

Core curricular priorities for professional development of nurses in correctional systems: a Delphi study

Deborah Shelton

University of Connecticut, School of Nursing, deborah.shelton@uconn.edu

Annette T. Maruca

University of Connecticut - Storrs, annette.maruca@uconn.edu

louise A. reagan

University of Connecticut - Storrs, louise.reagan@uconn.edu

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Abstract

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Background: Numerous assessments of education priorities have been articulated for nurses working with patients who interface with justice systems. But no consensus of what comprises the core elements of a curriculum for nurses employed by justice systems has been published. Guidance from correctional nurse education experts is needed.

Design: A web-based Delphi survey methodology was used. Three de-identified surveys were sent to academic and clinical correctional nurse educators two weeks apart by email following an invitation and voluntary agreement to participate. An IRB waiver was sought and obtained.

Setting and participants: Expert educator participants were identified through internet searches of publications, grants and referrals. Participants include 14 nurse academicians who teach correctional health topics, 5 clinical nurse educators employed in correctional settings across the US, and 1 international academician.

Results: Thirteen core curricular elements were identified, prioritized and clustered under sub-headings of knowledge, attitudes, and skills. Two types of programming were identified: professional development for new nurses entering correctional systems; and, maintenance of clinical competency. Use of evidence-based educational materials were identified as important.

Conclusion: There is consensus that a core curriculum is needed to bring standardization to educational programming for correctional nursing. Identification of a core curricula is a fundamental step toward recognition of the professional expertise required in this forensic nursing sub-specialty. Targeted competency development curricula can reduce costs associated with high rates of attrition, delayed readiness for clinical service, poor quality of care and high error rates and missed care omissions.

Core curricular priorities for professional development of nurses
in correctional systems: a Delphi study

Deborah Shelton, PhD, RN, NE-BC, CCHP, FAAN
Professor Emeritus, School of Nursing
Center for Correctional Health Networks, University of Connecticut
Consultant, Shelton Consulting Services
SheltonConsultingServices@gmail.com
860-268-4425

Annette Maruca, PhD, RN, CNE, BC
Associate Clinical Professor
University of Connecticut, School of Nursing

Louise Reagan, PhD, ANP-BC, APRN, FAANP
Assistant Professor
University of Connecticut, School of Nursing

Corresponding Author:

Deborah Shelton, PhD, RN, NE-BC, CCHP, FAAN
Professor Emeritus, School of Nursing
Center for Correctional Health Networks, University of Connecticut
Consultant, Shelton Consulting Services
SheltonConsultingServices@gmail.com
860-268-4425

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Introduction

Use of standardized curricula for competency development is commonplace in nursing. The benefits associated with this strategy include the ability to hold accountable the profession to its practice, ability to develop outcome measures and associate costs to care (Pine & Tart, 2007) particularly when used as a tool to achieve quality care outcomes. Through this standardization, the knowledge, skills, attitudes and abilities are defined for the profession and articulated through licensure and certification. In this way, nurses control their own practice.

Within justice settings, including prisons, jails, transitional settings and clinics, it is particularly important to define this practice. Unique circumstances associated with the criminal justice population, justice agencies and the security of the environments in which the nurse may find him/herself working challenge what is commonly taught in Schools of Nursing (Kent-Wilkinson, 2011). Courses in basic and advanced nursing curricula have targeted goals and objectives that include “special populations”. However, there are insufficient resources spent addressing the specific needs of criminal-justice involved populations within academic settings (Ashton, 2017). This situation occurs for numerous reasons. The closed nature of the justice system does not heighten the demand for a qualified workforce as other sectors of the health care system do, nor are justice systems accustomed to partnering with Schools of Nursing. Additionally, the number of faculty with expertise or interest in this area are limited- much the way the number of health care personnel are limited in number within correctional systems. And, for faculty who are interested in criminal justice settings, challenges to provision of clinical

training of students and for the conduct of research- both essential to success of an academicians- are at times insurmountable (Maruca & Shelton, 2015; Shelton, Panosky, & Diaz, 2009).

The downstream effect impacts the preparation of nurses for correctional environments. While numerous courses and certificates from professional associations are now available (NCCHC, nd), limited information is available regarding the quality and rigor of these efforts or is published, and little to no coordination of efforts is being made. In fact, the ongoing clinical challenges known to exist as evidenced by the number of legal cases won for poor quality of care and missed care by nurses would indicate otherwise (Yanofsky, 2010). A coordinated effort would enhance the professional status of this sub-specialty of Forensic Nursing Practice.

This paper reports a Delphi-study of 20 academicians teaching correctional health topics and clinical nurse educators in correctional settings across the United States and one international individual who voluntarily participated. These individuals were identified as “experts” in the field through publications, grant funding, and referrals. The primary question was “What knowledge, skills and attitudes do nurses need to acquire before they can be entrusted with the care of correctional populations?” Participants were asked to answer this through three on-line surveys: (1) Identify the “core” essential competencies of the correctional nurse; (2) Score the relative importance of these; and, (3) Suggest how to make this type of programming “most” effective with regard to delivery of the core curriculum,

number of credits, if required, who the targeted audience would be, and evaluation measures or outcomes.

Background

The large number of people who are justice system involved with exacerbated health conditions put strong demands upon health care professionals who work within these systems (Reimer, 2007). Poor health histories available upon intake make treatment planning more difficult by poor communication and system fragmentation leading to costly health care outcomes. Disruptions in health care and treatment are now known to contribute to increased rates of incarceration, increased drug use and other chronic health outcomes (Wallace, Eason & Lindsey, 2015), including death (Binswanger et al., 2007).

Reimer (2007) notes that incarcerated persons learn behaviors which appear demanding and manipulative to secure a clinical visit (Flanagan & Flanagan, 2001). These patient behaviors combined with other burdens associated with these environments add an emotional drain upon health providers (McKinney, 2008). While it is accepted that these individuals have a right to access health care, the challenge lies in delivering health care that is comparable to that which is provided in the community (see *Estelle vs Gamble* 429 U.S. 97, 1976).

Correctional health care is predominantly a nurse-driven system (Maruca & Shelton, 2016; Reimer, 2007; Flanagan & Flanagan, 2001). The scope of practice of the correctional nurse includes direct patient care, teaching, counseling, and encouraging accountability for one's own health and self-care (Shelton, Weiskopf & Nicholson, 2010). It is also believed that correctional healthcare is a sub-specialty

within nursing that requires a certain level of core knowledge, practice, and clinical competencies to be a safe and effective provider within a correctional setting (ANA, 2013; Dhaliwal & Hirst, 2016; Schoenly & Knox, 2013, Shelton, Reagan, Weiskopf, Panosky, Nicholson, & Diaz, 2015). However, the review of literature reveals that there is a lack of consensus on what specific knowledge, experience, or training should be required for every correctional nurse.

To date several surveys have been completed articulating the perspectives of stakeholder groups regarding what this specific knowledge should be. Flanagan and Flanagan (2001) provided a lengthy list of top daily functions of correctional nurses to include patient education, physical assessments, medication distribution, first aid, counseling, health screening, staff education and postoperative care. In a second survey, conducted by Smith (2015), nurse leaders also provided a lengthy list of topics which reported that safety and security, nursing practice and professional practice issues were the three top priorities reported for orientation and training of correctional nurses. The single most important skill were assessment skills, followed by interpersonal communication and critical thinking skills.

Reimer and Glittenberg (2005) conducted a survey across health care personnel to obtain their perception of the needed role for nurses. These authors report important skills and knowledge to include chronic and infectious disease management, emergency services, mental health, suicide prevention, nursing and care protocols, an ability to speak multiple languages, and excellent communication. This group of providers also emphasized strong support for health promotion, self-care management and a need to improve transitional care services. Reimer (2007)

further supported the role of advanced practice nurses with expertise in sexual assault, Forensic Nursing, psychosocial and legal issues, and violence and human rights issues.

Few studies are published from academia regarding the preparation of correctional nurses. Nursing curricula, already heavily laden with requirements for licensure at the undergraduate level, have little room for the addition of specialty focused courses. Faculty advocates for the care of this vulnerable population have sought to include exposure to correctional settings and criminal justice involved populations through community-based experiences, or activities targeting basic skill sets. Ashton (2017), as an example, utilized a case study approach to assist faculty to understand how care of this population can highlight teaching ethical practices to nursing students. Shaffer, Swain and Bouchard (2017) discuss new models for clinical education, which include care for incarcerated persons as an innovation for training future nurses. Work completed by Diaz, Panosky and Shelton (2014) articulates the use of simulation in the classroom to prepare students for these clinical environments. And, detailed descriptors of working with students in these clinical settings has been presented as a topic for discussion among clinical faculty for many years (Shelton, Panosky & Diaz, 2009; Panosky, Shelton, Riebe, & Chaken, 2009).

A challenge remains to narrow the content felt to be “essential” or at the “core” of correctional nursing. In review of these presentations and publications, content topics included are lengthy. Envisioning national access to core information to build competency among correctional nurses requires a combined effort on the

part of nurse faculty and nurse administrators- just as it does for any other specialty in nursing.

Methods

Design and Procedures:

A web-based Delphi survey methodology (Dalkey & Helmer, 1963; Gill, Leslie, Grech & Latour, 2013) was utilized. Three de-identified surveys were sent to academic and correctional nurse education experts two weeks apart by email with the assistance of SurveyMonkey® software following an invitational email. The procedures were as follows:

Following an exemption from the University of Connecticut Institutional Review Board (IRB# X16-201), an invitational email was sent to a list of 25 expert educational leaders representing correctional health and correctional nursing professional associations, academic institutions with correctional nursing courses, and selected correctional nurse education leaders of state, local and federal institutions. These experts were identified through a scan of the literature, grant funded projects and referrals.

The invitational email explained the study and leaders were informed that their participation indicated agreement for use of their anonymous and aggregated survey and demographic data. Individuals who desired to participate had 1 week to return the email with their response along with a completed demographic sheet. These emails were handled by the Center for Correctional Health Networks (CCHNet) administrative assistant at the University of Connecticut. For those who agreed, their email addresses were collected, a group email list was formed and

identifying emails deleted and/or blocked. The researchers did not know who responded or participated.

Prior to Survey # 1, basic demographic information including job classification was collected to assure the correct group of individuals was identified for the study. Survey # 1 asked participants to identify academic topics of importance for the core curriculum and rank order them according to their importance.

The de-identified data from Survey # 1 was descriptively analyzed, results summarized and the information returned to the participants with Survey # 2. Participants were asked to prioritize the curricular content elements and to score the relative importance (0 - not at all important; to 6- extremely important). These responses were analyzed by examining aggregated frequencies assigned to the curricular elements. An 80% consensus was applied to responses to identify the “core” elements (Keeney, McKenna & Hasson, 2010).

Once again, this information was summarized and returned to participants in Survey # 3 for validation. With the final outline of content elements under their sub-headings. Participants were then asked to provide feedback regarding programmatic effectiveness, specifically ideas regarding delivery, evaluation and certification. Results were summarized and shared with participants.

Participants:

Twenty-five experts were invited to participate, a total of 20 expert correctional nurse educators from across the United States representing key professional associations including: American Nurses’ Association, International

Association for Forensic Nurses, Association for Correctional Health Care Providers, National Commission on Correctional Healthcare, Bureau of Justice and various Universities with a history of providing correctional nursing education responded to the invitation to participate in this study (80% response rate). Of the 20 experts, 14 were nurse academicians teaching correctional health topics and 5 were clinical nurse educators in correctional settings from across the US, and in addition, 1 international academician participated. These individuals were identified as experts through publications, National Institutes of Health grant funded projects, and referrals. The demographics presented in the following table report that most participants were Caucasian, older in age, all female and well educated.

Table 1. Demographics of Expert Educator Participants

| Race | % (n) | Age | % (n) | Gender | % (n) | Education | % (n) |
|-----------------|-------------|------------|------------|--------|--------------|-----------|------------|
| Caucasian | 55.0 (11.0) | 25-34 yrs. | 5.0 (1.0) | male | 0.0 (0.0) | BS | 12.0 (3.0) |
| Black | 25.0 (5.0) | 35-44 yrs. | 35.0 (7.0) | female | 100.0 (20.0) | MS | 40.0 (8.0) |
| Asian | 10.0 (2.0) | 45-54 yrs. | 10.0 (2.0) | | | PhD | 45.0 (9.0) |
| Hispanic/Latino | 10.0 (2.0) | 55-64 yrs. | 40.0 (8.0) | | | | |
| | | 65-74 yrs. | 10.0 (2.0) | | | | |

While *all* participants had an educator component to their role, participants reported additional primary and secondary roles. These are reported with years of experience in Table 2:

Table 2. Roles of Correctional Nurse Educators and Years of Experience

| Role | Primary Role % (n) | Secondary Role % (n) | Correctional Health Experience | Years of Experience % (n) |
|--------------------|-----------------------|-------------------------|--------------------------------|------------------------------|
| Adm./supervisory | 5% (1.0) | 25% (5.0) | 0-5 yrs. | 10% (2.0) |
| Clinician | 15% (3.0) | 10% (2.0) | 6-10 yrs. | 10% (2.0) |
| Director/CEO | 5% (1.0) | 10% (2.0) | 11+ yrs. | 80% (16.0) |
| Professor/Educator | 75% (15.0) | 35% (7.0) | | |
| Consultant | | 5% (1.0) | | |
| Student | | 5% (1.0) | | |
| Researcher | 5% (1.0) | 10% (2.0) | | |

Findings

All participants agreed that educational programming should focus on competency development among correctional nurses. They agreed that equal weight should be given to development of knowledge, skills and attitudes, and rated all as essential (rated '6' extremely important) for the professional development of the correctional nurse. In an effort to focus on 'core' curricular content, participants prioritized topics needed under each of these categories. Results are provided in Table 3.

Table 3. Prioritized topics for Core Correctional Nurse Curriculum

| Competency Cluster | Importance (1- not important to 6 - extremely important) | National Core Curricular Content (prioritized within each competency cluster) |
|---------------------------|--|---|
| Knowledge | 6 = extremely important | <ol style="list-style-type: none"> 1. Mental health emergencies, Trauma informed care, Care of persons with Personality Disorder diagnoses 2. Interpersonal boundaries 3. Correctional systems of care, Maintaining safety, Correctional care guidelines 4. Clinical assessment, triage, ambulatory and emergency care, treatment of chronic diseases |
| Skills | 6 = extremely important | <ol style="list-style-type: none"> 1. Critical thinking 2. Physical assessment, triage 3. Communication, negotiation 4. Teamwork, team building 5. Independent functioning, time management |
| Attitudes | 6 = extremely important | <ol style="list-style-type: none"> 1. Confidence 2. Pragmatic compassion 3. Strong ethics, non-judgmental, caring 4. Team player, collaborative |

Four additional questions were explored. First, participants were asked to suggest how content should be delivered, and individuals could provide more than one response to the first item. These results are listed in Table 4.

Table 4. Delivery of Core Correctional Curricular Content

| Responses | % | Number |
|---|----------|---------------|
| Accredited academic providers to assure quality | 60.00 | 12 |
| Continuing education | 100.00 | 20 |
| Part of a degree program/ Formal courses | 75.00 | 15 |
| On-line format | 70.00 | 14 |
| Blended format | 60.00 | 12 |
| In-person | 30.00 | 6 |
| Portfolio | 5.00 | 1 |

Note: overlapping categories

All participants agreed that continuing professional development would be appropriate and fifteen also felt that formal coursework or integration into a degree program would work best. Online and blended teaching formats were more popular than in-person or portfolio options. Above all else, this group of experts agreed that *accredited* academic providers were required to assure quality. An accredited provider could be envisioned as an accredited continuing education provider or an accredited program within a School of Nursing.

Next, participants were asked to select a number of credits “if” credits were to be applied. One participant skipped this item (n=19), and there were no multiple responses. The results for the second item are reflected in Table 5.

Table 5. Number of core correctional nurse curricular credits.

| Credit categories | % | Number |
|--------------------------|----------|---------------|
| 0-3 credits | 20.00 | 4 |
| 4-10 credits | 50.00 | 9 |
| 10+ credits | 35.00 | 6 |

Note: One participant did not respond

The range of credits was suggested to participants in three categories, 0-3 credits; 4-10 credits; or 10+ credits. Half the respondents agreed that 4-10 credits would

work. Six participants suggested 10+ credits and four respondents thought 0-3 credits would be sufficient.

Next, participants were asked who should be targeted for the educational programming. As displayed in Table 6 participants were approximately split in their suggested application for the “core” curricula. Application of this curricula (target audience) was perceived to be useful in both the workplace and in academic settings.

Table 6. Target or Use for Core correctional Nurse Curricula

| Target or Use for Curricular Content | Percent | N |
|--|----------------|----------|
| Orientation for licensed nurses entering the workplace | 100.00% | 20 |
| Refresher for nurses currently employed | 85.00% | 17 |
| Undergraduate programs | 40.00% | 8 |
| Graduate programs | 40.00% | 8 |
| Specialty programs | 55.00% | 11 |

*Overlapping categories

Use in the workplace was envisioned as having two roles- either for new nurses entering employment or for nurses currently working. This strategy would address immediate workforce issues, improve quality, and potentially stabilize the existing workforce (Chafin & Biddle, 2013; Shelton, Barta & Reagan, 2017). Application to the academic setting, however, would be a strategy for building the workforce, alerting students to career possibilities and making “specialty” programming available to meet the needs of employment shortage areas (Derksen & Whelan, 2009).

Table 7 reflects the respondents’ thoughts on evaluating this type of programming. Most clearly, alignment with a professional credentialing body or number of nurses credentialed was the most favored response, followed by

publicizing the results of the programming in meeting workforce outcomes. More traditional ideas of counting graduates were least favored.

Table 7. Evaluation Strategies for Core Correctional Nurse Curricula

| Evaluation Strategies | Percent | N |
|---|----------------|----------|
| Number of graduates | 15% | 3 |
| Alignment with professional credentialing body/ number credentialed | 100% | 20 |
| Make results public (report card) | 45% | 9 |

Additional space was provided for comments. Four respondents made comments regarding a need to link to certification as a way to demonstrate professionalism; and three other respondents stated that movement toward unifying correctional nurse curricula would clarify for all health professionals how this specialty is defined.

Discussion

The challenges of providing professional nursing practice in jails and prisons is well known to correctional nurses, their nurse administrators, Departments of Correction or Public Safety and the public (Almost et al, 2013; Shelton et al, 2010). The need to improve the quality of correctional nursing care outcomes is a struggle within nursing itself, in part because this specialty is poorly understood even within healthcare, yet the provision of care to justice-involved individuals with complex health needs is gaining visibility.

Nursing academics have not been quick to support their correctional nursing peers. While the number of correctional nursing courses in colleges and universities is increasing, the need articulated by nursing administrators for these settings has not been met in the same way that partnerships with medical systems have been

met. This is in part due to the closed nature of these systems, the lack of empowerment felt by nurses working in criminal justice systems, poor recruitment and retention practices within these systems, the small numbers of correctional nurses and the dearth of funding allocated for the educational preparation for nurses for this specialty- all leading to the shortage of correctional nurses. As a result, potentially poor online programming has emerged in an effort to meet the gap in educational options, and the lack of alignment with the American Nurse Credentialing Center contribute to the disarray in correctional nurse education.

This survey sought to contribute to identification of the concentrated area of expert clinical practice and focused competencies through identification of the “core” educational needs of correctional nurses. Finell, Thomas, Nehring, McLoughlin, and Bickford (2015) state that defining specialty professional practice with accompanying competencies help assure continued understanding and recognition of nursing’s diverse professional contributions. Aligning these competencies with a clear academic and certification pathway would strengthen what is currently seen in the clinical arena.

The results of this survey provided validation of other studies conducted in correctional nursing that directly or indirectly help to clarify the professional competencies required for this specialty. This survey sought to assure that the opinions of individuals responsible for the education of nurses-academics and clinical educators were included.

A comparison of the results of this study along with a study of education and skill needs identified by correctional nurse leaders (Smith, 2016) is provided for

review (Table 8). Overlapping categories are noted despite the slightly different focus of each survey. These overlapping categories validate the effort to streamline topics under the categories of knowledge, skills and attitudes so as to reach the very basic or essential elements required. The reader is reminded that specialty competencies, such as those identified here as essential for correctional nurses build upon a generalist practice which is demonstrated through nursing licensure.

Table 8. Comparison of Correctional Nursing Studies

| Academic/Educator Core Curricular Priorities Shelton (2018) | Leader Identified Education Priorities Smith (2015) |
|---|---|
| <p>20 nurse academicians</p> <p>Topics prioritized under each domain:</p> <p>Knowledge domain: 1.Mental health emergencies, Trauma informed care, Care of persons with Personality Disorder diagnoses, addictions 2.Interpersonal boundaries 3.Correctional systems of care, Maintaining safety, Correctional care guidelines 4.Clinical assessment, triage, ambulatory and emergency care, treatment of chronic diseases</p> <p>Skills Domain: 1.Critical thinking 2.Physical assessment, triage 3.Communication, negotiation 4.Teamwork, team building 5.Independent functioning, time management</p> <p>Attitudes Domain: 1.Confidence 2.Pragmatic compassion 3.Strong ethics, non-judgmental, caring 4.Team player, collaborative</p> <p>Format: 100%- CE 75% - degree/formal courses 70%- On-line 60%- blended 30%- in person 5%- Portfolio</p> | <p>273 nurse managers/ administrators</p> <p>Cut-off at 50% agreement:</p> <p>What are the three most important topics for orientation /training of correctional nurses?</p> <ul style="list-style-type: none"> • Safety/Security (134) <ul style="list-style-type: none"> - manipulation, safety, procedures collaboration w security staff -Infection control • Nursing Practice (129) <ul style="list-style-type: none"> -Assessment skills, Emergency response, Sick call procedures, Triage/screening -Documentation -Medication administration competence -Mental health: assessment, referrals, suicide prevention, addiction treatment -Special needs -Discharge planning <p>3. What is the single most important piece of knowledge for a correctional nurse to have?</p> <ul style="list-style-type: none"> • Professional Nursing Practice Skills (108) <ul style="list-style-type: none"> -Assessment skill, professional boundaries -inmates as patients, quality care, patient advocacy, non-judgmental attitude, nursing process, appropriate follow-up -Critical thinking skills, previous clinical experience, good judgment, know where to find the answer -Emergency skills, CPR, trauma evaluation, emergent care |

| | |
|--|--|
| | <p>4. What is the single most important skill for a correctional nurse to have?</p> <ul style="list-style-type: none"> • Assessment Skills (111) -Physical, mental health, health, rapid response -Interviewing skills |
|--|--|

In review of these results, this author recommends that successful patterns of distribution of responsibility between academia, continuing education and administrators utilized for other specialties within nursing as a next step. For example, topics of safety and security may be most strongly attached to an orientation module, when it may exist as a thread for an academic course. Assessment skills, critical to all of nursing are grounded in academia and reinforced through clinical practice. Unique challenges, such as working with personality disordered individuals, or individuals who have behavioral issues demonstrated through manipulation or malingering, might be best provided through continuing education. It goes without saying that all education should be grounded in evidence (Melnyk, Gallagher-Ford, Long & Fineout-Overholt, 2014).

Conclusion

Correctional nurse competency is critical to meet the public health demands of criminal justice-involved populations and to reduce costs associated with missed care and errors. Addressing the educational needs of this struggling specialty can only benefit nursing and patients. Kent-Wilkinson (2011) aptly noted that it is common for role development to occur prior to educational development, and that although multiple studies have identified the need for forensic specialty nursing education, recommendations did not translate into educational curriculum development, primarily because infrastructures were not in place for it.

The strain within correctional nursing is evidenced by the stalled movement forward of this specialty. Academicians aim toward higher academic attainment, while administrators are struggling with budget containment, resulting in many cases with use of less educated individuals to compensate for critical recruitment and retention difficulties. Frontline nurses working in prisons and jails lack the guidance, direction and support afforded by a strong professional collaboration.

The next steps require delegation of educational content along the career pathway (i.e. basic education, continuing education, orientation in the workplace), and culminating this in certification. Certification enables nurses to demonstrate their specialty expertise and validate their knowledge to employers and patients (ANCC, nd). Further, certification must be aligned with a nursing professional association to provide the professional recognition of the discipline. Lastly, expectations for nurses must be made clear by nurse experts and leaders, and the demand as well as outcomes articulated to both academic and correctional settings by these same individuals.

References

- Almost, J., Doran, D., Ogilvie, L., Miller, C., Kennedy, S., Timmings, C., Rose, DN., Squires, M., Lee, CT., & Bookey-Bassett, S. (2013). Exploring work life issues in correctional settings. *J Forensic Nursing*;9(1):3-13. doi:0.1097/JFN.0b013e31827a56f3.
- American Association of Colleges of Nursing (AACN). (2011). *The Essentials of a Master's Education in Nursing*. Retrieved from <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>.
- American Association of Colleges of Nursing (AACN). (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>
- American Nurses Association (ANA). (2015). *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: Author.
- American Nurses Association (ANA). (2013). *Correctional Nursing Scope and Standards of Practice*. (2nd ed.). Silver Spring, MD: Author.
- American Nurse Credentialing Center (ANCC). (nd). Certification. <https://www.nursingworld.org/certification/>
- Ashton, KS. (2017). Teaching nursing students to care for patients who are inmates. *J Nursing Education*;56(11):655-659. doi:10.3928/01484834-20171020-04.
- Awofeso, N. (2005). Making prison health care more efficient: Inmates need more organized and more preventive health care in emptier prisons. *BMJ*: 331 (7511): 248-249. doi: 10.1136/bmj.331.7511.248.
- Binswanger, IA., Stern, MF., Deyo, RA., Heagerty, PJ., Cheadle, A., Elmore, JG., & Koepsell, TD. (2007). Release from Prison - A High Risk of Death for Former Inmates. *New England J Medicine*; 356:157-165. DOI: 10.1056/NEJMsa064115.
- Chaffin, WS. & Biddle, WL. (2013). Nurse retention in a correctional facility: A study of the relationship between the nurses' perceived barriers and benefits. *Journal of Correctional Health Care*; 19(2) 124-134. DOI: 10.1177/1078345812474643.
- Dalkey, N. C., & Helmer, O. (1963). An experimental application of the Delphi method to the use of experts. *Management Science*, 9 (3), 458-467. <https://doi.org/10.1287/mnsc.9.3.458>.
- Derksen, DJ & Whelan, EM. (2009). *Closing the Health Care Workforce Gap*:

- Reforming Federal Health Care Workforce Policies to Meet the Needs of the 21st Century*. Washington, DC: Center for American Progress.
- Dhaliwal, K., & Hirst, S. (2016). Caring in correctional nursing. *Journal of Forensic Nursing*, 1. <http://doi.org/10.1097/JFN.0000000000000097>.
- Finnell, DS., Thomas, EL., Nehring, WM., McLoughlin, K., & Bickford, CJ. (2015). Best practices for developing specialty nursing scope and standards of practice. *Online J Issues Nursing*;20(2):1. ISSN: 1091-3734.
- Legal Information Institute. (1997). *Estelle vs Gamble 429 U.S. 97, 1976*. Retrieved January 27, 2018 from: <https://www.law.cornell.edu/supremecourt/text/429/97>.
- Flanagan, NA., & Flanagan, TJ. (2001). Correctional nurses' perception of their roles, training requirements, and prisoner health care needs. *Journal of Correctional Health Care* 8(1), 67–85. <https://doi.org/10.1177/107834580100800105>.
- Fraher E., Spetz J., & Naylor M. (2015). *Nursing in a transformed health care system: New roles, new rules*. Princeton: Robert Wood Johnson Foundation. Retrieved from: <http://ldihealtheconomist.com/media/inqri-ldi-brief-nursing.pdf>.
- Gill, FJ., Leslie, GD., Grech, C., & Latour, JM. (2013). Using a web-based survey tool to undertake a Delphi study: Application for nurse education research. *Nurse Education Today*, 33, 1322-1328. doi: 10.1016/j.nedt.2013.02.016. Epub 2013 Mar 17.
- Keeney, S., McKenna, H., Hasson, F. (2010). *The Delphi Technique in Nursing and Health Research*. Wiley, Chichester. DOI 10.1002/9781444392029.
- Kent-Wilkinson, A. (2011). Forensic nursing educational development: an integrated review of the literature. *Journal of Psychiatric and Mental Health Nursing*; 18: 236–246. doi: 10.1111/j.1365-2850.2010.01667.x
- Maruca, A. & Shelton, D. (2016). Correctional nursing interventions for incarcerated persons with mental disorders: An integrative review. *Issues in Mental Health Nursing*, 37(5):285-292. DOI: 10.3109/01612840.2016.1145308.
- Maruca, A. & Shelton, D. (2015). Addressing Methodological Issues in Correctional Health Research: A Case Report. *J Forensic Nursing*, 11(2), 118-120. Doi.10.1097/JFN.0000000000000071.
- McKinney, BE. (2008). Hard time and health care: The squeeze on medicine behind bars. *medicine and society. American Medical Association Journal of Ethics*, 10

(2): 116-120. On-line: <http://virtualmentor.ama-assn.org/2008/02/msoc2-0802.html>.

Melnyk, B., Gallagher-Ford, L., Long, L.E., & Fineout-Overholt, E. (2014). The establishment of evidence-based practice competencies for practicing registered nurses and advance practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence-Based Nursing* 11(1), 5-15. doi 10.1111/wvn.12269.

National Commission on Correctional Health Care. (nd). *CCHP-RN Certification*. Retrieved from: <https://www.ncchc.org/CCHP-RN>.

Panosky, D., Shelton, D., Riebe, G. & Chaken, M. (2009). Correctional nursing: An orientation for nursing students. Conference proceedings: 10th Biennial International Conference on the Nurse's Role in the Criminal Justice System. On-line at: <http://www.usask.ca/nursing/custodycaring/index.htm>.

Pine, R. & Tart, R. (2007). Return on investment: Benefits and challenges of a baccalaureate nurse residency program. *NURSING ECONOMIC*. 25(1):13-18 & 39. ISSN 0746-1739.

Reimer, GR. & Glittenberg, J. (2005). Survey of health needs in the Colorado correctional system. Colorado Springs: University of Colorado.

Reimer, GR. (2007). Transforming correctional health care through advanced correctional nursing education. *Journal of Correctional Health Care*, 13(3):163-169. Doi: 10.1177/1078345807303078.

Shaffer, K.; Swan, BA. & Bouchaud, M. (2017). Designing a new model for clinical education: An innovative approach. *Nurse Educator*: Epub: Issue – p doi: 10.1097/NNE.0000000000000468.

Shelton, D., Barta, B. & Reagan, L. (2018, July). Correctional Nurse Competency and Quality Care Outcomes. Accepted: *Journal for Evidence-based Practice in Correctional Health*, 3:xx.

Shelton, D., Reagan, L., Weiskopf, C., Panosky, D., Nicholson, M. & Diaz, D. (2015). Correctional nurse baseline indicators and implementation strategies applied to a statewide Correctional Nurse Competencies Program – Midyear report. *Journal for Continuing Education in Nursing*, 46 (10) 455-461. Doi: 10.3928/00220124-2015.

Shelton, D., Weiskopf, C. & Nicholson, M. (2010). Correctional nursing competency development in the Connecticut Correctional Managed Health Care program.

Journal of Correctional Healthcare, 16:299-309.
doi:10.1177/1078345810378498.

Shelton, D., Panosky, D. & Diaz, D. (2009). Promoting nursing student learning in correctional settings. Conference proceedings: 10th Biennial International Conference on the Nurse's Role in the Criminal Justice System. On-line at: <http://www.usask.ca/nursing/custodycaring/index.htm>

Schoenly, L., & Knox, C. M. (2013). (eds). *Essentials of Correctional Nursing*. New York, NY. Springer Publishing Company, LLC.

Smith, S. (2016). Nurse leader survey sheds light on nurses' top educational and skill needs. *CorrectCare*, 30(3), 18-19. Retrieved 12/14/17 from: <https://www.ncchc.org/filebin/CorrectCare/30-3.pdf>.

Wallace, D., Eason, JM., & Lindsey, AM. (2015). The influence of incarceration and re-entry on the availability of health care organizations in Arkansas. *Health and Justice* 3(3): Epub 1-11. DOI 10.1186/s40352-015-0016-4.

Walsh, D. (2017). Does bad health care constitute cruel and unusual punishment? *The Atlantic: The Presence of Justice*, IL:Chicago. Retrieved from: <https://www.theatlantic.com/politics/archive/2017/06/illinois-prisons-health-care/530400/>

Yanofsky, J. (2010). Prisoners v. Prisons: A history of correctional mental health rights. *Psychiatry (Edgemont)*;7(10):41-44. PMC2989836.