

Exploring Cognitive Dissonance in the Correctional Nursing Experience

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Background:

- Correctional nurses experience conflict between custody and caring.
- Balance between healthcare and security indicated for development of alliances and relationships with correctional staff in order to manage perceived safety risks.
- Nurses struggle to see the individual as a patient rather than simply an inmate.
- The need to balance custody and caring may impede the development of professional identity.
- These factors create cognitive dissonance, or the state of having inconsistent thoughts, beliefs, or attitudes, especially as relating to behavioral decisions and attitude change.
- An ideological conflict between the nursing role as caring practitioner and the values of corrections and penology may cause nurses' perceptions of caring to change thereby impacting quality of care.

Aim:

This project describes the unique experience of nurses practicing in correctional facilities. The literature describes cognitive dissonance experienced by correctional nurses resulting in erosion of care. Interviews with nurses at correctional facilities will provide greater understanding of their experiences and inform interventions related to correctional nursing.

Objectives:

Elucidate the experience of nurses working in a correctional setting in order to:

- Increase understanding of the experience of correctional nurses
- Inform evidence based interventions to support nurses in corrections and mitigate potential adverse outcomes of cognitive dissonance.
- Promote quality care in correctional health care settings.

References:

- Choudhry, K., Armstrong, D., & Dregan, A. (2017). Prison nursing: Formation of a stable professional identity. *Journal of Forensic Nursing*, 13(1), 20-25.
- Foster, J., Bell, L., & Jayasinghe, N. (2013). Care control and collaborative working in a prison hospital. *Journal of Interprofessional Care*, 27(2), 184-190.
- Karpa, J., & Chernomas, W., (2013). Nurse educators' perspective on student development of reflection for psychiatric mental health nursing practice. *International Journal of Nursing Education Scholarship*, 10(1), 185-194.

Methods:

Sample/Setting/Design

- Site identified, approval received from sheriff, director of nursing and UT IRB as an exempt study.
- Fliers were distributed to nurses in a large metro-area correctional facility in the Southern United States. Individual interviews were scheduled.
- Written consent for each participant was obtained prior to the start of each interview. Data collection occurred through individual in depth, semi structured interviews recorded with an audio recorder. The interviews were conducted at a location near the facility.
- Convenience sampling and snowball sampling were used. Eight nurses participated. Approximate interview length was 20 minutes.
- Following data collection, recorded interviews were carefully transcribed and the transcriptions reviewed for accuracy.

Transcription and Data Analysis

- Interview transcripts and data were analyzed to identify dominant themes within the data.
- Six themes were identified

Demographics:

Education Level	Gender	Age Range	Years as Nurse	Years in Corrections	
LVN	50%	M 12.5%	20-30 12.5%	0 to 10 37.5%	11 to 20 75%
BSN	25%	F 87.5%	30-40 0%	11 to 20 37.5%	11 to 20 25%
MSN	25%		40-50 25%	21 to 30 25%	21 to 30 0%
			50-60 62.5%		

Implications:

- Educate community (nurses, correctional staff, nursing students) about correctional nursing
- Facilitate team building with correctional staff
- Design debriefing opportunities for stressful situations
- Aid in identification of self care and stress relief interventions

Analysis:

Themes:

We Have a Sense of Purpose

- Correctional nurses find fulfillment in their work
"You get so much satisfaction because a lot of these people don't get genuine care or people that show them compassion" (13 yrs)

We Don't Trust Each Other

- Lack of trust exists between nurses, inmates and correctional staff
"But when I started here I had to learn very quickly that those therapeutic relationships that we form as nurses in the real world don't apply here. They can be misconstrued into something else" (6 yrs)

We Want Respect

- Correctional nurses feel misunderstood and disrespected by patients, correctional staff, and the nursing community
"We need to get our voices heard. We need to let people know about what we do and how different it is and that we are not the rejects. We are not." (6 yrs)

We Experience Unique Stressors

- Correctional nurses experience different stressors than other areas of nursing
"If you walk into a unit there are 200 people watching you, 200 males that haven't seen a female in a week or month. It is closed in, you can't really walk out" (1 yr)

We Have Changed

- Correctional nurses recognize a change in themselves and their peers
"I think our empathy sometimes lacks, we get a little hardened. I know I'm hardened. I don't trust as easily. I don't trust" (13 yrs)

We Try to Leave It All There

- Correctional nurses need self care
"I try to compartmentalize everything. When I'm with family we don't talk about jail. We can talk about general nursing, but not specifically jail" (6 yrs)

Conclusions:

- Correctional nurses have a strong sense of purpose and want to be respected
- They are challenged by relationships with correctional staff and inmates, and can experience a change in who they are due to working in this challenging environment
- Overall, correctional nurses do not identify effective self care interventions.
- To mitigate cognitive dissonance, care degradation and work related stress, evidence based stress relief interventions are indicated

