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Exploring Work–Life Issues in Provincial Corrections Settings

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ABSTRACT

Correctional nurses hold a unique position within the nursing profession as their work environment combines the demands of two systems, corrections and health care. Nurses working within these settings must be constantly aware of security issues while ensuring that quality care is provided. The primary role of nurses in correctional health care underscores the importance of understanding nurses' perceptions about their work. The purpose of this study was to examine the work environment of nurses working in provincial correctional facilities. A mixed-methods design was used. Interviews were conducted with 13 nurses and healthcare managers (HCMs) from five facilities. Surveys were distributed to 511 nurses and HCMs in all provincial facilities across the province of Ontario, Canada. The final sample consisted of 270 nurses and 27 HCMs with completed surveys. Participants identified several key issues in their work environments, including inadequate staffing and heavy workloads, limited control over practice and scope of practice, limited resources, and challenging workplace relationships. Work environment interventions are needed to address these issues and subsequently improve the recruitment and retention of correctional nurses.

KEY WORDS:
Burnout; corrections; job satisfaction; nurses; nursing; prisons; work environment

Correctional facilities are among the most challenging settings for nursing practice. Although the delivery of health care is an important component, there is an ongoing struggle to find a balance between inmates' healthcare needs and security. Correctional nurses hold a unique position within the nursing profession as their role and work environment combines the demands of these two systems. As one of the main providers of healthcare in correctional facilities, nurses' responsibilities include elements of outpatient care, emergency nursing, mental health, occupational health, and community health. This primary role of nurses, in the context of a rapidly increasing and aging prison populations, underscores the importance of understanding their perceptions about work. However, the work environment of correctional nurses has received little attention in nursing research. Therefore, the purpose of this study was to examine the work environment of nurses working in provincial correctional facilities within Ontario, Canada.

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Theoretical Framework

The theoretical perspective for this study was an extension of the magnet concept studied by Aiken and colleagues (Aiken et al., 2001; Aiken, Clarke, Sloane, Sochalski, &

Silber, 2002). The original magnet study by the American Academy of Nursing investigated factors impeding or facilitating professional nursing practice in hospitals. Magnet hospitals were found to have similar organizational features that enabled nurses to fully use their knowledge and promoted professional nursing practice, including unit-based decision-making processes, adequate staffing, and investments in the education and expertise of nurses (Schmalenberg & Kramer, 2008). Aiken and colleagues extended this work by demonstrating that these attributes resulted in higher levels of nurse autonomy, greater control by nurses over resources required to provide good care, and better relations between nurses and physicians, and subsequently superior outcomes for clients, nurses, and organizations (Aiken et al., 2001, 2002; Aiken, Havens, & Sloane, 2000; Kelly, McHugh, & Aiken, 2011). In contrast, work environments without these attributes have been associated with poor quality of nurses' work lives, job dissatisfaction, burnout, and turnover (Kelly et al., 2011; Schmalenberg & Kramer, 2008).

Using the theoretical perspective from Aiken's work, the International Hospital Outcomes Study was formed to study the impact of hospital restructuring on the nurse workforce and outcomes in 700 hospitals from five countries, including Canada (Aiken et al., 2001; Laschinger, 2008; Laschinger, Shamian, & Thomson, 2001). Whereas most research examining the magnet concept has been conducted in hospitals, the aim of the current study was to examine workplace conditions and nurse outcome variables from the International Hospital Outcomes Study. This provided the opportunity to compare variables between correctional and hospital environments and determine if the same attributes are important to correctional nurses.

Review of the Literature

Correctional nursing offers the opportunity to practice in a unique atmosphere in a highly autonomous role (Flanagan & Flanagan, 2001; Smith, 2005). Correctional nurses are challenged with providing quality care to a vulnerable and sometimes behaviorally difficult population in a setting where security often supersedes health care. As a result, nurses frequently report a conflict between the need for security and the need to provide health care (Maroney, 2005). In a study by Weiskopf (2005), nurses reported caring for inmate patients as a constant struggle with custody. If custody officers valued health care, nurses felt autonomous and supported. If they did not value health care, participants did not feel supported or autonomous in their practice. Similarly, in the study by Maroney (2005), nurses identified security issues as a significant factor in their ability to provide care with a sense of pressure to conform to the custodial subculture. The limits of the nurse—inmate boundaries (Flanagan, 2006) and different assumptions of the value of health care (Watson, Stimpson, & Hostick, 2004) can lead to stress and frustration for nurses when trying to advocate for proper health care (Weiskopf, 2005).

In a study with 287 correctional nurses, Flanagan and Flanagan (2001) found the most important elements of job satisfaction were pay and work autonomy, expectations about professional status of the nursing role, and quality of interactions with colleagues. When the interaction component was subdivided into nurse—nurse interaction and physician—nurse interaction, nurses reported higher levels of satisfaction with nurse—nurse interaction than with physician—nurse interaction. Sources of stress included time pressures, lack of understanding and support from superiors, insufficient resources, fluctuations in workload, and competing priorities (Flanagan & Flanagan, 2001). Other studies have identified exposure to infectious diseases, demands of inmates, feeling unsafe, and role ambiguity as sources of stress (Flanagan, 2006; Powell, Harris, Condon, & Kemple, 2010).

A review of the literature identified few studies that examined the work environment of correctional nurses. With the aging nursing population and challenges in the recruitment of nurses, the study results are imperative to the recruitment and retention of correctional nurses.

Methodology

Setting and Participants

A mixed-methods design was used with two phases. In the first phase, 13 semistructured interviews were conducted with correctional nurses and healthcare managers (HCMs) in five provincial correctional facilities in Ontario. To obtain a sample representative of the population, varying sites were chosen based on facility size (small, medium, or large) and location in the province (urban vs. rural). The interviews were conducted to describe issues and challenges within the work environment and subsequently inform the selection of variables examined in the survey. Although the role of correctional managers and nurses are different, both nursing roles were included to provide us with the opportunity to compare and contrast their perceptions regarding the work environment. In the second phase, a convenience sample of all nurses and HCMs working in the 30 provincial correctional facilities across Ontario were invited to complete a survey. Eligible study participants were 511 registered nurses (RNs), registered practical nurses (RPNs), and HCMs working in these settings. The final sample consisted of 270 RN/RPNs (nurses) and 27 HCMs who returned completed surveys (response rate of 56.1% and 90%, respectively). Ethics committee approval was obtained from a university research ethics board and the provincial ministry responsible for correctional facilities.

Data Collection

Semistructured interviews were conducted face to face at the facilities. Interviews were tape-recorded and transcribed verbatim. *Survey packages* were distributed to each participant at their place of employment containing a letter of information, questionnaire and researcher-addressed stamped envelope. Each questionnaire was coded to enable follow-up with nonrespondents only. As suggested by Dillman, Smyth, and Christian (2008), follow-up reminder letters were sent to nonrespondents 3 weeks after initial mailing, followed by final mailing 3 weeks later with a follow-up letter, replacement questionnaire, and return envelope.

Instruments

The following self-report instruments were used for the purpose of this study. For each measure, a higher score indicates a high level of the construct. For example, a high score for burnout represents high levels of burnout and a high score for job satisfaction represents high levels of job satisfaction.

Work Environment

The Nursing Work Index-Revised (NWI-R) (Aiken & Patrician, 2000) measures organizational attributes supportive of professional nursing practice using three subscales: autonomy (five items), control over practice (seven items), and nurse—physician collaboration (three items). Two single items were used to measure collaboration with support staff (maintenance and food service workers) and collaboration between RN and RPNs (Aiken et al., 2001). In addition, the nurse—physician collaboration subscale was modified to measure collaboration with correctional officers (correctional officers replacing physician). The additional items and subscale were reported separately and not incorporated into the NWI-R subscales. Therefore, they did not alter the reliability or validity of the established instruments. All items were rated on a 4-point Likert scale with no neutral option (strongly disagree to strongly agree), which were summed and averaged to yield the subscales. In this study, Cronbach alphas ranged from 0.70 to 0.89 (see Table 1).

Adequacy in staffing was measured using a single item, "During your last shift, do you think the staffing level was adequate?" with a yes/no response choice (Aiken et al., 2001).

Workplace Relationships

Intragroup conflict was measured using the Intragroup Conflict Scale (Cox, 2008). Two types of conflict were examined: relationship conflict (eight items) and task conflict (five items). One additional item was used to assess overall perceptions of workplace conflict. The additional item was reported separately and not incorporated into subscales. Items were rated on a 5-point Likert scale (never to always) and then summed and averaged to yield subscales. In this study, Cronbach alphas ranged from 0.92 to 0.94. Participants were also asked to identify main sources of conflict.

Bullying at work was measured using three items (Einarsen & Skogstad, 1996) assessing the prevalence and source of bullying with categorical responses (e.g., "Never," "Seldom," "Now and then," "Often"). *Physical and emotional abuse* was measured using three items assessing the prevalence of physical assault and emotional abuse from inmates and emotional abuse from someone other than inmates with yes/no response choice (Shields, 2006). These items were used in the National Survey on Work and Health of Nurses (NSWHN), a large Canadian survey that examined workplace conditions and nurse outcomes in all healthcare sectors (Shields, 2006).

Respect was measured using three items from Siegrist's (1996) Esteem Subscale of the Effort-Reward Imbalance Scale. Using a 4-point Likert scale with no neutral option (strongly disagree to strongly agree), participants were asked about the level of respect they receive from superiors and colleagues and overall respect based on their efforts and achievements.

Nurse Outcomes

Burnout was measured using the Maslach Burnout Inventory-Human Services Survey (Maslach & Jackson, 1986), which measures three aspects: emotional exhaustion (nine items), depersonalization (five items), and personal accomplishment (eight items). Using a 7-point Likert scale (0 = *never* to 6 = *everyday*), participants were asked to indicate "how often" they experienced each item. In this study, Cronbach alphas ranged from 0.70 to 0.91.

Job satisfaction was measured using three instruments. For comparison with the study by Aiken et al. (2001), a global measure was used. Using a 4-point Likert scale with no neutral option (*very dissatisfied* to *very satisfied*), participants rated overall satisfaction with their present job. To provide more information, the Nurses' Job Satisfaction Scale (Hinshaw & Atwood, 1983) was used to measure three aspects: quality of care (four items), enjoyment (11 items), and time to do one's job (five items). Items are rated on a 5-point Likert scale (*strongly disagree* to *strongly agree*) then summed and averaged to yield subscales. In this study, Cronbach alphas ranged from 0.73 to 0.87. Finally, two subscales from the McCloskey/Mueller Satisfaction Scale (Mueller & McCloskey, 1990) were used to measure satisfaction with (a) salary and benefits (three items) and (b) scheduling (five items). Participants rated satisfaction for

Table 1. Means, Standard Deviations, and Cronbach Alphas for Overtime, NWI-R, and Workplace Relationship Variables

		Nurses			HCM		
	No. of Items	Mean	SD	Cronbach alpha	Mean	SD	Cronbach alpha
Overtime							
Paid hours	1	7.16	6.47	—	15.89	16.04	—
Unpaid hours	1	1.49	2.16	—	10.24	7.77	—
Nursing Work Index-Revised							
Autonomy[a]	5	2.61	.61	.70	2.96	.57	.77
Control over practice[a]	7	2.22	.64	.76	2.32	.58	.73
Nurse–physician collaboration[a]	3	3.06	.69	.82	3.25	.53	.70
Collaboration with							
Support staff[a]	1	2.88	.81	—	3.22	.70	—
RN/RPN[a]	1	2.74	.96	—	—	—	—
Corrections officers[a]	3	2.60	.74	.87	2.56	.82	.89
Respect							
Respect from colleagues[a]	1	2.93	.84	—	2.74	.76	—
Respect from superiors[a]	1	2.62	1.02	—	2.81	1.15	—
Respect I deserve[a]	1	2.49	.94	—	2.33	.88	—
Conflict							
Task Conflict[b]	5	3.36	.94	.92	3.54	.93	.94
Relationship Conflict[b]	8	2.86	.93	.93	3.04	.96	.94
Overall, a lot of conflict[b]	1	2.98	1.23	—	3.19	1.14	—

[a]Range: 1–4.
[b]Range: 1–5.

each item on a 5-point Likert scale (*very dissatisfied* to *very satisfied*). In this study, Cronbach alphas ranged from 0.70 to 0.79.

Role overload was measured using five items from the NSWHN (Shields, 2006), including "having to arrive early or stay late" and "working through breaks." Items are rated on a 5-point Likert scale (strongly disagree to strongly agree). In this study, Cronbach alphas were 0.82 to 0.88.

Intent to leave was measured by a single item, "Do you plan to leave your present nursing position?" with three response choices: "yes, within next 6 months"; "yes, within next 12 months"; and "no plans within year" (Aiken et al., 2001).

Job Characteristics and Demographics

Job characteristics included amount of overtime and ability to practice to full scope. Demographic characteristics included age, gender, level of education, years of experience in nursing, correctional nursing, and current facility.

Data Analysis

Interview data were analyzed through content analysis. This process included open coding, creation of categories, and generation of themes. SPSS version 17 for Windows was used to analyze survey data using descriptive statistics (mean, standard deviation, and frequency).

Results

Interviews

Thirteen interviews took place with eight nurses and five HCMs. Both groups were predominantly women (92%) and worked full time (85%). Nurses reported a median of 20 years of nursing experience, 10 years in corrections and 8.5 years in current facility, whereas HCMs reported 16 years of experience, 5 years in corrections and 2 years in current facility. 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.

Inadequate Staffing and Heavy Workload

Participants described their jobs as fast-paced, ever-changing, and dynamic. They discussed always working with less than a full complement of staff, not being able to replace sick calls, never having lunch breaks, and the challenges of getting their work done by the end of shift. They described spending a lot of time on medication administration (transcribing orders, dispensing manually, hand delivering to each inmate, supervising each medication being taken, documenting), admission assessments (high volume of new admissions in most sites), and running clinics (transcribing orders, providing treatment, arranging for follow-up with specialists if needed). With the aging population and rising frequency of mental health issues, about 80% of inmates required the daily attention of correctional nurses and consumed at least one medication. One nurse may be responsible for administering medications to over 300 inmates.

Limited Resources

In addition to being short staffed, participants identified limited access to equipment (e.g., supplies and blood pressure cuffs), technology, and opportunity to collaborate with allied health professionals to support care provision. In addition, participants stated it was difficult to obtain funding for equipment purchase. Most sites did not have computerized medication administration systems or pharmacy technicians to prepare or dispense medication. Several participants (59%) described a lack of educational support and thought in-services and education would improve their competencies and ability to practice to their full scope.

Workplace Relationships

Participants discussed differences between nurses' and correctional officers' values and expectations regarding health care. These differences created conflict and led to added stress for nurses. For instance, inmates must be accompanied by correctional officers during nurse—inmate encounters, and the correctional officers may question the legitimacy of a nurse's request to attend to an inmate. When discrepancies arose, nurses indicated that they often avoided the conflict because they required cooperation and protection from the officers. Interview participants also reported that conflict among nurses had a negative impact on the collaborative practice environment. Most participants suggested that this conflict was because of the heavy workload and stress.

Survey Results

Nurse (RN/RPNs) survey participants were predominantly women with a mean age of 46.0 years, 20.7 years in nursing, 7.9 years working in corrections, and 6.5 years in current facility. The majority were diploma prepared (81.1%), working full time (50.8%), or unclassified (casual; 44.4%). Nurses in this study were similar in age to other nurses in all sectors working in the province of Ontario during the same time period (College of Nurses of Ontario, 2009). However, correctional settings had a higher percentage of male nurses (16.2%; provincial average all sectors 4.6%) and a lower percentage of full-time nurses (50.8% full time and 44.4% casual) than the general provincial nursing population (provincial average all sectors, 64.7% full time and 8.1% casual). HCM survey participants were also predominantly women, with a mean age of 47.6 years, 25.1 years in nursing, 13.0 years in corrections, and 10.8 years in current facility. The majority were also diploma prepared (70.4%) and working in full-time positions (92.6%). These results differ from a national study of managers working in acute care hospitals (Laschinger et al., 2008), where the majority were baccalaureate prepared (71.1%).

Job Characteristics

HCMs reported working more overtime hours than nurses (see Table 1). On average, full-time HCMs worked 15.89 hours of paid overtime per week and 10.24 hours of unpaid overtime per week during the past year. In contrast, full-time nurses worked an average of 7.16 hours of paid overtime per week and 1.49 hours of unpaid overtime per week during the past year. Correctional nurses reported a higher amount of paid overtime but lower unpaid overtime than the general nursing population in the NSWHN (4.8 hours paid, 4.0 hours unpaid; Shields, 2006). Most nurses reported no change in amount of overtime (39%); however, 52% of HCMs reported an increase during the past year (see Table 2). Almost 40% of nurses and 16% of managers reported that they were unable to practice to their full scope (see Table 2). Reasons (n = 88) included workload, staff shortage, lack of policies, and limited resources (50%); setting and facility set-up (32%); administrative limitations (12%); and lack of training or education (6%).

Table 2. Frequencies of Major Study Variables

	No. of items		Nurses (%)	HCM (%)
In the past year, amount of overtime has:	1	Increased	28.4	51.9
		Remained the same	38.6	40.7
		Decreased	9.8	3.7
		Not applicable	23.1	3.7
Able to practice to full scope	1	% no	39.7	16.0
Inadequate staffing on last shift	1	% yes	36.2	48.0
Experienced emotional abuse in the past year				
From inmate(s)	1	% yes	63.1	44.4
From someone other than inmates	1	% yes	55.6	66.7
Bullying (in past year)				
Observed bullying	1	No, never	16.0	11.1
		Yes, seldom	26.5	14.8
		Now and then	32.8	44.4
		Often	24.6	29.6
Subject of bullying	1	No	47.2	33.3
		Yes to some extent	42.3	51.9
		Yes, to great extent	10.5	14.8
Intent to stay (next year)	1	% yes	80.8	81.5

Work Environment

Both nurses and HCMs reported having autonomy in their job but limited amount of control over practice (see Table 1). This included not having enough time and opportunity to discuss inmate care with other nurses or having enough nurses on staff to provide quality care. In comparison with an Ontario sample of acute care nurses (Laschinger et al., 2001), correctional nurses reported a similar level of autonomy (acute care: $M = 2.59$, SD $= 0.27$) but lower control over practice (acute care: $M = 2.34$, SD $= 0.28$). Results also showed that 36% of nurses and 48% of HCMs reported inadequate staffing on their last shift (see Table 2). This is similar (38.8%) to results reported in the NSWHN (Shields, 2006).

Workplace Relationships

Collaboration

Both nurses and HCMs reported the highest level of collaboration with physicians followed by support staff, RN and RPNs, and correctional officers (see Table 1). HCMs reported slightly higher levels of collaboration with physicians and support staff. When compared with a study conducted with acute care nurses (Laschinger, 2008), correctional nurses reported similar levels of collaboration with physicians (acute care: $M = 2.99$, SD $= 0.68$).

Respect

When asked if they receive the respect they deserve from colleagues and superiors, both nurses and HCMs slightly disagreed (see Table 1). However, nurses reported more respect from colleagues than superiors, and HCMs reported more respect from superiors than colleagues. Both groups reported even lower levels when asked if they receive the respect and prestige they deserve considering all of their efforts and achievements.

Conflict

Overall, HCMs reported experiencing conflict more often than nurses. Task conflict was experienced more often

than relationship conflict (see Table 1). The main sources of conflict were correctional officers (28%) and nursing colleagues (27%) followed by inmates (24%), HCMs (17%), and doctors (2%). When compared with a study conducted with acute care nurses (Almost, Doran, McGillis-Hall, & Laschinger, 2010), correctional nurses reported higher levels of relationship conflict (acute care: $M = 2.39$, $SD = 0.60$).

Emotional abuse and bullying (see Table 2): Less than 5% of participants had experienced physical abuse from inmates, significantly lower than the 28.4% of nurses who reported physical abuse from patients in the NSWHN (Shields, 2006). However, over 63% of nurses and 44% of HCMs had experienced emotional abuse from inmates, and greater than 55% of nurses and 66% of HCMs had experienced emotional abuse from someone other than an inmate during the past year. These results are significantly higher than the 8.7%—16.9% reported by nurses across sectors in the NSWHN (Shields, 2006). During the past year, 25% of nurses and 30% of HCMs reported frequently observing bullying, whereas 53% of nurses and 67% of HCMs reported being the subject of bullying. Similar to conflict, the main sources of bullying were correctional officers (31%), nursing colleagues (30%), inmates (20%), HCMs (11%), and doctors (5%).

Nurse Outcomes

Job Satisfaction

Overall, greater than 73% of both groups were moderately or very satisfied with their present job, whereas 26% were dissatisfied. This is higher than results found in the NSWHN (Shields, 2006), where 12.5% of participants reported being dissatisfied with their jobs. When asked about the five specific aspects, both groups reported being most satisfied with level of enjoyment, followed by quality of care. Both groups were most dissatisfied with salary and benefits, followed by limited time to do their work (see Table 3).

Role overload and burnout: Nurses reported some role overload, whereas HCMs reported a very high level of role overload (see Table 3). Correctional nurses reported lower levels of role overload than the general nursing population in the NSWHN ($M = 2.44$; Shields, 2006). HCMs reported higher scores than nurses on emotional exhaustion and depersonalization and lower scores on personal accomplishment. According to Leiter and Maslach (2004), scores above 3.0 on the emotional exhaustion subscale indicate high burnout. In this study, 66.7% of HCMs and 39.3% of nurses had scores higher than 3.0.

Intent to leave: Close to 81% of both groups were planning on staying in their current job during the next year, which is similar to nurses in other sectors (Shields, 2006). Of the 19%

Table 3. Means, Standard Deviations, and Cronbach Alphas of Nurse Outcome Variables

	No. of items	Nurses			HCM		
		Mean	SD	Cronbach alpha	Mean	SD	Cronbach alpha
Nurses' Job Satisfaction Scale[a]	20	3.38	0.55	0.87	3.27	0.56	0.87
Enjoyment	11	3.58	0.63	0.84	3.63	0.65	0.83
Time to do one's job	5	2.83	0.86	0.76	2.24	0.85	0.75
Quality of Care	4	3.32	0.81	0.73	3.37	0.87	0.84
McCloskey/Mueller Satisfaction Scale[a]	8	2.85	0.84	0.79	3.20	0.74	0.70
Salary and benefit	3	2.76	1.00	0.71	3.16	0.97	0.72
Scheduling	5	2.92	0.95	0.76	3.18	1.01	0.70
Role Overload[b]	5	2.21	0.98	0.88	3.13	0.80	0.82
Maslach Burnout Inventory[c]							
Emotional exhaustion	9	2.53	1.36	0.90	3.33	1.22	0.91
Personal accomplishment	8	4.27	1.00	0.70	4.17	0.15	0.76
Depersonalization	5	1.49	1.28	0.74	1.62	1.22	0.77

[a]Range: 1–5.
[b]Range: 0–4.
[c]Range: 0–6.

who indicated they were leaving their jobs within the next year, reasons included (a) work conditions (workload, support, pay, hours, no full-time positions, no advancement opportunities; 36%), (b) retirement (32%), (c) moving to a different job (11%), (d) dissatisfied or too stressful (11%), and (e) personal reasons (e.g., moving; 9%).

Discussion

Research examining magnet hospitals has shown that nurses value work environments providing support for education, positive work relationships, autonomy, control over nursing practice, and adequate staffing (Kelly et al., 2011; Schmalenberg & Kramer, 2008). Nurses in this study expressed the same values with regard to the work environment in provincial correctional settings. In addition, participants in both the interview and survey results identified several challenges within their work environments: (a) inadequate staffing and heavy workloads, (b) limited resources, (c) limited control over practice and scope of practice, and (d) challenging workplace relationships.

Participants reported frequently working short-staffed, not being able to cover sick calls, not taking lunch breaks to finish all of their work. In addition, nurses and HCMs reported working a large amount of overtime hours, higher than nurses working in other sectors across Canada. Higher nurse workloads are associated with burnout and job dissatisfaction and are precursors to voluntary turnover that contribute further to understaffing as sick calls cannot be replaced (Aiken et al., 2002). In addition to being short staffed, participants identified limited access to equipment, technology, and opportunities to collaborate with allied health professionals. As noted in the study by Flanagan and Flanagan (2001), insufficient resources and time pressures are two of the main sources of stress for correctional nurses. Nurses need certain physical resources to support and promote their practice (Smith, 2005). They need adequate equipment to conduct assessments and to provide treatment. They also need sufficient space and a physical layout that promotes privacy for healthcare assessments.

Several participants expressed a lack of educational support to improve competencies and ability to practice to their full scope. The breadth of scope is both a challenge and attraction for nurses working in this sector. The challenge relates to skill development. A solid knowledge and expertise is needed to optimize nursing practice. However, because of heavy workloads, lack of time, and inadequate staffing, nurses are not always able to obtain the training or ongoing education that is required. These findings are similar to the study by Maroney (2005), which also identified several barriers to continuing education for nurses, including inadequate staffing, time available, distance of rural locations, cost, and the perception that administration did not value continuing education for nurses.

It is alarming to note that nurses and HCMs reported a significantly higher level of emotional abuse, conflict, and bullying than nurses in other studies (Almost et al., 2010; Shields, 2006). The main sources of conflict and bullying included correctional officers and nursing colleagues. The attention in the literature given to the phenomenon of caring and security within these environments points to the importance attributed to these issues (Holmes, 2005). Correctional nurses practice in environments with extreme pressure to conform to the custodial subculture (Holmes, 2005). Collaboration between security staff and nursing colleagues is essential. Nurses must be able to interact positively and confidently with colleagues and be able to function in a manner that does not place themselves or others at risk (Smith, 2005). Weiskopf (2005) found that, when correctional officers value health care, a nurse's judgment was also valued and healthcare staff were able to exercise the authority for establishing healthcare priorities. Correctional administration must raise awareness of the treatment role of nurses and demonstrate the importance of quality healthcare.

It is also alarming to note the high levels of role overload and burnout among HCMs in this study. However, given the amount of overtime hours, challenging workplace relationships, and work environment, it is not surprising. Job-related burnout is the result of chronic stress in the work environment, over a prolonged period of time, with no sign of relief (Maslach, 2003). Having to work extra hours, working through breaks to deal with the workload, and having too much work for one person to do are factors that lead to role overload and burnout. Jeopardizing the health and well-being of those who experience it, job-related burnout is characterized by feelings of emotional exhaustion combined with distancing from work and doubts about one's effectiveness. Burned out prison staff have been found to experience a number of physical health problems (e.g., headaches and stomach aches), psychological problems (e.g., anger and low self-esteem), and negative attitudes and behavior (e.g., withdrawal from clients; Garland, 2002). In addition, decreased productivity resulting from burnout in nurse managers can have a significant impact on staff nurse job satisfaction, turnover, and patient care (Aiken et al., 2002).

Participants were slightly more dissatisfied with their jobs than nurses in other sectors across Canada, but it is noteworthy that greater than 73% were satisfied with a high intent to stay working in corrections. They were most satisfied with the level of enjoyment in their job and quality of care provided, while being least satisfied with salaries and benefits. Job dissatisfaction opens a gateway to deficits in both individual and organizational performance. When

job satisfaction is lacking, there is greater absenteeism (Lambert, Edwards, Camp, & Saylor, 2005) and more rapid job turnover (Lambert & Hogan, 2009). In turn, turnover and absenteeism are costly to organizations and places additional strain on staff to fill vacant roles (Camp & Lambert, 2006).

Study Limitations and Strengths

To the best of our knowledge, this is the first investigation of work—life issues of nurses in provincial correctional facilities in Canada. Data collection targeted the full population of provincial correctional nurses and managers in Ontario to strengthen the representativeness of the findings and study conclusions and was based on well-validated and reliable instruments. Notwithstanding these strengths, there are some limitations to the study. The response rate for nurses was 56.1%, which is good for survey research, but could have resulted in a nonresponse bias, the effects of which cannot be determined. Second, the sample of HCMs was small, which limited our ability to conduct subgroup analyses and statistically test for differences between nurses and HCMs. In addition, it should be noted that study results are limited to nurses working in provincial correctional settings and may not be representative of the work environments of nurses working in federally funded corrections settings or forensic settings.

Implications for Clinical Forensic Nursing Practice

The results of this study suggest that the areas that could be improved to create better work environments include reduced role overload and burnout, access to more resources, more control over practice, ability to work to full scope, and promoting more collegial workplace relationships. Additional research is needed to more thoroughly guide strategies aimed at improving correctional nurses' work environments; however, correctional administrators and HCMs are encouraged to take action by using the existing research as a starting point and gathering data in their own facilities.

Organizational or work-related antecedents of burnout include such factors as long work days, insufficient resources, and excessive demands (Maslach, 2003). All of these factors were identified by participants in this study and are areas to be improved to reduce role overload and burnout. Initiatives should be developed to fully understand all of the contributing factors to role overload and burnout, identify signs of job burnout, reduce role overload, and increase organizational support (Maslach, 2003). Correctional administrators can start by finding ways to increase staffing on healthcare teams, increase resources to reduce demands and increase organizational support, and subsequently reduce managers' workload.

Workforce planning, particularly to under-resourced sectors such as correctional settings, requires the development of recruitment and retention strategies to improve current staffing levels. The most effective recruitment strategies identified by interview participants were personal referrals and strategies directed to specific target audiences. For instance, advertisements aimed at local communities where nurses live in proximity to a correctional facility. Reaching out to local nursing programs also raises awareness of correctional nursing and the potential to recruit new graduates. Retention strategies include supportive leadership, ensuring good communication, establishing attractive and competitive salary and benefit structures, creating opportunities for educational leaves, improving orientation for new nurses, and fostering effective teamwork (Doran et al., 2010).

Educational and policy initiatives are needed to provide opportunities for nurses to increase their capacity to practice to their full scope. The complex health needs of inmates require nurses with specialized knowledge and skill. Strong assessment skills and clinical decision-making skills are needed to help them interact professionally with a clientele who may need health care but may be manipulative and aggressive (Smith, 2005). However, nurses are often unable to obtain the training or ongoing education that is required. Educational and policy initiatives are needed, which build on nurses' existing skills and knowledge, focus on expanding their capacity to practice to full scope, and expand their understanding of inmates' specific needs and the most effective ways to meet these needs (Maroney, 2005). One possible way to meet the demands of this challenging work environment is to provide online education opportunities.

Interpersonal work relationships are an important component of working life and directly impact the overall work atmosphere. It is important that correctional administrators instill a sense of organization-wide support for the goals and objectives related to health care. There should be an investment to ensure collegial and respectful work relationships within nursing teams and with corrections officers. As a first step, all administrators and HCMs should become aware of the potential for emotional abuse, and work to eliminate abuse and bullying while reducing conflict. Existing policies should be reinforced or new ones put into place stating that these negative behaviors are not tolerated and outlining how incidents will be handled. Everyone should be educated about these behaviors, what they look like and how to deal with these situations, both from the standpoint of a target and a bystander. In addition, the facility needs to determine if there are any organizational

factors, such as oppressive policies and procedures, which inadvertently contribute to these behaviors, and work to create an environment in which healthier workplace relationships can occur (Lewis, 2006). Administrators can make it a priority to consult with healthcare administrators and staff personnel before policy decisions affecting medical and health services are made. Enhancing custody and healthcare communication, cooperation, and collaboration can be achieved through conducting joint staff meetings, providing education about nursing and custody roles, joint management of job stress, and joint orientation/education between new employees in a correctional (Weiskopf, 2005).

This study has contributed to the literature on the work environment of correctional nurses. Much more research is needed to generate a comprehensive set of suggestions for improving this complex work environment. Given the exploratory purpose of the study and the broad nature of its discoveries, it is imperative that further studies be undertaken. Because this study was conducted in one province in Canada and was conducted within provincially funded correctional facilities, additional studies should be conducted in different geographical locations and federally funded facilities. Academic researchers and correctional policy makers are encouraged to work together to help increase our understanding of the work environments in correctional health care and improve the work lives of this important occupational group.

Conclusions

This study aimed to examine the work environment of correctional nurses working in provincial correctional facilities within Ontario, Canada. Similar to nurses in other sectors, nurses working in provincial correctional settings value work environments that provide support for education, positive work relationships, autonomy, control over nursing practice, and adequate staffing. Work—life issues were identified, which need to be addressed to strengthen the professional practice environment, attract nurses, retain them, and address role overload and burnout for nurses working in leadership roles.

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