RNAO

ONTARIO CORRECTIONAL NURSES' Interest Group

Speaking out for correctional nursing.

FALL EDITION 2016

A MESSAGE FROM THE PRESIDENT

As much as I miss the warm, lazy days of summer, it feels good to be back in a routine and autumn is absolutely my favourite season: warm days, cool nights and those beautiful colours in nature! The OCNIG executive took a much deserved hiatus over the summer, but now we are ready to take on the world again. This fall we will be meeting with Members of Provincial Parliament as part of RNAO's Queen's Park on the Road initiative and conducting elections for the OCNIG executive committee (see page 5 for nomination details).

We will also be working on an OCNIG membership campaign. There are more than 700 correctional nurses in Ontario but only 110 are members of OCNIG. I think of OCNIG membership like a YMCA membership. If you don't participate, you won't realize much benefit. The OCNIG executive would like to move forward with a website, an education fund, increased outreach and further meetings with the Minister, but it is critical that we have the support of Ontario's correctional nurses to do so! Even if you don't have time to fully engage in OCNIG activities, you can show your support by becoming a member. If you are a member, I challenge you to convince just one other correctional nurse to join us! There is strength in numbers!

Shirley Kennedy
President

THE OCNIG EXECUTIVE

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Community Forensics MAL

Vacant
Associate MAL, Nursing Student

NURSING INSIDE

Building Civility Capacity in Nursing

Removing incivility from nursing practice requires improving communication skills at all levels.

by Cynthia Clark PhD, RN, ANEF, FAAN

Connie's story: "The shift started out pretty much as usual, but as the evening progressed, things began to rapidly deteriorate. It was an unusually busy night; the pace of the unit was rapid, and we were caring for patients with very complicated conditions. "My patient, Mr. Brown was very ill and required complex procedures including wound irrigation, a sterile dressing change, and repositioning. I provided as much care as I could on my own, but given the patients' critical condition, I needed help. I asked my co-worker, Pat to assist me. "She became infuriated; telling me that I was incompetent and a detriment to the team. She berated me for my inability to "carry my weight" and seethed about my inefficiency. I was speechless; I can't even begin to describe how it felt to be treated in such a demeaning way. I still shudder when I think about it."

Unfortunately this encounter and others like it are far too common; however, efforts to raise awareness and to educate nurses on the devastating effects of incivility, and implementing evidence-based practices to address these behaviors are making a difference in creating and sustaining healthy workplaces. Most nurses regardless of setting, strive to foster respectful working conditions and to create healthy workplaces that add value and meaning to our lives.

Elements of a Healthy Workplace

Shirey (2006) describes a healthy work environment as a setting where "employees are able to meet organizational objectives and achieve personal satisfaction in their work" (p. 258). In 2005, the American Association of Critical-Care Nurses (AACN) identified six standards for healthy work environments including skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. 2 In addition, Clark (2013) found that healthy work environments also require a shared organizational vision, mission, and values, a high level of civility, and effective leadership, both formal and informal, at all levels of the organization. A healthy workplace also includes an environment that promotes physical and emotional safety, positive recruitment and retention, competitive salaries and benefits, reasonable workload, high morale and job satisfaction, and policies to promote a healthy work environment and protocols to address incivility.4,5

Stress & Incivility in the Practice Setting

There is an inextricable link between stress and incivility and there are myriad sources of stress in our fast-paced, high acuity, stressful work environments.3 Nurses and other healthcare professionals are bombarded by constant and rapid change, complex care conditions, and ethical dilemmas that seem to occur on a daily, if not hourly basis. Ethical dilemmas can be emotionally charged and often stem from inadequate staffing patterns, downsizing and cost-cutting efforts, providing care that may be a risk to the nurse's health, and issues such as abortion and assisted suicide. Other stressors include dealing with generational differences. For the first time in history there are four generations working side-by-side in the workplace; these differences can affect teamwork, communication, productivity, and job satisfaction. In healthcare, communication can mean the difference between life and death, thus, it is essential for members of each generation to build relationships and eliminate power struggles - the safety of our patients depends on our ability to set aside our differences, appreciate varying perspectives, and work together for the mutual goal of patient safety. In addition to generational differences, nurses are stressed by caring for high acuity patients, managing demanding workloads, and dealing with conflicted personal and organizational relationships. Incivility in the workplace can negatively impact recruitment and retention, employee morale, collegiality and collaboration, job satisfaction, and the 'bottom line' - but perhaps most importantly, incivility, coupled with an inability to adequately cope with stress can have harmful effects on patient care and safety.

The Civility & Leadership Imperative

I believe that civility is the lifeblood of a healthy workplace, and leadership (at all levels of the organization) is the heart that pumps it. Civility requires authentic respect, time, presence, engagement, and intention to seek common ground and leadership skills that emphasize communication, conflict negotiation, meaningful recognition, and mutual respect. 5,6 All members of the organization must be conversant in its vision, mission, and shared values-and more importantly, must live them. Expectations regarding civility and must be made explicit through statements of shared values, codes of conduct, and behavioral norms. Role modeling and professionalism must be demonstrated, reinforced, and rewarded by all employees. It is important to hire for civility and to avoid hiring employees with a history of incivility, conflict, and antagonism. Orienting new employees is a costly endeavor, thus, it is extremely important to vet potential employees regarding their level of civility, ability to collaborate and get along with others, and their potential to be a trusted and valued colleague.7 All members of the organization have a responsibility to role model and emphasize the importance of civility, respect, and professionalism. Incivility must not be ignored, tolerated, condoned, or left unaddressed, since doing so can produce further incivility and have costly consequences.

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Building Civility Capacity in Nursing (Continued)

Therefore, confidential policies and reporting systems are critical to collecting information about suspected incivility so that alleged behaviors can be appropriately addressed. Similarly, it is important to gather information about civil interactions so that they can be rewarded and celebrated. Post-departure interviews with former employees can provide valuable information into reasons for leaving that may be incivility-related; the cost is minimal and the insight gained can be invaluable.8 Leadership development at all levels of the organization can also have far-reaching and positive results. Skills to develop communication and conflict negotiation are essential. In fact, improving communication may be the most important skill of all - so reflecting on Connie's situation - let's see how she might use the DESC communication model9 to address Pat's uncivil behavior. DESC stands for:

D - Describe the behavior
E - Explain the effect of the behavior
S - State the desired outcome
C - Consequence: say what will happen if the behavior continues

Describe: Pat, I'd like to talk with you about how you addressed me when I asked you to assist me with Mr. Brown's care.

Explain: I appreciate how busy you are and I realize we all have heavy workloads. However, Mr. Brown's care requires more than one nurse. Addressing me in a demeaning way causes stress and interferes with providing safe patient care.

State: It takes teamwork and support to care for our patients, and I feel that ours is lacking. When I ask for help, I really need it and I expect to be addressed in a respectful manner.

Consequence: This is a serious concern since patient safety depends on our ability to work together. If we continue to have issues, I will enlist the support of our supervisor and fill her in on my concerns.

DESC takes practice - and it is important to make a plan for a follow-up meeting to evaluate progress on efforts to resolve the issue. If your colleague's behavior does not improve, it is vital to follow through with the consequence of discussing the situation with a supervisor. Or, if taking a direct approach with your colleague is too difficult in the first place, you can discuss the situation with your supervisor and enlist his/her support in reconciling the problem. In either case, taking action to address and/or report incivility is not an easy or stress-free decision to make, yet in most cases, doing so results in improved teamwork and collegiality.

Our patients are counting on us to make the right choice.

This article appeared September 30, 2015 in the online edition of ADVANCE. References are listed on Page 12.

OCNIG Executive Committee Call for Nominations for 2017/2018

Do you have an interest in the future of correctional nursing? Are you a correctional nursing advocate? The Ontario Correctional Nurses' Interest Group is looking for correctional nurses to join the OCNIG Executive Committee to support the work of the interest group.

OCNIG is seeking candidates for the following positions:

⇒ **President Elect (shadows the current President for one year, in preparation to take over the role for the 2019-2020 term)**

⇒ **Communications Officer (maintains Facebook profile, OCNIG website and produces the quarterly newsletter)**

⇒ **Membership and Finance Officer (maintains accurate fiscal records and supports recruitment of new members)**

⇒ **Members-at-Large (4 positions):**

1. **Provincial Correctional Nursing (shares provincial correctional nursing perspective);**
2. **Federal Correctional Nursing (shares federal correctional nursing perspective);**
3. **Forensic Nursing (shares forensic nursing perspective); and**
4. **Nursing Student (shares nursing student perspective)**

Candidates must be members in good standing with RNAO and hold current OCNIG membership. The term of office is 2 years (except for President which is 3 years i.e. 1 year as President Elect and 2 years as President).

If you are interested in nominating someone or standing yourself for any of the above positions, or if you just want further information, please send an email to:

ontariocorrectionalnurses@gmail.com

Inside the World of a Prisoner

By Lorry Schoenly RN PhD

You know my name, not my story. You've heard what I've done, but not what I've been through."

— Jonathan Anthony Burkett

Prisoners have got to be the most misunderstood people-group in the country. Yes, many of them have done terrible, even evil, things; leaving a trail of hurting victims and families. Yet, a large portion of our patients are incarcerated due, in part, to the family they were born into, the environment they grew up in, and the poor decisions they made along the way. This is not to say that justice is not served by doing time for criminal activities. This is, instead, to say that, as nurses, we need to have some understanding of our patient's stories and what they have been through in order to be effective in our practice in the criminal justice system. Indeed, we also need to know the harsh reality of their living conditions behind bars.

A Bleak Background

Incarcerated patients are more likely to come from disadvantaged backgrounds with less education and employable skills. They have high rates of learning disabilities that affect understanding of prison rules and health information. Those from low socioeconomic backgrounds are likely to have grown up and currently live in neighborhoods with high unemployment and high crime rates. Gangs can be prevalent with great pressure to participate in gang activity.

They are more likely to have been abused in the past by parents or spouses. This means higher rates of traumatic brain injury and post-traumatic stress disorder. Our patients are less likely to have regular health care and more likely to be drug, alcohol, and tobacco involved. The consequences of years of health neglect and abuse result in most inmates having a biological age older than their chronological ages. In fact, many experts consider the incarcerated patient to be 10 years older than their chronologic age when it comes to the ravages of age and illness.

Poor living conditions and lack of attention to or understanding of personal health habits leads to higher rates of infection. More infectious disease, especially HIV, Hepatitis C, sexually transmitted disease, and tuberculosis are found in this patient popMany have undiagnosed or untreated mental illness such as depression, mania, and psychotic disorders. Mental illness can contribute to criminality. Borderline personality disorders that lead to poor impulse control, self-injury, and aggression are often present.

What this means for nursing care: Our patients come into the criminal justice system in great need of health care. The symptoms of their health conditions may not emerge until drugs and alcohol are cleared from their system. Mental illness is exacerbated by security practices such as control and isolation. Our patients may not understand what we generally consider simple health information. The stress of incarceration may overload mental circuits and lead to aggressive or self-harming activities.

Harsh Living Conditions

The criminal justice system was built on a foundation of punishment for crimes against individuals and society. While rehabilitation is also a criminal justice concept, it falls far behind punishment as a part of most correctional cultures. Power and control are evident in many of the facilities in which nurses work.

Although there is great variability among systems, here are some common ways a punishment culture works out in the lives of our patients:

- Prisoners are stripped of most of their personal property and much of their identity; often becoming an ID number.
- Individuality is suppressed. Special privileges are discouraged.
- Time is controlled. Prisoners cannot decide when they will eat, sleep, exercise, or shower.
- Housing units are stark and institutional. Cells are small and uncomfortable. Beds have thin or non-existent mattresses. Toilets may have no seat. Air quality may be poor with foul odors.
- Many older facilities lack adequate heating in winter and cooling in summer.
- Prisoners are stripped of privacy, even when showering and using the toilet. Officers may be of either gender.

What this means for nursing care: With nursing care focused on the good of the patient, nurses provide a rare opportunity for a caring interaction for prisoners. This can be turned into an opportunity to obtain as much comfort as possible. Many incarcerated patients will seek out medically-acquired perks that set them out as different or special. Correctional nurses need to be alert to this motivation and objectively determine need based on health and well-being.

Trusting and Being Trusted

A trusting prisoner does not last long in the correctional system. High rates of antisocial behavior among the incarcerated means there are predators always seeking out victims among other prisoners and among the staff. Likewise, this prevailing inmate personality leads to a lack of trust toward any prisoner. Thus, health concerns such as chest pain or seizure activity can be disregarded as 'faking' by both officer and health care staff.

What this means for nursing care: Lack of trust is bad for any relationship. The nurse-patient relationship is hindered when patients don't trust that a nurse will focus on their best interest rather than the interests of the correctional system. Likewise, nurses can easily become cynical and disbelieving if they don't trust that a patient is being honest when reporting symptoms or past history. Correctional nurses must work to gain the trust of their patient population while seeking to be objective in evaluating patient symptoms and complaints. An awareness of manipulation tactics and methods for avoiding manipulation is also important.

Respecting and Being Respected

The power structure in a correctional institution can easily lead to a culture of disrespect. Once this attitude takes root, it can spread and escalate. Disrespect most often is directed at the prisoner population but deep seated disrespect in a facility shows itself in staff and management interactions, as well.

What this means for nursing care: Basic human respect is foundational to ethical nursing practice. Correctional nurses must strive to be respectful in all relationships; with the patient, fellow health care staff, and officers. Disrespect is shown through voice tone, body language, and actions. It can be a struggle to provide nursing care without judgment of a patient's lifestyle choices, gender expression, or value system. However, we can disagree with their choices without being disagreeable. Where these factors are self-destructive or risky, we have an obligation to offer opportunities to modify that behavior toward improved health.

What do you think? Does understanding the world of your patient help you provide correctional nursing care? Share your thoughts by contacting us at: ontariocorrectionalnurses@gmail.com

Educational Opportunities

Delirium, Dementia and Depression and Responsive Behaviours: Resources/Tools in the Long Term Care (LTC) Toolkit (Webinar)

Tuesday, October 18, 2016—1200-1245 hours
Thursday, October 20, 2016—1330 - 1415 hours

While this session is intended to assist LTC staff, we know that correctional nurses are also, at times working with elderly clients with delirium, dementia and depression. This session will assist nurses to building general core competencies for screening assessment of older adults for delirium, dementia and depression and responsive behaviours.

Session Objectives

During this course, participants will learn how to:

- Access the delirium, dementia and depression and responsive behaviours topic of the toolkit
- Integrate evidence-based strategies for enhancing the health-care experience
- Use the evidence-based resources/tools to support program planning, implementation and evaluation

Cost = $0.00 CAD

To register go to: http://rnao.ca/events/delirium-dementia-and-depression-and-responsive-behaviours-resourcestools-ltc-toolkit

PHYSICAL ASSESSMENT PEARLS

October 3, 2016 (Toronto)

October 24, 2016 (Ottawa)

October 25, 2016 (London)

Master physical assessment of your patient! Learn to characterize the chief complaint by asking the right questions, review assessment basics: where to “listen”, where to “look”, and where to “feel” with correlation of anatomy, physiology, and pathophysiology for each major system discussed. Refresh your knowledge on all the info you can glean from a basic vital signs evaluation and learn about various drug classes and the side effects that can confound a physical exam.

$177.45 ($169 + GST) - Early Rate - On or before August 15, 2016
$187.95 ($179 + GST) - Middle Rate - On or before September 12, 2016
$198.45 ($189 + GST) - Regular Rate - After September 12, 2016

To register go to: https://www.nursinglinks.ca/frameset_main.html

Conferences and Webinars

Addressing Substance Use - Level 1 Champion Workshop

Friday, October 14, 2016—0830-1630 hours

Grey Bruce Health Unit, 101 17th Street East, Owen Sound

Friday, November 4, 2016 0830-1630 hours

Hamilton General Hospital, 237 Barton Street East (Margaret Charters Auditorium), Hamilton

This free one-day workshop is for nurses and health professionals who want a fundamental understanding of how to work with clients who use substances.

Workshop Objectives:

- Review and identify the recommendations as outlined in RNAO's Engaging Clients who use Substances best practice guideline
- State the major components of the Toolkit: Implementation of Clinical Best Practice Guidelines and learn effective guideline implementation strategies
- Develop knowledge and skills in the area of substance use
- Identify SBIRT resources to support clients who use substances
- Discover the role of the champion, and engage in networking opportunities
- Increase awareness of available addiction and mental health resources

To register go to: https://myrnao.ca/greybrucehealthunit2016 (Owen Sound)
https://myrnao.ca/hamiltonhealthsciences (Hamilton)

Cost = $0.00 CAD

Are you aware of any educational opportunities that would benefit correctional nurses? Is there something happening in your community that we can share with other correctional nurses? Let us know! Email us at: ontariocorrectionalnurses@gmail.com

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