WHEN PATIENTS ARE PRISONERS

RNs working inside Ontario’s correctional facilities say it’s a job that makes the most of their knowledge. BY HELENA MONCRIEFF

When Maida Mrakovic arrives for her shift at Mississauga’s Credit Valley Hospital, she breezes through the lobby, buys a coffee and muffin and may grab a sandwich for lunch. She’s a full-time staff nurse in the general surgical unit, working with a full team of nurses and physicians to help patients – who are often surrounded by family and friends – with everything from thoracic to vascular issues.

About four times a month, Mrakovic heads to her casual job at the Maplehurst Correctional Complex in Milton. It’s just 25 km away from the hospital, but work inside prison walls is a world apart from the usual day at Credit Valley. She leaves her cell phone behind because it’s a security risk, and enters the large, grey, pentagon-shaped building. She shows her identification tag to the officer behind the first set of sliding security doors. They open. She walks through. They close behind her. It’s a process she will repeat six more times before starting her day. Her patients’ constant companions are uniformed correctional officers (COs). She admits the first day on the job gave her a shiver.

At 27, Mrakovic is relatively new in her career, still checking out all of the options nursing has to offer. But she believes with some certainty that corrections will eventually become a full-time choice for her. You wouldn’t be the first to ask, “why?” Correctional nurses hear the question again and again.

More than 700 nurses work in the federal system (167 of them in Ontario), serving more than 12,000 inmates. A further 400 work in Ontario’s correctional system caring for almost 9,000 people. Their patients don’t get a lot of sympathy from the public, but they do need a lot of care. That makes the job very diverse, and it’s one of the first reasons many corrections nurses say they chose the career.

Similar to nurses who work in the far north, corrections nurses put all of their knowledge to use. They are teachers, discharge managers and role models. They provide emergency and palliative care. They dispense public health information and help the addicted withdraw. They may be dressing wounds after a brawl or supporting a patient on dialysis. They could be administering pain management medications or methadone.

There is not a great public awareness about health care in jails. In April, the need to raise the profile of the sector was behind a resolution passed at RNAO’s 2010 Annual General Meeting that urges RNAO to lobby governments for greater support for RNs who work inside prisons. It’s no wonder such support is needed; even
WHEN PATIENTS ARE PRISONERS

RNs working inside Ontario’s correctional facilities say it’s a job that makes the most of their knowledge.

BY HELENA MONCRIEFF

Carolyn Kirkup spent 18 years caring for people behind bars.
the RNs in the sector admit they didn’t know much about it before they started working there. Many stumbled upon the career by chance. They may have known someone already working in a jail or gone looking for a job with limited overnight shifts when their families were young. Daytime hours are among the pluses in corrections. So is the autonomy. Mrakovic says nurses are often the only health-care staff on site, so their assessments drive the care. “It’s independent work so you have to be comfortable following medical directives,” she says. “When the doctors come in, you tell them what’s going on. You don’t work for them, you work with them.”

Mrakovic and other RNs say they also enjoy the bond they have with co-workers, the many challenges and, perhaps most surprising to those outside the system, caring for inmates.

With sentences of two years plus a day, federal inmates could be serial murderers, bank robbers, sex offenders or drug dealers. Many have gained notoriety in the news. Before they get to a federal jail, most have been through the provincial system. Provincial inmates may still be awaiting trial. Their stays could be as short as a day and their crimes, or the offences they’re accused of, run the gamut from skipping child support payments to terrorism. The nurses who care for them don’t want to know. “It’s not why I’m there,” says Mrakovic. “The courts and the lawyers deal with that.”

Joanne Barton is an RN and Project Officer for Correctional Service of Canada, where she oversees policies and provides advice to senior managers on health issues and nursing across the country. She says RNs working in prisons epitomize the nursing principle of being non-judgemental. “You don’t agree with what they’ve done, but that can’t affect your care,” Barton says. “You provide services congruent with professional standards of practice and put your feelings aside.”

Barton first tried out corrections as a student during a clinical placement at the Kingston Prison for Women in 1987. She believes nurses who choose corrections have faith in people. “To work there and have a positive effect, you have to believe in your heart that people are capable of becoming law abiding citizens.”

She says statistics show most people do not reoffend. Anecdotally, she’s seen transformations. She remembers a prisoner who had been very belligerent through her five-year sentence, swearing constantly at everyone around her. Some time after her release, Barton ran into her at a store and braced herself. “I thought, ‘Is she going to start yelling obscenities?’ Instead, she simply said ‘Hi.’ She was so appropriate. She had a child. The difference was night and day.”

Correctional nurses also need to have faith in their own ability to improve the health of people who may never have had someone to look after them. For some offenders, incarceration has led to their first contact with health care in a very long time, if ever. Women working in the sex trade may never have been told how to protect themselves from sexually transmitted infections. Others will have an opportunity to be screened for HIV, hepatitis C and tuberculosis. According to Correctional Service of Canada, the prevalence of HIV is 1.67 per cent inside prisons, compared to just 0.2 per cent in the general population. The prevalence of hepatitis C is 29.3 per cent, compared with 0.8 per cent outside.

But there are some similarities when it comes to health care inside, and outside, the prison walls. Like the general public, the prison population is aging and diseases like heart disease and diabetes also need treatment behind bars. Evelyn Wilson, Nurse Manager at the Hamilton Wentworth Detention Centre, says nurses try to get inmates to choose the low sodium and diabetic options at mealtimes, but it doesn’t always pan out. When they buy snacks from the canteen, they may opt for potato chips or chocolate.

Wilson says it’s harder to get provincial inmates to make lifestyle changes because shorter sentences mean nurses have less exposure to patients. “You help them try to be compliant with diabetes,” she explains. “You discuss diet and exercise and you hope they are on the right track.” Then they are released, some not for long. “They come back in and their sugars are haywire again.” Wilson says old lifestyles get in the way and, with limited incomes, purchasing healthy options outside may not be easy.

She sees the same with efforts to help the addicted withdraw. “That’s a bit disheartening. But I keep my expectations realistic,” she says. “You have to know that you did the best you could and made patients aware of programs available in the detention centre and community. Some wouldn’t be living otherwise.”

Despite any setbacks, Wilson has enjoyed the 23 years she’s been working in the system because she’s had the opportunity to use so many nursing skills. She says because few new graduates come into the field, nurses working in corrections bring a wealth of experience that often goes unnoticed. “I don’t think correctional nurses are recognized for the skills that they bring to the table,” she says. They are also not financially compensated at the same rate as other nurses. Correctional nurses work under collective agreements negotiated with public service unions. In many places, they don’t match the pay scales negotiated through the Ontario Nurses’ Association (ONA). It makes recruitment difficult. But once they are hired, Wilson says, they are never bored and will use every skill they have, then learn some more.

As a new RN 10 years ago, Sheleza Latif was drawn to the sector because her mother worked there. She saw how challenging it could be to work in a field where things are not always as they seem.

“You can’t just assume that a patient is telling the truth,” Latif says. For example, she explains that most inmates know that...
remembers working in Kingston when an elderly diabetic man came into the clinic wearing slippers. It was against the rules and the corrections officer wanted him back in his cell, but his feet were too sore to put shoes on. She spent half an hour working with him, then talked to the guard.

Latif believes any division between RNs and their other correctional colleagues can be overcome if everyone remembers the ultimate goal is to help people re-integrate into society. “If we aren’t able to rehabilitate, we all lose,” she says.

For many people in the prison system, the need for care goes beyond chronic illnesses and addiction. The overwhelming health issue is mental illness. Mental health problems are two to three times more common in Canadian prisons than among the general population. Correctional Service of Canada reports that 13 per cent of male offenders in federal custody presented mental health problems when they were admitted in 2008. That’s up 86 per cent from 1997. For women, the figure reaches 24 per cent, an 85 per cent increase over the same time. And in the general prison population, those with a mental illness are at risk for abuse by other inmates and suicide.

Carolyn Kirkup has just retired from an 18-year career caring for the mentally ill prison population. Before that, she spent 10 years at the Centre for Addiction and Mental Health (CAMH) working with patients suffering from schizophrenia and in child and family psychiatry. When she moved to Kingston in 1990, the federal penitentiary, which houses about 400 offenders and a 143-bed psychiatric facility, was hiring. “Some people were quite upset at the thought,” she recalls of the reaction to her career shift. Even her mother was skeptical about the job. But Kirkup has a passion for the work. “I’m very interested in helping offenders. I try to understand where they are coming from. How do you handle being mentally ill and being locked up?”

Kirkup often imagines how anguishng it would be to have a lucid moment and realize what crime you had committed. “There’s nothing you can do to change that,” she sighs. “How do you live with that regret and sorrow?”

Sadly, some people find they can’t live with the burden. The suicide rate in prison is very high. In 2004, the rate for federal incorcerates reached 86 per 100,000 people. In the general population it’s 11.3.

Kirkup found dealing with suicides the most difficult. She remembers the first. “I had just seen the man 10 minutes before. He had talked to his brother on the phone. He seemed well.” Minutes later he was found hanging. “You question yourself. Why did I miss that?”
And yet there is hope, even for inmates who’ve been abandoned by their family members who can’t cope with what’s happened to their loved one. Kirkup remembers a “crabby” fellow who was dying of cancer. He had never been pleasant in prison but after he died, she learned he had purchased a little evergreen tree to honour another inmate who had committed suicide. “The outside doesn’t realize how these people use all their energy to become family for each other,” she says.

Nurses bemoan seeing patients who seem so profoundly mentally ill that it’s difficult to know how they made it through the court system. “Sometimes it’s not obvious to the judge who has spoken to the person for only a brief time,” says Judeline Innocent, who spent five years working in correctional centres before studying the sector as part of her work on her master’s degree. She’s now working on a PhD on mental illness stigma. “Some inmates are being punished for having a mental illness and they are not receiving the right care. It’s not until the nurses in jail are doing an assessment that they’ll see something isn’t right.” Sometimes it’s the correctional officers who notice an inmate responding to voices or not hearing instructions.

Innocent believes there needs to be more evidence-based practice for nursing in the correctional system. She says nurses working with this vulnerable group should recognize that patients are knowledgeable about their own care, and acknowledge their suffering. She says nurses also need to learn not to take a patient’s behaviour personally, even when belligerence is directed at them. Innocent says that involves “knowing themselves as nurses, knowing the patient in terms of relationship, consulting with other nurses, the health-care team, the patient and the literature, viewing each situation as a learning experience, imagining the patient’s situation and taking a break when required.”

Innocent says if nurses take verbal abuse personally, they might respond in a like manner. She saw how that evolved when she worked in supervisory positions at Toronto East Detention Centre and Central East Correctional Centre in Lindsay from 2001 to 2006. Some nurses adopted the foul language of inmates and withheld care in an effort to change behaviour. Innocent imagines some thought it was the only way they would be heard.

“I would hire nurses with all the right skills. They’d do the orientation and training in being non-biased, non-judgemental,” she says, adding with despair, “Despite that we ended up losing some of those nurses who became correctional officers in lab coats.”

But such incidents are the exception, not the rule to nursing practice in prisons. Innocent thinks of a very senior nurse she worked with who was so gentle and concerned for her patients. When an inmate who’d been released was arrested again, Innocent recalls how the nurse engaged the man and encouraged him. “He said, ‘you are like the mother I never had.’ Maybe no one had ever spoken to him that way.” Although she’s currently the Program Director for Mental Health, Complex Continuing Care and Rehabilitation at Quinte Health Care in Belleville, she says she’d like to go back to correctional nursing one day, equipped with the research and knowledge she’s gleaned from her graduate studies.

“My love for correctional nursing will never die because of the potential good that comes out of an environment that is predominantly bad,” she says. RN

HELENA MONCRIEFF IS A FREELANCE WRITER IN TORONTO.

**REACHING OUT TO STUDENTS**

Recruiting nurses can be a competitive business, particularly when your workplace isn’t a traditional health-care setting. Many students entering nursing school have little, if any, awareness of the opportunities available in Canada’s jails. Correctional Service of Canada (CSC) is working to change that and has launched new initiatives to form alliances with more nursing schools to expose students to the varied health-care opportunities in its facilities.

Ian Irving is a registered nurse and Manager, Clinical Services, with CSC’s Ontario Regional Headquarters. He says as part of an overall recruitment and retention strategy, the department is participating in more job fairs, advertising and providing more clinical placement opportunities.

CSC Project Officer Joanne Barton says it’s a change in philosophy. The prison system used to require at least two years experience from its nurses. Today, the thinking is that if new graduates are capable of working elsewhere, why not in corrections? The response has been terrific.

In a partnership with CSC, St. Lawrence College/Laurentian University nursing students have access to experiences in the seven prisons in the Kingston area. Professor Laralea Stalkie says when the school first offered opportunities four years ago for community placements, students were a bit apprehensive. This year she has 35 applications for 18 spots. It’s become one of the top three most popular options and is a draw for potential students across the province considering nursing school.

“Some will leave saying that’s not a setting for me,” Stalkie explains. Others, however, are drawn to the sector because they treat everything from earaches to traumas.

They are all surprised by how much education is done by nursing staff, something they may not experience in a hospital setting. Stalkie says they are also surprised by the patients. She says some expect inmates to be mean, but actually find they are polite.

Barton has seen how a clinical placement can turn into a life-long career. She had a rare opportunity to work at the Prison for Women when she was in her fourth year at Queen’s University in 1987. She gave it a shot, returned a few years later and has made her career in corrections ever since.