1=low satisfaction, 5=high satisfaction) items from the standardized clinical learning survey, the research team added an additional item inquiring about the overall satisfaction with the competency program. A brief demographic survey was also added, including close ended questions inquiring about gender, age, ethnicity, years of correctional experience, degree, and licensure of the correctional nurses. The revised self-survey was distributed by the research team at all Connecticut correctional facility sites where the competency program was implemented. I observed an on-site session at one site.

Once the research team gathered all the data from the preliminary satisfaction questionnaire, under the supervision of the team, my role was to assist in the process of data organization and entry using Microsoft Excel. A quantitative approach was used to analyze preliminary data of the competency learning and nurses' satisfaction. Results from the preliminary data set were presented on multiple occasions: A podium presentation at the 2013 ACHSA Multidisciplinary Educational Conference on Correctional Healthcare: Ring a Bell; a poster presentation at the 2013 Frontiers; and a poster presentation at the School of Nursing ATHENA Conference in April 2014. To culminate my honors project and in collaboration with the research team, a systematic literature review examining the current knowledge, tools, and methods on implementing correctional nursing competency was completed with the goal of publishing this review in an approved journal for dissemination.

Results

Data from the evaluation instrument was analyzed for themes and relevant findings in order to understand the preliminary results of correctional nurses' perception of the competency program (modules, skills, simulation, and debriefing) and satisfaction with the learning experience. The overall response from the correctional nurses was positive as the sampled participants rated the competency training model with consistently high evaluations, with $SD \leq 1$ (figure. 1).

The item that received the highest individual satisfaction rating among the 18 items was item 14 ($x = 4.988$): "I was satisfied that debriefing after the scenario helped me understand the rationale for decisions." This finding is consistent with both the evidence in literature regarding simulations (Lapworth, Bennett, & Perry, 2010), and what I personally observed at the correctional facility site that I attended. Participating correctional nurses felt the debriefing session after the simulation was monumental in integrating the purpose and learning objectives of the competency program, specifically the simulation, while providing opportunities for clarification. The participants especially appreciated the non-punitive milieu of the competency simulation learning environment. This was an aspect that was highly emphasized by nursing

administration and faculty prior to the initiation of the simulation and continued throughout the simulation, in order to promote and foster an optimal learning environment.

Survey item 5 received the lowest individual satisfaction rating ($\bar{x}=4.261$): “I was satisfied that the simulation helped me learn new skills.” This finding was not unexpected as the Southern University’s evaluation tool was designed for student nurses, not experienced nurses currently in the workforce. The purpose of the simulation and competency program was to reinforce known contents, not introduce new ones. Based on figure 1, items aimed at learning received one of the highest satisfaction ratings ($\bar{x}=4.7$), indicating that correctional nurses felt the simulation was beneficial to their competency enhancement and validation even though new skills were not the focus of the simulation.

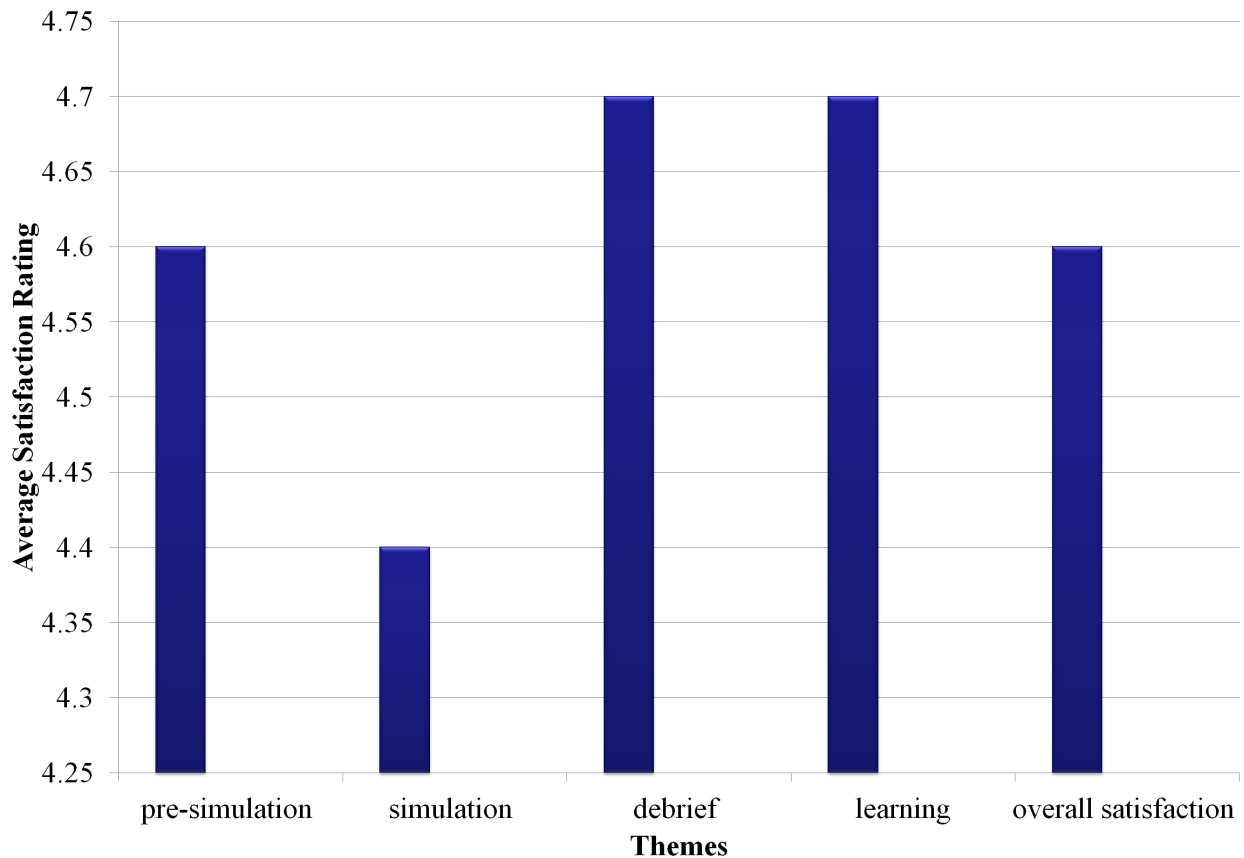


Figure 1: Satisfaction ratings by questionnaire themes

For the convenience of data organization and analysis, the 19 survey items were categorized into 3 domains: critical thinking, communication, and satisfaction (figure. 2). Correctional nurses felt highly satisfied ($x = 4.759$) that the competency program and simulation stimulated critical thinking. Simulation debriefings may have played a vital role in the simulation critical thinking process as participants reflected retrospectively at their interventions, weaknesses, areas of improvements, and strengths. The domain of communication ($x = 4.618$) and satisfaction ($x = 4.623$) with the competency program and simulation received slightly lower satisfaction ratings. One possible reason may be the characteristic of the participating correctional nurses. A majority of them, older in age, were never exposed to simulation as an educational tool. Therefore, it was reasonable for them to express anxiety and unfamiliarity in a simulated learning environment with advanced technology. Reasonably, satisfaction of the actual simulation ($x = 4.4$) was lower compared to others, but correctional nurses felt the pre-simulation preparation, including modules and skills ($x = 4.6$) was adequate in orienting them to the ensuing simulation process (figure. 2).

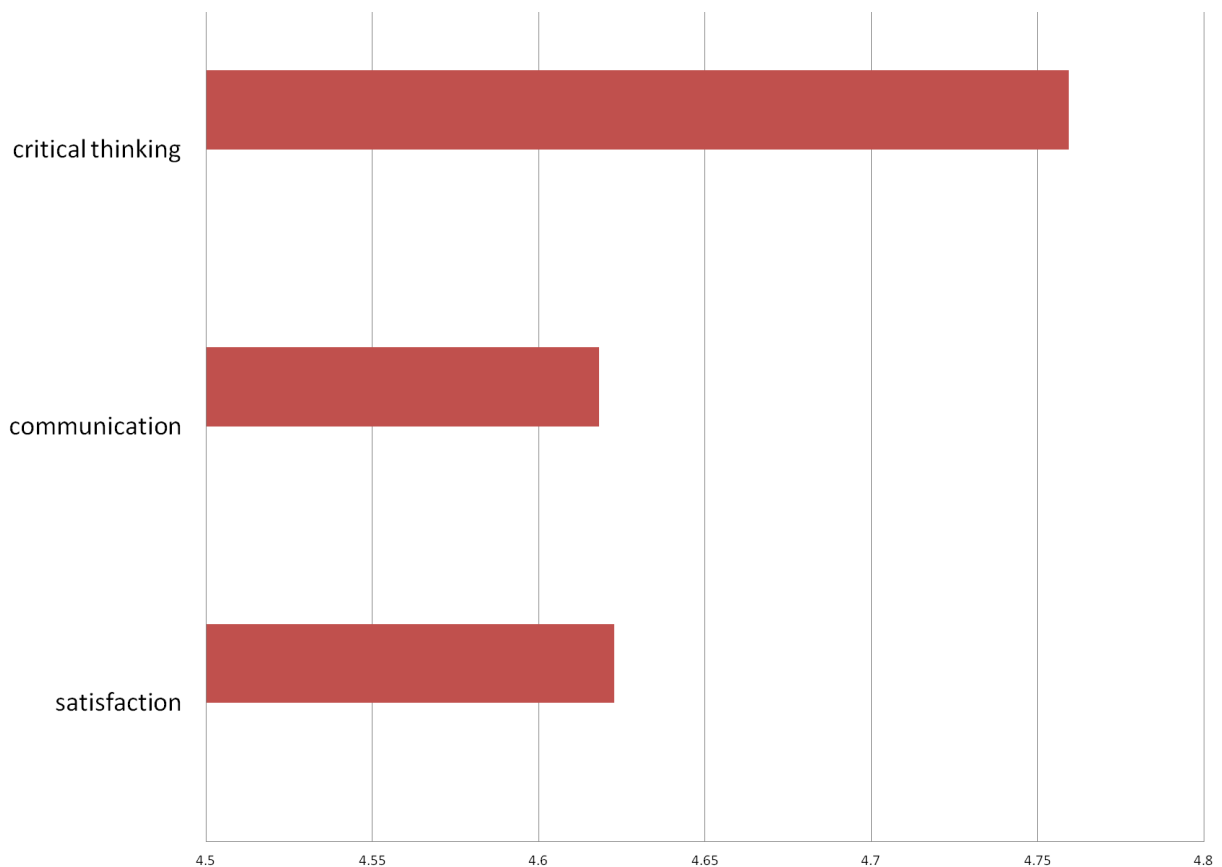


Figure 2: Satisfaction by questionnaire domains

Conclusion and Significance

The preliminary results revealed that correctional nurses' evaluation of the current educational competency model was positive. The model was efficient at enhancing their correctional nursing competency. The initial self-assessment allowed correctional nurses to reflect on their personal competencies, specifically content and skill areas where they felt confident in or possibly needed refreshers in. The subsequent process of competency, which included modules, skills, simulation, and debriefing, provided a structured venue to validate their skills and knowledge. The simulation debriefing session was most helpful in the learning process of critical thinking. From the correctional nurses' responses, a learning environment that is supportive, constructive, and collaborative positively promotes continuous, lifelong learning, and pursuit of competency, which is the ultimate goal of this competency model project.

The preliminary results also revealed areas of improvement. The satisfaction evaluation instrument could be more audience appropriate since the sampled participants are currently working, often experienced, correctional nurse, not nursing students. Although satisfaction ratings for communication and simulation were not significantly lower than other areas, future competency model attempts could still be improved. One way of improvement was to increase nurses' satisfaction by taking into considerations the age group, the work experiences, and the comfort level with a simulated environment of the participating correctional nurses.

Since the preliminary data, the research team has revised the satisfaction survey tool by condensing it into a shorter length appropriate format. This new tool is being used in the next phase of competency program implementation. The high satisfaction ratings in the structure and goals of the simulation indicate that the competency model is not limited to the use in Connecticut correctional facilities only. The model, which has high satisfaction ratings in the structure and goals of the simulation evaluation, has the potential to be applied, and be adapted, in different correctional facilities nationally and internationally to improve correctional nursing competency education.

My role on the evaluation sub-committee and as an honors student working with the research team has allowed me to gain a deeper understanding of the clinical and professional values of competency attainment. In the field of correctional nursing where safety and security is interlinked with nursing care, it is evident as to why correctional nursing competency is essential in providing quality care to the patients. Although literature coverage of this topic is limited, efforts aiming at advocating and promoting correctional nursing competency should be continued for the well-being of incarcerated populations and for the community at large.

References

- Bennett, C., Perry, J., Lapworth, T., Davies, J., & Preece, V. (2010). Supporting prison nurses: An action research approach to education. *British Journal of Nursing (Mark Allen Publishing)*, 19(12), 782-786.
- Carson, E., & Golinelli, D. (2013, July 25). *Prisoners in 2012 - advance counts*. Retrieved from <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4737>
- Connecticut Department of Correction, (2014). *January 1, 2014 statistics*. Retrieved from <http://www.ct.gov/doc/cwp/view.asp?a=1505&q=537562>
- Haley, H. L., Ferguson, W., Brewer, A., & Hale, J. (2009). Correctional health curriculum enhancement through focus groups. *Teaching and Learning in Medicine*, 21(4), 310-317. doi:10.1080/10401330903228513
- Lapworth, T., Bennett, C., & Perry, J. (2010). Assessment of acutely ill patients in the criminal justice system. *Nursing Standard*, 24(41), 35-41.
- McCormick, K. L. (2010). *Simulated learning experiences as a means of promoting critical thinking and communication skills in baccalaureate nursing students*.