

**THE WORK-RELATED EXPERIENCES OF THE REGISTERED NURSES WORKING IN A
CORRECTIONAL SERVICES HEALTHCARE FACILITY IN GAUTENG.**

MUNTU NKOSI

**A RESEARCH REPORT SUBMITTED TO THE FACULTY OF HEALTH SCIENCES OF THE
UNIVERSITY OF THE WITWATERSRAND IN FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTERS OF SCIENCE IN NURSING.**

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DECLARATION

I Muntu Nkosi declare that this research report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the Master of Science in Nursing. It has not been submitted before for any degree or examination in any other University or Educational Institution.

Signature: *M Nkosi*..... Date: 25 November 2016

Student number: 598779

DEDICATION

This research report is dedicated to my mother,

VIOLET BUSISIWE NKOSI.

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“If you want total security, go to prison. There you are fed, clothed, given medical care and so on. The only thing lackingis freedom.”

Dwight D. Eisenhower

ABSTRACT

Correctional services nurses hold a unique position through serving the demands of two departments, namely correctional services and health care. In addition, limited research has been done on the experiences of registered nurses working in a unique environment like correctional services. A qualitative, exploratory and descriptive study was conducted through 21 semi-structured interviews to identify the work-related experiences of the registered nurses working in a correctional services healthcare facility in Gauteng. This was conducted in order to make recommendations for the improvement of the working conditions of these registered nurses.

Thematic analysis was used to analyse the data. The following three themes were identified on the positive experiences: These were the provision of education and in-service training, positive team work and good working relationships among registered nurses and improved access to healthcare services and upholding the rights of inmates. Under the negative experiences these were the six themes that were identified: The impact of work overload related to overcrowding, insufficient policies on the care rendered to inmates, security being a priority over health, mismanagement of inmates due to incorrect medical history and procedures, Insufficient medication, medical supplies, equipment and infrastructure and lack of transportation to provide for the needs of the inmates. This shows that the registered nurses had more negative than positive work-related experiences. Recommendations for the improvement of the registered nurses' working conditions were made.

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Introduction

This chapter discusses the background behind the facts related to the stresses and frustrations endured by registered nurses rendering healthcare in correctional services facilities in Gauteng. The problem statement, the research question and the purpose, objectives and the significance of the study are also discussed in this chapter and terms are defined.

1.2 Background

Various factors have been identified that contribute to occupational stress, including work overload, conflicts in the workplace, failure to recognize skills and expressions of aggression among registered nurses working in a correctional services healthcare facility, and all these have an impact on the physical and mental health of the individuals concerned (Lewis, 2007). There has been a positive association between occupational stresses and various health events or problems and this leads to massive burnout among correctional services nurses (Shields and de Moya, 2009).

Being exposed to high levels of stress related to work characteristics such as the time they spend at work, work dissatisfaction and low social support from the organisation in question have been reported to have repercussions on health and also interrupt a harmonious working environment (Camp & Sailor, 2010). Giving the registered nurses working in a correctional service healthcare facility increased control over their working practice would have direct and indirect positive effects on their health, because having control over one's work environment has been associated with healthy workers, decreased staff turnover and lower levels of stress (Aiken, 2009).

Providing health-care services in a correctional services healthcare facility becomes challenging due to the encompassing security issues, as the registered nurses' ability to

provide care to inmates is centred on the boundaries of nurse-inmate care, i.e. prison legislations and this brings about differences in the healthcare provision experiences for the individuals involved (Aiken, 2013). This can lead to a registered nurse working in the correctional services healthcare facility suffering massive stress and burnout when attempting to advocate for inmates being provided with optimal nursing care (Polit and Beck, 2008). There are also various diseases that inmates are affected by, which may be infectious and undisclosed. This complicates the nursing care that has to be rendered by nurses within such a setting and also makes it difficult to render quality nursing care (Weiskopf, 2012).

Correctional nurses have a lot to offer to the inmates, but due to the nursing care being security bound, it becomes difficult to do so and this evokes feelings of being unsafe and role ambiguity (Aiken, 2011). This then contributes to low morale and job dissatisfaction, which in turn leads to high numbers of resignations and an inability to retain personnel. The registered nurses are also constantly off work due to illnesses and other reasons of absenteeism. Another issue is that there is a high degree of interpersonal conflict between the nursing staff because of bullying, entrenched hierarchy, and division of work (Maroney, 2010).

The ability to practise nursing to one's full potential is facilitated through a variety of mechanisms, such as legislation and regulation. Most importantly, being continually equipped with the relevant skills required and education opportunities which are training, provision of information and health education by nurses are important factors (Smith, 2003). Formal and informal learning can contribute to the registered nurses progressing from novices to experts, thereby enabling them to respond to ever-changing technologies and systems, as well as render better care to their patients (Maslach, 2010). The healthcare managers also have an impact on the nurse's ability to practise to their full capacity as they influence them through policy, resources and access to education. Work performance is an important role in an individual's social life, providing the support of regular income opportunities and social growth, social identity and self-esteem, but it also has consequences on the worker's health. Work-related frustrations in particular have an impact on the individual's health and social life (Doran & Harrison 2011).

There is a close relationship between ill-health and dissatisfactory work conditions. This dissatisfaction occurs because the registered nurses working in a correctional services healthcare facility have to provide health care services in a unique environment, where there is evidence of heavy workloads, lack of policies in the organisation, lack of resources and inadequate staffing (Steiner, 2015). However, there is not much work done to address the need to understand these barriers and how they contribute to the nursing care being provided to inmates and to what degree this affects the registered nurses working in a correctional services healthcare facility (Stimpson & Hostick, 2004).

It is necessary therefore to investigate the relationships between staff, and between staff and the work environment and the influence it has on the health illness process, while incorporating the worker's point of view (Smith, 2011). This study therefore aimed to investigate the work-related experiences of the registered nurses practising in a correctional services healthcare facility.

1.3 Problem Statement

As stated above, the following have been identified as problem areas in correctional services healthcare facilities: inadequate staffing, heavy workload, limited control over practice and lack of policies designed to govern the provision of health-care to the inmates and high demands made by their practice (Swanson, 2013). Research on job satisfaction has highlighted high staff turnover, absenteeism and inability to retain staff among registered nurses working in correctional services healthcare facilities as being common to this field (Walsch, 2012). In addition, limited research has been done on the experiences of registered nurses working in a unique environment like correctional services. This study was therefore aimed at identifying the work-related experiences of the registered nurses working in a correctional services healthcare facility in Gauteng. Ascertaining the work-related experiences of these registered nurses will assist in making of recommendations to the correctional services healthcare facility managers and policy makers, for the improvement of these registered nurses' working conditions.

1.4 Research Question

What are the work-related experiences of registered nurses in a correctional services healthcare facility in Gauteng?

1.5 Purpose of the Study

To identify the work-related experiences of registered nurses working in a correctional services healthcare facility in order to make recommendations for the improvement of the working conditions of these registered nurses.

1.6 Research Objectives

To describe the positive and negative work-related experiences of the registered nurses working in a correctional services healthcare facility in Gauteng.

1.7 Significance of the Study

The information gathered from this study was used to make recommendations for the improvement of the working conditions of these registered nurses. This study identified priority issues that should be addressed in the process of reducing workplace challenges of registered nurses working in a correctional services healthcare facility in Gauteng.

1.8 Theoretical Perspective and Assumptions

Stress and burnout have been studied from various perspectives in the nursing profession. Stress resulting from work has long been classified as an occupational hazard in research. Physical labour, long working hours, and poor interpersonal relationships increase work-related stress that results in ill-health among registered nurses as well as burnout. A toxic work environment disrupts the health status of the registered nurses, which then escalates absenteeism and affects staff turnover. Such work-related toxicity grossly compromises the quality of care given to patients.

Personal characteristics and work relationships play a huge role in occupational stress among registered nurses. Hughes (2008) discovered that in hospital settings where there are more problematic relationships between healthcare workers, burnout tends to escalate due to conflicts especially when there is verbal abuse among healthcare professionals. Work stress tends to have a psychological impact upon nurses which causes stress and burnout and disruptions in the workplace.

As already stated, numerous studies have been conducted on the topic of stress and burnout. However, most nurse researchers utilise the model of burnout and life satisfaction among nurses by Demerouti, Bakker, Nachreiner & Schaufeli (2000) as a resource/framework of choice. This model differentiates between two concepts related to working conditions namely job demands and job resources. Demerouti, et al (2000) assumed that job demands entail demanding interactions with patients and time pressures, which are the most predictive factors of exhaustion. Job resources are assumed as poor rewards and lack of participation in decision- making which predicts disengagement from work. The model examines the relationship between job demands versus job resources. The results of Demerouti, et al (2000) indicated that there is a strong impact on demands and job resources related to burnout between working conditions and life satisfaction. Therefore the findings support the existing literature that exhaustion and disengagement are a consequence of occupational burnout among registered nurses (Demerouti, et al, 2000).

Unlike most of the occupational health research conducted thus far, the focus of this study was not specific stress and burnout. The aim of this study was to identify the work-related experiences of registered nurses working in a correctional services healthcare facility in order to make recommendations for the improvement of the working conditions of these registered nurses. This is the reason the study was purely qualitative in nature. “In purely qualitative studies, the research problem may not be explained in terms of a theoretical or conceptual framework” (Brink, Van Der Walt and Van Rensburg, 2012:27), which was the case in this study. “Interpretivism was used to gather information, which is an approach to social science that emphasises the importance of insiders’ viewpoints to understanding social reality” (Brink et al, 2012:25).

According to Van Manen (2011), in qualitative studies empirical methods are used to explore examples and varieties of lived experiences in the form of anecdotes, narratives, stories, and other lived experience accounts. The empirical method used in this study was the individual interview method using a semi-structured interview guide.

Assumptions of a study are basic principles that we accept on faith, take for granted, or assume to be true without proof or verification (Polit & Beck, 2008:14). Assumptions are

often embedded in thinking and behaviour and require introspection and a strong knowledge base in the research area that is to be uncovered (Brink et al, 2012:24). The assumptions made in this study are that understanding the experiences of registered nurses in a correctional services healthcare facility will contribute to the improvement of their work environment. Once their experiences are known interventions to address their challenges can be put into place to help eradicate workplace challenges among registered nurses working in a correctional services healthcare facility. These interventions will ensure that nurses are able to practise to their full scope by means of attracting and retaining skilled nursing force and also provide good quality care to inmates.

1.9 Definition of Terms

Correctional facility/Prison: A building to which people are legally committed as a punishment for a crime or while awaiting trial (Oxford Dictionary of English, 2015).

Correctional Nursing: A highly specialised field of nursing that involves caring for the medical needs of detainees and inmates. The nursing professionals in this setting (correctional nurses) treat a wide range of medical problems, from acute illnesses to medical emergencies, (EveryNurse.org, 2016).

Correctional Services Healthcare Facility: A primary healthcare facility that provides access to medical services and treatment to inmates (Simpson, 2009).

Experience: An event or occurrence which leaves an impression on someone (Simpson, 2009).

Inmates / Prisoner / Offender: A person legally committed to prison as a punishment for a crime or while awaiting trial (Oxford Dictionary of English, 2015).

Registered Nurse: A nurse or midwife who is registered according to section 31 of The Nursing Act 33 of 2005. A nurse who has studied for four years to obtain a Nursing Degree or a Diploma (South African Nursing Council/SANC, <http://www.sanc.co.za> Accessed 10 June 2016)

1.10 Conclusion

This chapter discussed the background to the study, problem statement and research questions, research objectives and definition of terms.

The following aspects are still to follow: Chapter Two, the literature review, Chapter Three, the research design and methodology, Chapter Four, the research results, and Chapter Five, the research recommendations, limitations and conclusions of the study.

The first chapter has given the background of the study, while the following chapter, Chapter Two, will discuss the literature reviewed for the study, which also confirms the need to conduct such a study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature review will discuss studies related to the topic at hand. The chapter states the challenges encountered by registered nurses practising in correctional centres. The need to conduct a study that focuses solely on the registered nurses working with offenders (inmates) will be indicated. International and South African literature will be discussed to show the gap in the literature on the topic.

2.2 International Studies

Leiter & Maslach (2003) discovered that there is a high degree of aggression that healthcare professionals working in a correctional facility are forced to endure. For this reason, the health-care professionals tend to lose enthusiasm and lack interest in their practice. The work-overload, personal and organisational value conflicts because of the nurse-patient staffing ratio, and inadequate skills mix due to over-crowding of inmates result in inmates being given sub-standard nursing care by these healthcare professionals (Aiken, 2009).

Prison is considered a dangerous environment because of the violence and promiscuity that takes places among inmates (Boudoukha & Hautekeete, 2011). Healthcare professionals undergo massive frustration and suffering due to their occupation because they are the first to be exposed to emotional trauma, the reason being that they share daily relationships with inmates whose rehabilitation they are responsible for. Healthcare professionals are faced with a high rate of inmate suicides (Shields, 2009). This psychological suffering can lead to these healthcare professionals suffering from depression (International Labour Organization, 1998).

Rendering healthcare services in a correctional facility can be a very frustrating job due to the fact that the prison does not have the required equipment, unlike a hospital setting

which hinders the nurses' ability to render quality care to inmates. An inmate with dyspnoea for example, can't be managed because there are no oxygen gauges in a correctional services healthcare facility. The result is that healthcare professionals tend to lose patients because of the lack of access to healthcare related to the scarcity of resources. There are also restrictions when registered nurses refer patients to hospitals for minor ailments. For instance, when an inmate is being referred for immediate or emergency care, a healthcare manager has to approve the transfer and the relevant paper work must be provided, a procedure that may take time and result in an inmate dying due to delays which also occur because there is a high degree of relationship conflicts between professional nurses and their managers. Furthermore, they would be able to manage minor ailments in the facility if they had the required resources, however they instead tend to refer inmates to other healthcare facilities because of the unavailability of equipment. This leads to an inability to follow-up on inmates due to them being in other healthcare facilities (Doran, 2011).

There is a variety of diseases that inmates present with (Camp & Sailor, 2010), including medical conditions like diabetes, hypertension, cardiac disease and mental illness (Smith, 2010). These conditions should be monitored in a comprehensive healthcare setting over time and it's therefore very overwhelming for healthcare professionals to accept that medical care in this regard is typically reduced to a "Pill-Line" (Almost, Gifford & Ogilvie, 2013). What it means is that the inmate patients are put in a line and are given their medication according to what they have been prescribed by the doctor who visits the facility once a week. This becomes stressful for healthcare professionals who are thereby reduced to offering sub-standard care due to the boundaries being set by prison rules which prioritise security over health (Aiken, 2009).

Violence against healthcare professionals is an ongoing occupational hazard facing the nursing profession. Caring for inmates puts the healthcare professionals at a high risk of intimidation from inmates that have defaulted psychotropic treatment, for instance, because the healthcare providers have to provide care to aggressive and psychotic patients (Camp & Sailor, 2010). Nurses are among the most assaulted professionals in the world and are exposed to frequent violence primarily from inmates, but also from fellow colleagues and

prison officials as well as management. This workplace violence gives birth to psychological effects that result from such gangsterism in prison. Due to violence, there is fear, frustration, lack of trust in organisational management and decreased job satisfaction. Nurses become disillusioned with the profession due to the increased number of casualties resulting in injuries, fractures and even deaths related to the violence among inmates (Lewis, 2007).

Healthcare professionals working with inmates on a daily basis experience high levels of job-related stress that eventually lead to burnout. Stress is associated with rendering care to unpredictable patients such as inmates and concerns about safety. The type of individuals these nurses are obliged to provide care to and the work environment that they practice in causes them a great deal of worry (Gerstein, Topp & Correll, 2008). These factors therefore lead healthcare professionals to have perceptions of being exploited, which foster feelings of anger and burnout among these healthcare professionals.

Stress among healthcare professionals is due to the threats they receive from inmates, violence from inmates, inmate's manipulation, poor security, underpayment, corruption, lack of incentives, poor job satisfaction and lack of poor periodic training (Garland, 2009). Negative stress therefore tends to enhance physical and emotional symptoms that lead to serious illness if the situation is not curtailed (Geneeva, 2003). When this persists it can contribute to consequences, ranging from fatigue to depression, including insomnia, migraine, emotional upset and alcohol abuse. The healthcare professionals would thus resort to coping mechanisms which are changing cognitive and behavioural efforts so as to manage internal demands are emotionally taxing (Reagan and Sletton, 2016). Therefore, these emotional demands tend to predisposing them to developing of heart and cerebral vascular diseases (International Labour Organisation, 1998).

The amount of difficulties the healthcare professionals experience at work, is likely to be a result of interaction of a number of factors including understaffing, overcrowding, overtime, supervisor demands, role ambiguity, role conflict, rigid hierarchy and inadequate budget allocation in the organisation (Doran et.al, 2013). The stress and violence the healthcare

professionals encounter, can cause immediate and long term disruption to interpersonal relationships, the organisation of work and the overall working environment and these have an impact on the quality of care that the inmates have to receive, which leads to reduced efficiency and productivity and also deterioration of the quality of work that is being provided (Aiken, 2009).

Walsh (2009) discovered that nurses working in correctional services healthcare facilities experience massive emotional labour. This results from relationships with their prisoner patients, relationships with the institution and clashes among nurses, which cause a deterioration of the quality of services offered by these nurses. There is thus tension in the workplace and emotional labour results as a consequence. The nurses suffer physical symptoms that cause stress, insomnia, aches and pains, headaches, low energy, chest pains, elevated blood pressure and frequent colds and infections. These nurses are often away from their practice due to illnesses and hospitalisation, and this time off work then has a negative impact on productivity due to their absence.

Flanagan (2002) discovered that there is a relationship between job satisfaction (pay/remuneration) and job stress (lack of autonomy on the practice) among correctional services nurses. The registered nurses based their job satisfaction on the salary that they earn and stress as autonomy. Therefore, these registered nurses have achieved job satisfaction to a certain degree. However, they also endured stress due to the fact that they did not autonomy over their practice because they do not form part of decision making in their practice further leading to work-related stress.

Reed (2012) found that health-care is a secondary function for prisons even though they plan to achieve high percentage on scores when audits in this regard are being conducted. The prisons nevertheless continue to provide substandard care. There are still no budgets for health-care, health-care is poorly managed, there are many mental health patients who that do not comply with their medication even though they are incarcerated, there is poor referral and transfer services, lack of supervision and support from healthcare managers,

long hours of work, inadequate pharmacies and supply of drugs to patients and unavailability of doctors. These lead to the prisons being unable to retain their registered nurses, which is made worse because healthcare facilities for prisoners are seen as an unattractive place to work.

2.3 South African Studies

The nurse's role has long been regarded as stress-filled, since it is based on hard physical labour, exposure to human suffering, long working hours and problems with staffing and interpersonal relationships that are central to the work that nurses do (Berry, 2012). The new technologies and trends in nursing, like point-of-care technology, electronic health records, patient and staff identification systems and computerised staff schedules, have also contributed to increasing the stress the nurse's face (Kakuma and Kleinjties, 2010). In addition, healthcare professionals in South Africa, who practise in correctional services healthcare facilities, have different stressors as they are still subjected to record keeping that is monotonous and repetitive unlike other institutions that have systems which make use of Electronic Health Records of all patients, and which are accessible to healthcare professionals only. The registered nurses in correctional services healthcare facilities, on the other hand, still make use of hand-written patient files that may be easily tampered with or go missing because they are not kept electronically.

Goyer & Gow (2002) discovered that the registered nurses tend to deal with large numbers of inmates who are infected with HIV/AIDS in South African correctional centres. These problems become worse because of overcrowding, violence and poor nutrition, plus the characteristics and often violent natures of inmates places these nurses at greater risk of HIV/AIDS infection (Whitehead, 2006). This becomes a challenge to them because they have limited HIV/AIDS education and lack resources, which are constraints to the implementation of effective HIV/AIDS prevention strategies (Berry, 2012). Furthermore, the failure of management to address HIV/AIDS as a critical issue in prison results in additional stress among registered nurses practicing in prisons.

Whitehead (2006) found that prison-based nursing services are neglected and lack both structure and resources. Therefore, the registered nurses working in prisons find it extremely difficult to offer professional services to the inmates. There is not enough medication required by inmates due to constricted budgets and the structure of the prison setting does not allow nurse-patient confidentiality. These challenges result in fights, arguments and disagreements among inmates and registered nurses, as well as poor cohesion among registered nurses, leading to the decline of health promotion processes.

Ramaswamy & Freudenberg (2013) discovered that correctional nurses should adhere to principles of health promotion to increase control over inmates and also to improve their health. Registered nurses in the correctional facilities are equipped with skills for providing adequate healthcare services to inmates. These nurses possess these skills by being empowered with education opportunities and in-service training by their healthcare managers. These skills also enable registered nurses to strengthen community action for health and also join forces with local clinics to trace the treatment that the inmates were receiving prior to imprisonment. This process allows inmates to continue with medication while in prison, and the intention is to aligning the inmates with the health services available in the correctional centre.

Nurses form an integral part of the inmate's rehabilitation process because they are the ones that interact with inmates and also restore their state of health. Most of the research conducted in the correctional healthcare facility setting is on the stresses that healthcare professionals who work in such a setting undergo. As mentioned before, most of the studies conducted on registered nurses focus on the associated stress and subsequent burnout that they experience. However, a gap has been identified in that there is limited literature that addresses both the positive and negative work-related experiences of registered nurses working in a correctional services healthcare facility in South Africa.

2.4 Comparing and Contrasting International and South African Contexts

These were the similarities that were identified between the International and South African contexts in the literature: In both contexts, there were challenges with the availability of

equipment and resources resulting in substandard care being offered to inmates. Security being placed as a priority over health issues remains a huge problem both internationally and in South Africa. There were high levels of stress identified in nurses working in correctional services healthcare facilities, which was related to violence in the centres, dealing with dangerous clients, poor relationships between registered nurses and their healthcare managers, rendering care to large number of clients due to the fact that the prisons are overcrowded (Aiken, 2010, Smith, 2003, Garland, 2009, Doran and Harrison, 2011).

The differences identified between international and South African studies were that the registered nurses in South Africa mentioned that there is a repetition of certain aspects of education and training given to them (Kakuma and Kleintjies, 2010). However, in internationally studies nurses identified the need for designing courses which will specifically equip the registered nurse who will be working in the correctional services healthcare facility. According to Steiner (2015) hours of work were flexible and there was a good balance between work and life internationally. This is not the case in South African correctional services healthcare facilities. This resulted from the fact that the these facilities were well staffed in the international context as opposed to South Africa, leaving South African nurses with large numbers of inmates to care for due to overcrowding of inmates and understaffing. As opposed to South African prisons, the international prisons have a hospital inside the prison facility, which means the prison nurses can manage almost all prisoner emergencies and diseases onsite. Whereas in South African prisons, the registered nurses still have no ambulances to transfer emergencies to Provincial Hospitals (Kakuma and Kleintjies, 2010). This means that the registered nurses have to wait for long hours for transport so as to attend to emergencies when they are scheduled to be on-call or on standby-duty.

2.5 Conclusion

Stress and burnout among nurses has been the subject of much research and these have been very well documented. Many studies have been done on stress and burnout, among critical care nurses, theatre nurses and trauma nurses. However there is limited research done on the correctional nurses. Most studies have focused on stress and burnout and

less on the positive and negative experiences of registered nurses. Therefore it was necessary to conduct a study aimed at addressing the positive and negative work-related experiences of registered nurses working in a correctional services healthcare facility. This is the gap identified in the literature which this study aimed to address. The following chapter, Chapter Three will explain how this particular study was conducted, that is, the research design and methods.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter will discuss the research design and methods used. The first section describes the type of research design that was selected, followed by the population that was utilised in the study. The study then describes the sampling methods, and the inclusion and exclusion criteria that were used and the setting where the study was conducted. Next, the data collection and analysis methods that were used will be explained. Finally, the measures of trustworthiness and ethical considerations will be elucidated.

3.2 Research Design

A qualitative explorative and descriptive study was conducted. Qualitative research is broadly defined as “any kind of research that produces findings not yet arrived at by means of statistical procedures.” (Patton, 2013:169). Qualitative research is primarily exploratory and is conducted for a problem that has not yet been defined (Patton, 2013). This study was exploratory because the field of nursing that was studied was relatively new. The researcher chose this design because there are limited studies addressing the topic in question. The study was also descriptive. A descriptive study is one that can provide information about the naturally occurring health status, behaviour, attitudes or characteristics of a particular group (Brink et al, 2012). The researcher chose this design so as to obtain insight on the positive and negative experiences of the registered nurses working in a correctional services healthcare facility in Gauteng.

3.3 Research Methodology

3.3.1 *Population*

The target population entailed all the registered nurses working in the three male sections of a correctional services healthcare facility in Gauteng, namely Medium A, Medium B and Medium C. There were 15 professional nurses in Medium A, 11 professional nurses in

Medium B and 13 professional nurses in Medium C, which amounts to a total of 39 registered nurses.

3.3.2 Sampling Methods

Purposive sampling was used. This is a type of non-probability sampling whereby the researcher chooses the sample based on who he and she thinks would be appropriate for the study (Brink et al, 2012). The researcher chose the registered nurses working in a correctional services healthcare facility because they had the characteristics necessary for the study, i.e. working experience in a correctional services healthcare facility.

3.3.3 Inclusion Criteria

Only registered nurses employed for a minimum of a year in the correctional services healthcare facility in Gauteng were selected for the study, as they have adequate work experience and exposure to the work environment under investigation (Participants were asked before they gave consent whether they have worked in prison for more than a year).

3.3.4 Exclusion Criteria

Newly-appointed registered nurses (those who had been employed for less than one year) in the correctional services healthcare facility at the time of the study, were excluded. This is because they lacked adequate work experience and exposure to the work environment.

3.3.5 Study Setting

The study setting was a healthcare facility situated in a correctional service centre in Gauteng. The study was only conducted on registered nurses offering nursing care to male inmates in Medium A, Medium B and Medium C. The reason for choosing a male correctional services healthcare facility is because nursing care for male inmates would likely be more challenging for nurses compared to female inmates. The male section of the correctional services was divided into three sections: Medium A, Medium B and Medium C.

Medium A is for those inmates who are not yet sentenced or awaiting trial. Medium B (divided into subsection A, B, C, D and E) accommodates the sentenced inmates while Medium C is utilised for inmates engaging in academics or educational activities. Registered nurses were allocated to care for inmates according to the above-mentioned sections.

In the Correctional services healthcare facility, the registered nurses work a maximum of 40 hours per week and alternate weekends. They work between 07:00 am until 16:00 pm. There is no night shift worked by the registered nurses as the prison is locked at 16h00. However, the registered nurses are allocated to do “call-outs” or standby duties. A call will start from 16h00 until 7:00 the next morning. In an event that there is an emergency, or an inmate gets sick during the night, the correctional officers working on that shift will have to summon the registered nurse on-call about the emergency and the registered nurse on call will be fetched by the prison transport to attend to the emergency. Later the registered nurse will be taken back home by the same prison transport.

A prison was designed for punishment, corrections and rehabilitation. However, due to the fact that inmates still have to access healthcare during their incarceration, there was a need identified by the Department of Health to have some sort healthcare provision for the inmates. The registered nurses and scope of work they do, are referred to as support services because the core business in prison is rehabilitation. The registered nurses have managers that they report to, who are nurses by profession. They rely on their managers, to provide education, training, equipment, standards and guidelines so as to make the provision of care a success. The managers then report to the Department of Health Authorities as they are employees of the Department of Health not Correctional Services.

3.3.6 Data Collection and Sample Size

The initial intention for collecting data was to conduct focus groups, but this changed to conducting semi-structured interviews instead. This was due to the fact that it was difficult to have all participants sitting at once and, in addition some of the nurses were reluctant to

participate in the study. This was also the reason why a pilot study could not be conducted. A semi-structured interview guide with probes (see Appendix I page 81) was used to conduct individual interviews with a total of twenty one nurses (seven in each of the above-mentioned sections, i.e. Medium A, Band C) which was the intended initial number for the focus groups.

A semi-structured interview is a qualitative method of enquiry that combines a pre-determined set of open questions that prompt discussions with the opportunity for the interviewer to further explore particular themes or responses (Cohen & Crabtree, 2006). In this instance, the researcher was interested in the experiences of registered nurses working in a correctional services healthcare facility in Gauteng and this data was obtained from interviews. These semi-structured interviews were recorded by a tape recorder. Data collection was carried out for five weeks. Data was collected in Medium A in the first week, Medium B in the third week and Medium C in the fifth week and this was done to allow the efficient transcribing of data. During the second week the researcher took the audio tape collected in Medium A and started transcribing the data, while in the fourth week the researcher transcribed the interviews that were conducted in Medium B to identify the themes that surfaced from the interviews. The interviews from Medium C were transcribed in the sixth week. Data collection was discontinued when data saturation occurred (meaning there was no new information to be extracted from the interviews). Medium A houses 6 000 inmates, Medium B has 3 500 inmates and there are 870 inmates in Medium C with of 10 370 inmates in total.

To ensure that service delivery was not affected, the researcher conducted the semi-structured interviews when it was convenient for registered nurses to do so or on the day when the doctor would be the one seeing the inmates. The researcher also ensured that a suitable time was negotiated that was less busy or more convenient for the nurses in order to avoid impacting upon their work. The registered nurses were approached prior to data collection to obtain their consent. The researcher provided the participants with a clear explanation of what the study entailed by means of an information letter. Consent forms were signed by the registered nurses who were willing to participate, and consent forms

that allowed the researcher to audio-tape the semi-structured interviews were also signed by the registered nurses.

The information received from the semi-structured interviews was kept private and not made accessible to the healthcare managers of the correctional services healthcare facility. In addition, the registered nurses didn't mention their names to ensure anonymity. Since prior arrangements were made to cater for any psychological support for the registered nurses in the event that they suffer any psychological distress during interviews, the Employee Assistance Programme was accessible to the registered nurses. Six registered nurses displayed psychological distress while the interviews were conducted. This was observed when they spoke about the violence and gangsterism that occurs among inmates and resulted from witnessing the violence, injuries and deaths among inmates in correctional services. The psychological signs that were observed included shock, disbelief, anger, irritability, mood swings, feelings of hopelessness, sadness, shame and guilt.

The researcher made suggestions to the healthcare managers that the registered nurses who presented with psychological distress during interviews should be referred to the facility's Employee Assistance Programme. These registered nurses that were affected were thereby referred to the Employee Assistance Programme for crisis management and had access to 24-hours counselling services if they needed to talk. The sessions were rendered for four weeks and these cases were reported to the Department of Health as adverse events that occurred in the correctional services facility.

3.3.7 Data Analysis

Thematic analysis was used to analyse the study data. This is an analytic method for identifying, analysing and reporting themes within data and organises and describes data in rich detail Braun and Clarke, (2006).

Braun and Clarke's (2006) steps of thematic analysis were used in this study as follows:

3.3.7.1 Becoming familiar with the data: The researcher listened to the interviews on the tape-recorder to get familiar with the information and to search for the meanings and patterns in the data. Once, this was done, the researcher then began transcribing the data after repeatedly listening to the audiotapes.

3.3.7.2 Generating initial codes: The researcher listed all items from the data that had reoccurring patterns and produced initial codes accordingly. The researcher used manual codes by means of making notes and coding all the data systematically, organising it to identify potential themes related to the experiences of the registered nurses working in a correctional services healthcare facility. After coding the data, any similar codes were collated or grouped together.

3.3.7.3 Searching for themes: At this point, the researcher had a long list of different codes and this step involved sorting these various codes to form potential themes focusing on broader patterns. To accomplish this, the researcher used a table to sort out the codes. Some of the codes formed themes and other codes that were irrelevant to the study at hand were discarded. There was a collection of themes at this point.

3.3.7.4 Reviewing themes: Themes were refined by collapsing some of them into additional discernible themes, while others were broken down into smaller components.

Level 1: Reviewing at the level of the coded data

The researcher re-read all the data extracts that fitted into each theme and ensured that all the data formed a coherent pattern.

Level 2: Reviewing at the level of the themes

The researcher used a table so as to visualise the relationship between themes. The researcher focused on the interesting themes that fitted together.

3.3.7.5 Defining and naming the themes: The researcher created an overall narrative of all the data and analysed each and every theme to see if it fitted to its individual narrative. At this point the researcher was able to identify which are themes and which are not. The researcher chose themes that made meaningful contributions in answering the research questions and those that were relevant to the data set and a final thematic map was produced.

3.3.7.6 Producing the report: After the final themes had been reviewed, the researcher began the process of writing the final report. While writing this report, themes that made meaningful contributions towards depicting the work-related experiences of the registered nurses were refined as final themes. During the report writing the researcher verified the codes and themes with the supervisor and an independent coder, who was a Senior Lecturer.

3.4 Measures of Trustworthiness

According to Babbie and Mouton (2006) to ensure trustworthiness a researcher must convince his or her audience that the results of his or her enquiry are worth paying attention to. Shenton (2004) divided trustworthiness into four elements; Credibility, Transferability, Dependability and Confirmability.

Credibility is involved in establishing that the results of the research are believable. Member checking could not be done in this study, because it would be difficult to go back to participants since it was difficult to gain access to prison. However, peer debriefing which is an important technique utilised by qualitative researchers to ensure the collection of valid information, was done by the research supervisor and a Senior Lecturer. Another measure put in place to ensure credibility in this study was that registered nurses were recruited to participate in the study because they had the necessary experiences or met the inclusion criteria required for the study. This was to ensure the information obtained was what the study was intending to study. The interviews were recorded with an audiotape to ensure accurate transcription of data.

Transferability refers to the degree to which the results of qualitative research can be generalised or transferred to other settings. In this study, this was achieved by producing a research report written in such a way that a clear picture of the results of the study is given to enable people in the same situation to relate to such.

Dependability is defined as the stability or consistency for the inquiry processes used of inquiry processes used over time. In this study, dependability was achieved by conducting all the individual interviews with the same semi-structured interview guide.

Confirmability refers to the quality of the results produced by an enquiry in terms of how well they are supported by informants who are involved in the study and by events that are independent of the inquirer. In this study this was achieved by listening to the tape recorders carefully and repeatedly during and involving the researcher's supervisor to confirm the results of the study.

3.5 Ethical Considerations

Permission for conducting Research

Ethical Clearance (number M150533) was obtained from the Human Resources Ethics Committee (Medical) of the University of the Witwatersrand (see Appendix C page 73). Permission to conduct this study was obtained from the Correctional Services Regional Research Office.

Informed consent and Right to information

The participants were given an opportunity to ask questions about the study and were given an information letter. Each and every participant gave informed consent to participate in the study.

Consent to record the interviews

The participants were given an information letter about the tape recording and were requested to sign another consent form for recording the semi-structured interviews.

Right to autonomy

The right to autonomy was respected as the participants were not forced to participate in the study. They were told that they could withdraw from the study anytime they wished, without any penalties.

Beneficence

The distressed registered nurses were identified, as in those who presented with anger, mood swings, shock, anxiety and fear. Six of the registered nurses were referred to the Employee Assistance Programme for Crisis Management for four weeks and also had access to 24-hour counselling services if necessary.

Privacy and Confidentiality

The privacy of the participants was respected by conducting interviews in a private room, their names were withheld as no names were required and coding was utilised to analyse data and the contents of the interviews were kept from the healthcare managers, only made available to the Supervisor.

3.6 Conclusion

This chapter discussed the research design and methodology that was used to investigate the work-related experiences of registered nurses practising in a correctional services healthcare facility in Gauteng. Firstly, the research design was discussed. Secondly, the selected target population was stated. Thirdly, the method used in the study was clarified. Fourthly, the method of data analysis, measures of trustworthiness and ethical

considerations were explained. The next chapter, Chapter Four, will discuss the results of the study.

CHAPTER 4

RESULTS OF THE STUDY

4.1 Introduction

This chapter discusses the results of the study, so as to provide an answer to the research question. The purpose of this study was to describe the work-related experiences of the registered nurses working in a correctional services healthcare facility. This study investigated the experiences of the registered nurses practicing in the designated correctional services healthcare facility.

The healthcare facility managers explained to the registered nurses that there was a study to be conducted within the centre. The managers were very excited about the research question because they were positive that the study would help identify some of the challenges that were faced with while offering healthcare in a prison. They mentioned that no research has ever been conducted that pays attention to their practice of offering health care in prison and they were pleased that the study will contribute to improving the nurses' job satisfaction. Healthcare facility managers were keen to participate as well but they were warned that the study was solely for the registered nurses not managers.

As for the registered nurses, most of them were not very keen to participate in the study as they did not trust the researcher. A few of the registered nurses were hostile and plainly uninterested in participating in the study. However, the attitude of some of the registered nurses was positive. Most of those who participated in this study displayed a lack of interest in their job and this resulted in a negative attitude towards inmates due to the strain that comes with caring for the so-called "difficult patients."

When listening to the audiotapes from the interviews that were conducted in the facility, it felt as if some of the nurses who participated in this study were trapped and were crying for help, and only stayed in this job not for the love of it but because they didn't know where else they would find work. It was therefore difficult for them to hand in their resignations

without finding alternative jobs first. The registered nurses did however also raise the positive experiences they have had in their workplace.

The results of the study are displayed under two headings. The first heading gives the positive work-related experiences and the second heading gives the negative work-related experiences of the registered nurses in a correctional services healthcare facility in Gauteng.

4.2 Results of the Positive Work-Related Experiences

Table 4.1 displays the themes that emerged from the interviews along with the codes that led to these themes, as well as examples of the descriptions by the registered nurses of their work-related experiences. These themes as follows: The provision of education and in-service training, positive team work and good working relationships among registered nurses, and improved access to healthcare services and upholding the rights of the inmates.

Table 4.1: Themes on the Positive Work-Related Experiences

Theme	Code	Statement by registered nurse
Provision of education and in-service training	-training on patient management -information on medication -in-service training -NIMART training	"We are given training on how to manage patients."
Positive team work and good working relationships among registered nurses	-working together -positive team spirit -help in emergencies -support from other nurses	"At times one of the inmates will come in a state of shock due to being bled out [bleeding] following a fight, but I know that my colleagues will help me to stabilise the patient because we work as a team."
Improved access to healthcare services and upholding the rights of inmates	-primary healthcare services -TB screening of inmates -compliance on treatment, DOTS -management of chronic diseases -complaints from inmates are being addressed -services like circumcision, HIV/AIDS pre- and post counselling, ARVs	"I feel that providing primary healthcare services to inmates has been a positive action, because the number of inmates dying in prison has decreased because inmates can be monitored appropriately."

4.2.1 *Theme one: Provision of education and in-service training*

In this study, the registered nurses working in the correctional services healthcare facility stated repeatedly how being provided with skills, training and numerous courses has helped ensure that the healthcare for inmates is effective. The registered nurses stated the following in support of this:

“We are given training on how to manage patients.”

“We are kept up to date with the recent policies on new treatment regimens.”

“We also have the in-service training that is conducted in Lillian Ngoyi Hospital, to update us with the relevant information and where there are changes doctors update us.”

Maslach (2010) conducted a study on the education of nurses. The research provided evidence that the ability of the nurse to function effectively is through being equipped with the relevant skills and educational opportunities. In this study, during the interviews, the nurses expressed satisfaction with the training and in-service training opportunities that were given to them. This was mentioned as a positive experience because it enhanced their work performance which is what they pride themselves with.

The registered nurses also mentioned that the inmates present with diseases diabetes, hypertension, HIV/AIDS, mental illness during their incarceration. It is for this reason that they are provided with numerous in- service training sessions so as to impart necessary knowledge to inmates. Aiken (2009) validated that inmates present with medical conditions such as diabetes, cardiac disease, hypertension and tuberculosis while serving their jail time. The registered nurses are thereby able to provide healthcare in an unstable environment with confidence because they pride themselves with the education and training they have received. One of the registered nurses stated the following in this regard:

“We used to have big statistics of inmates dying in prison but with the introduction of NIMART, which is the course that we do, the high rate of deaths that we had has been reduced and this is a positive experience.”

Camp and Sailor (2010) also found that inmates present with diabetes, cardiac conditions and hypertension. Watson, Stimpson & Hostick (2004) validated the fact that inmates present with many diseases including cancer, mental illnesses and TB. In this study, this literature was supported by the registered nurses verbalising that the inmates suffer from several cancers and this was mentioned in the following statement:

“I’m one of the first groups of registered nurses who attended a one year course in Palliative Care. The positive thing about it is that, most patients that have life- threatening diseases and who are said to be dying patients, they are no more dying, we are maintaining pain management. Patients are given pain management according to step 1, step 2 and step 3 of cancer pain management.”

In this study the registered nurses working in the correctional services healthcare facility mentioned that they have managed to decrease non-compliance to treatment because they have been equipped with principles of primary healthcare and health promotion and they managed to achieve this because of the skills they received through in-service training. Maslach (2010) found the same findings in another. It was mentioned that the ability of nurses to practise in their full scope is through policy resources and access to health education. This was mentioned by one of the registered nurses during the interviews:

“In the correctional services, inmates present with a lot of diseases, like hypertension, diabetes, heart failure, HIV/AIDS, Kidney diseases etc. Thanks to primary health care we are now able to manage all these diseases inside prison because we have education and training.”

In this study the registered nurses mentioned that being able to meet their targets in patient care is a positive experience which also builds their self-esteem because they provide quality healthcare to inmates due to the relevant education and training they have received.

In Doran and Larson's (2010) study it was discovered that the good work performance of the nurses is important because it provides professional growth, social identity and self-esteem and also has consequences on the health of the healthcare professionals. This was the validation from some of the registered nurses:

"When we started we used to have a lot of inmates dying in prison, but now we are able to ensure that inmates are compliant on treatment and the high numbers of death have decreased."

Registered nurses are being provided with the one-year course in palliative care. This was viewed as a positive experience because this training equipped them to better manage the inmates who have life-threatening diseases, while the terminally ill cancer patients are provided with pain management according to the stages of their disease. Pain management is therefore maintained appropriately and the pain threshold controlled. The nurses are able to manage pain because they are provided with training and that to them is a very positive experience. However, in this study, a few of the nurses felt that the training was repetitive, since the Department of Correctional Services mostly focuses on HIV/AIDS, NIMART, Tuberculosis and palliative training, yet the inmates also present with other diseases that also require the same attention. The following was mentioned by one of the registered nurses:

"There are other diseases that inmates present within the correctional services. But we are only given training on Palliative care and NIMART as if other diseases are not important. Other diseases are not taken as a priority, but only HIV/AIDS."

In a study by Weiskopt (2005) it is mentioned that nurses report that there are many challenges while offering care in the correctional services setting. These difficulties impact on the nursing practice, research and education of the nurses in this setting. It seems that in this study as well, even though the education of the registered nurses has been useful, there have been some challenges in ensuring that the education offered to the nurses is comprehensive due to the nature of the setting.

4.2.2 *Theme two: Positive team work and good working relationships among registered nurses*

During the interviews it was discovered that the main reason why the registered nurses remained in their jobs and still continued to practice under the stressful conditions in prison was because of the positive team spirit and good relationships that they have formed amongst colleagues. They also gained a lot of skills and experience because the other registered nurses were always there to offer a helping hand. In this way their body of knowledge increased because they were empowered by others and this was a positive experience. This is what two of them stated in this regard:

“Each time there is an emergency, you don’t have to scream for help, but you are sure that you will receive help from other registered nurses and that makes our job easy because we always help one another.”

“At times one of the inmates will come in a state of shock due to being bled out [bleeding] following a fight, but I know that my colleagues will help me to stabilise the patient because we work as a team.”

While working in the prison is clearly stressful, the registered nurses are guaranteed that they will receive support from other registered nurses and this contributes to positive team spirit enabling them to render quality healthcare.

It is crucial in any work setting for the employees to foster a good working relationship and group cohesion. In the correctional services healthcare facility, the registered nurses have achieved this. During the interviews this was mentioned by one of the registered nurses:

“Even though we have all these challenges in the prison, but we have a good working relationship with other fellow colleagues. For instance, we work peacefully with one another and that makes us not to feel the pressure of work due to inmate overcrowding.”

During difficult times faced in correctional services healthcare facilities good working relationships can be extremely useful in helping the registered nurses to cope. According to Holmes and MacInnes (2003)'s study, interpersonal relationships provided mutual support during crises.

4.2.3 Theme three: Improved access to healthcare services and upholding of the rights of inmates

The restructuring of the public health sector post-1994 achieved meaningful improvements related to access, standardisation of health management and ensuring the equity thereof. This transformation within the healthcare system resulted in healthcare being standardised, meaning that every individual in South Africa gained access to free medical care. This strategy was also adopted within the correctional services healthcare facilities and the inmates were thereby able to benefit from the system as well. This means inmates' access to healthcare has improved over the past two decades.

During the interviews, the registered nurses mentioned how access to healthcare yielded positive results. In a study by Marshall, Simpson & Steven (2001) it was discovered that the access to healthcare did not only provide health for all but also reduced the mortality and morbidity rates among inmates. This is what the registered nurses in the current study stated about the improvement of health care:

"I feel that providing primary healthcare services to inmates has been a positive action, because the number of inmates dying in prison has decreased because inmates can be monitored appropriately."

"The inmates are compliant on their treatment because they have DOTS supporters which are other inmates."

“The system of making sure we screen all inmates works wonders because inmates are able to start TB treatment as soon as they are diagnosed, and we are able to deal with notification.”

Moreover, the registered nurses also pointed out that the primary healthcare approach is the reason they have managed to treat a number of inmates with chronic diseases. This was mentioned in the interviews:

“We make use of the primary health care approach to manage all the inmates with hypertension, diabetes and epilepsy. Inmates have different belief systems, for instance some believe that when you have epilepsy you have been bewitched and hence they take traditional remedies. But when they are in prison, we are able to monitor them and give them medication.”

“There are a number of organisations like the Aurum Institute which brought services like HIV/AIDS counselling, male medical circumcision, oral hygiene services to the inmates and thus maintaining the right to health of the inmates even though they are in prison. These services are necessary to provide the necessary support to the primary health services.”

Tuberculosis remains a huge challenge in South Africa, especially with the prevalence of the HIV/ AIDS pandemic that exacerbates it. The registered nurses have therefore identified the management of Tuberculosis as one area that has been improved in prison and this was seen as a positive experience by the nurses. This is what the registered nurses had to say about the improvement in Tuberculosis and HIV management during the interviews:

“Tuberculosis has been reported the leading cause of death and an opportunistic infection among inmates who are HIV-positive. So screening all the inmates on arrival reduced the statistics of number of deaths in prison. This system enables us to follow-up inmates, administer treatment by implementing DOTS and in that way we get to monitor inmates progress and give them information on the importance of completing treatment to decrease MDR in prison.”

“Before the HIV/AIDS clinic was formed in Medium C, we used to have a large number of inmates dying of HIV because the inmates used to not divulge their HIV status and they were only identified when it was very late when their CD4 counts have dropped a lot, but now the number of deaths has declined because we screen all inmates on arrival, give them pre- and post-counselling and when we find out that they are infected, we immediately commence treatment.”

“Our monthly statistics reflect an increased number of inmates receiving treatment in our facility and they (inmates) are very compliant. We also try to manage opportunistic infections as they appear so they can be managed promptly.”

The South Africa Human Rights Commission Act No.40 of 2013 section 4(3) and 15 (9) states that: “We are all equally entitled to our human rights without discrimination.” During the interviews the registered nurses also mentioned the improvements that were made with regards to upholding the inmates’ rights. This is what one of the registered nurses stated during the interviews in this regard:

“This organisation (Independent Correctional Centre Visitors) took complaints from inmates and discussed them with the Head of Prison to reach an amicable solution of the identified problems.”

The registered nurses pointed out the importance of having this organisation in the correctional services healthcare facility and offering these services to inmates. This is what one of the nurses had to say about them:

“This unit (Independent Correctional Centre Visitors) ensures that inmates are not subjected to harsh jail sentences even though they are not medically fit to serve their sentence, therefore we are allowed to make an application for medical parole. In turn these inmates can be released or get bail or even get free bail. This organisation assisted in decreasing inmates dying in prison.”

All the above stated improvements to the care offered were seen as a positive experience by the registered nurses. The registered nurses were also impressed about the fact that the mortality rates related to HIV/AIDS have indeed declined, this made the nurses feel good about themselves and what they have achieved in the correctional services healthcare facility.

4.3 Negative Work-Related Experiences

These are the themes that were identified as shown in Table 4.2: The impact of workload overload related to overcrowding of inmates, insufficient policies on the healthcare rendered to inmates, security being a priority over health issues, mismanagement of inmates due to incorrect medical history and procedures, insufficient medication, medical supplies, equipment and infrastructure, and lack of transportation to provide for healthcare needs of inmates.

Table 4.2: Themes on the Negative Work-Related Experiences

Theme	Code	Statements by registered nurses
Impact of work overload related to overcrowding	-Overpopulation of inmates -Overcrowding of offenders -Exhaustion of nurses due to patient-nurses ratio -Attend to a large number of inmates	"We are experiencing overcrowding of offenders, we treat a large number of inmates."
Insufficient policies on the care rendered to inmates	-No policies governing practice -Lack of policies and guidelines	"There are no policies that govern our practice, the managers only make use of the policies when they want to use them against us."
Security being a priority over health issues	-Referrals to hospital not done, as they pose an escape risk -Inmates going to courts as first preference -Security considered first over ill inmates	"What I mean is, even if somebody is ill or sick, what comes first is security, even when they take the guy to hospital, he is under guard and that makes me feel so sad."

-Mismanagement of inmates due to incorrect medical history and procedures	-Inmates not reliable -Inmates give incorrect information -Inmates do not report genuine concerns -Poor history taking -Difficult to manage inmates	"Most of them tell lies, so we have to contact the relevant clinic only to find that the inmates did not give us the correct names and that causes a delay for an inmate to start treatment."
Insufficient medication, medical supplies, equipment and infrastructure	-Inmates fight for treatment -Unavailability of prescribed medication -No equipment -Escalates non-compliance to medication	"The fact that there is no equipment in the entire centre to provide service excellence to inmates causes frustration and stress to registered nurses."
Lack of transportation to provide for the needs of the inmates	-No transportation for inmates -Appointments or surgical procedures postponed -Not enough prison officials to escort -Two-hour waiting time	"We allocated for call-outs every month to attend to emergencies during the night, but the challenge is that you have to be fetched at home and you can wait for two hours waiting to be fetched."

4.3.1 *Theme one: Impact of work overload related to overcrowding of inmates*

Within the correctional services healthcare facility, prison overcrowding has been identified as one of the key contributing factors to poor prison conditions. According to Smith (2003), study, inmate overcrowding is the number one cause of mismanagement of prisons, poor organisational culture and bad relationships resulting from being over worked. In this study, it is also the biggest problem facing the correctional services healthcare facility and its consequences prevent the registered nurses from fulfilling their proper nursing care to inmates. In addition, they also receive a lot strain due to the large number of inmates they have to care for. In the process of conducting interviews, this is what some the registered nurses said about the overpopulation problem in prison:

“Overpopulation! The prison is too full. If you check the ratio, we are out-numbered.”

“We are experiencing overcrowding of inmates. We treat a large number of inmates.”

“We are too exhausted because you have to attend to more than 40 inmates per day.”

The registered nurses mentioned that overcrowding is related to the spread of diseases among inmates, which compromises the quality of care given to inmates. This was mentioned by one of the registered nurses:

“There are high numbers of inmates who have Tuberculosis due to overcrowding. We can’t isolate the inmates because we do not have enough space hence the cases increase due to overcrowding of inmates.”

The correctional service healthcare facility has a recruitment policy in place, which caters for advertising posts, the selection process and hiring new registered nurses. This is done so as to try and increase the number of registered nurses working in the facility in order to address the issue of overcrowding of inmates because the nurse-patient ratios are incongruent. One of the registered nurses stated the following in this regard:

“The correctional service does hire registered nurses but they can’t be retained because the healthcare workers can’t cope with the calibre of patients that they have to offer nursing care to. We serve very difficult and aggressive patients so that contributes to us having lack of trust in our managers because they don’t give us support.”

In this study it was also discovered that delivery of effective health care to inmates becomes challenging to achieve due to the number of inmates the nurses have to render nursing care to. These findings were also found in Flanagan (2006) study where it was mentioned that the increase in prison population due overcrowding of inmates results to excessive health problems among inmates.

4.3.2 Theme two: Insufficient policies on the care rendered to inmates

In this study it was found that the registered nurses lacked motivation to practice efficiently because they feel that policies governing their practice need to be established so as to fit the setting in which they render their nursing care. In a study done by Aiken (2011) he argues that a correctional facility was solely designed for punishment for those who have created a criminal act. Therefore, the health care provision, policies, infrastructure amongst prison always become secondary and these are the reasons why policies and other related issues will never be prioritised. In this study, to offer healthcare services to inmates, the registered nurses have to be in line with the policies that are disseminated from the Department of Health as well as the Department of Correctional Services. Rendering care to inmates is different to those of ordinary patients because the inmates still have to be governed by laws stipulated by the Department of Correctional Services and this causes confusion. In the interview, the registered nurses reported the following:

“The Department of Health has to create guidelines which will give direction as to how we should provide healthcare services in correctional centres, because we don’t have freedom in our practice.”

“There are no policies that govern the practice in the correctional centre so we feel frustrated because we don’t have autonomy of our practice.”

Camp & Sailor (2010) discovered that high levels of stress experienced by nurses were related to poor organisational policies and support structure. Maroney (2010) discovered that the problems that healthcare workers encounter end up resulting in absenteeism, low morale and job dissatisfaction leading to a high degree of turnover among nurses.

4.3.3 Theme three: Security being a priority over health issues

The registered nurses stated that the security issues of the inmates are always given preference as compared to their health. For instance, inmates who had to attend courts outside the prison would be prioritised over ill inmates who require urgent transfer to a hospital facility. In the health sector, the most important thing is rendering care to people and bringing them to a state of wellbeing. However, in a correctional service facility, security is the most crucial aspect because the prison officials have to safeguard against inmates escaping. Therefore, any necessary procedure must be weighed by putting safety first. For instance, an inmate may not be taken to hospital if he is unauthorised to leave prison due to being classified as someone who is likely to attempt an escape. This is what was stated in this regard in one of the interviews:

“The correctional services prioritise security over health issues, which means that it doesn’t matter how urgent a situation is, but the management will always put security first. Other inmates would not be transferred promptly because they are most likely to escape. Therefore this causes frustration among registered nurses.”

“What I mean is, even if somebody is ill or sick, what comes first is security. Even when they take the guy to hospital, he is under guard and that makes me feel so sad.”

Powell, Harris, Condon & Kemple (2010) stated that prison security and organisational structure have a direct impact healthcare delivery and nurses have to be answerable to inmates. In this study, the security issue remains challenging, in the sense that if there are inmates who have to attend court proceedings, they are the ones who should be given first preference because more prison officials would be allocated to escorting duties as compared to those who are needed to escort inmates to hospital surgical procedures. This

causes a lot of problems because it results in inmates' dates for surgical procedures being cancelled and this becomes a problem because of the long lists of hospital operative procedures. It is therefore difficult for inmates to obtain another date because hospitalisation dates are booked three to four months in advance due to the large number of patients who are referred to tertiary hospitals.

Aiken (2009) discovered that there is conflict between security and health as security prioritised over health. Therefore, rendering healthcare to inmates is substandard because boundaries are set by prison rules, which is a major challenge for the nurses involved.

In a study done by Weiskopt (2005) it was mentioned that nurses face complex challenges and limitations when they have to render inmate care because they have to do so in a restrictive setting. Security of the inmates is off high importance in comparison to health issues. In this study, the registered nurses also mentioned that their ability to render inmate care is centred around prison rules which is extremely challenging.

4.3.4 Theme four: Mismanagement of inmates due to incorrect medical history and procedures

According to Reed (2012) a primary healthcare nurse has to make an assessment that will lead to a diagnosis enabling the nurse to prescribe the accurate medication. However, in the correctional services healthcare facility setting, there are challenges that can hinder the nurses from achieving this goal. Almost, Gifford & Ogilvie (2013) found that the "Pill-line" is used so as to give treatment to inmates according to what they have been prescribed as medication. In this study, the registered nurses most probably still use the "Pill-line" as a means of dispensing medication after assessing the inmates, obtaining their medical history and making a diagnosis with an intention to provide care. However, the registered nurses can't provide the proper treatment as primary healthcare clinicians using this method of care.

Another issue, in the correctional services healthcare facility in which this study was conducted is the fact that the inmates present with fake complaints with an intention of being transferred to the provincial hospital, in order to facilitate escaping from prison. This is what was stated in this regard by the registered nurses in the interviews:

“It becomes challenging to manage the offenders properly because they don’t report genuine concerns and therefore can’t be given the accurate treatment.”

“They are not reliable enough, most of them tell lies, so we also contact the relevant clinics to find out that the inmates did not give us correct names and that delays them getting treatment.”

“Since we are dealing with patients who lie, we are expected to document all our interactions with them to avoid being wrongfully accused or taken to court, but that becomes a huge disadvantage as we are subjected to handwritten record-keeping which is tedious and time consuming.”

In an event that an inmate has escaped, the registered nurse will be investigated and will most likely be dismissed from work because he or she is also suspected of forming alliances with an inmate to aid an escape. This then resulted in organisational conflict, stress and burnout which is a negative experience that the registered nurses have endured.

According to Watson et al (2004) mentioned that a prison was designed with punishment, correction and rehabilitation to the community in mind and these goals conflict with the aims of health care. In this study the registered nurses mentioned that prison-based services are neglected and lacking in structure and resources and this hinders effective inmate care.

4.3.5 Theme five: Insufficient medication, medical supplies, equipment and infrastructure

The inmates are frequently prescribed medication by the doctor on duty, but the challenge is that they are unable to get the prescribed medication on time because of shortages in the facility. In Garland (2009) study it was mentioned that the insufficient of medications is the

contributory factor non-compliance to treatment by offenders and this is worrying for the registered nurses. This was mentioned by them as one of the challenges that made it difficult to ensure that offenders are compliant with their medication. This issue also causes conflict between the registered nurses and inmates. This is what one of the registered nurses had to say in the interview:

“The inmates often fight with us because they come from the doctor or when they have ailments that need them to be provided with medication, they come to the healthcare facility, we frequently don’t have medication and then fights erupt because inmates feel as if we are infringing their right to receive healthcare services.”

“There is conflict between the registered nurses and inmates because the inmates report illnesses in different sections and they are prescribed medication but when they are supposed to be given medication, they don’t receive it or they receive some of the medication because there is no treatment from the department. Therefore, this poses a danger to the health of the inmates and escalates non-compliance among inmates taking medication and the treatment taken doesn’t reach therapeutic levels.”

Doran, et.al, (2013) found that inadequate budget allocation impacts on the quality of care the inmates receive, which leads to the deterioration of the quality of care that they are given. In the correctional services healthcare facility the registered nurses were faced with a dilemma of having to explain to inmates why there are no supplies. Each time the registered nurses sought clarity from the healthcare managers as to why they were not given the necessary medication, they were told that the budget allocated was inadequate (Smith, 2003). The registered nurses therefore had to deal with aggressive and violent inmates as a consequence and this was another negative experience for them. The lack of medication contributed to poor managed care and medical non-compliance by inmates, leading to a decline in providing quality care to the inmates.

Maslach (2010) found that healthcare managers have influence on the nurse’s ability to practise in their full scope through policy, resources and access to education. In order for

registered nurses to render the best nursing care, there are skills they are required to possess as professionals however they also require the necessary support. This support includes the availability of equipment, since the right equipment will assist to ensure that the nursing care offered is executed adequately. Smith (2011) the practice of the registered nurses is highly dependent on the availability of highly efficient medical equipment. In this particular correctional service healthcare facility, the registered nurses have been experiencing challenges in this regard. They can't perform day-to-day duties that enable them to render optimum quality care to inmates because they lack the correct equipment to do so. During the interviews, the issue of equipment was discussed extensively and the registered nurses were grossly affected by this. This is what was mentioned in one of the interviews:

"The fact that there is no equipment in the centre to provide service excellence to inmates causes frustration and stress to registered nurses. There is no equipment like thermometers, blood pressure machines and oxygen cylinders which are crucial to monitor vital data. So, in an emergency it becomes difficult to execute care under these conditions."

The care that is offered is dehumanising to inmates, because the space in which they practice in, does not permit privacy and confidentiality to be maintained. There are no cubicles, for instance, that will facilitate inmates being examined discreetly and respectfully due to a lack of space. In Shields & de Moya (2009) study, it was mentioned that the lack of treatment among jail personnel is a huge concern and it is related to job stress. This is what was said by one of the registered nurses:

"The structure of the clinic does not permit an environment that will provide privacy to inmates while they are being examined and this is very dehumanising for inmates."

"The setting in which we see clients does not ensure providing privacy to inmates, it is just an open plan setting."

Privacy and confidentiality is to be practised at all times to respect the dignity of the client according to the patients' rights charter (Constitution of the Republic of South Africa Act

No.108 of 1996). However, in this study, the respect of human dignity among inmates is not actualised due infrastructure challenges.

Due to the challenges that the registered nurses encounter in the process of rendering care, in relation to the support structures needed in order to offer the best nursing care. There is inadequate medication needed to promote inmate compliance on medication. During health education, the registered nurses put emphasis on taking medication so as to maintain and manage inmates' medical conditions. However, this is not actualised because there medication is not enough for inmates. The registered nurses report to their healthcare managers about the lack of medication but no action is taken about this matter. This results in bad relationships between the nurses and their managers. This was mentioned by two of the registered nurses during the interviews:

“Inmates have to wait for months without medication because there is no medication on the centre and this causes inmates to fight with us and we report to our seniors nothing is being done about this.”

“These managers don't take us seriously, we tell them that we need treatment but they do nothing about it. All they will tell us is that, there is no budget from the Department of Health and this is not fair because we are the ones that have to tell stories to inmates about treatment not being there. And the offenders fight with us.”

4.3.6 Theme six: Lack of transportation to provide for healthcare needs of inmates

In this study, for the registered nurses to offer comprehensive healthcare services to inmates, they have to make referrals to provincial and tertiary hospitals for procedures that can't be done inside the healthcare facility. Therefore, the availability of an ambulance and escorting team plays a vital role in this regard. If, however, there are no means of transportation or sufficient escorting personnel, this causes stagnation of the inmate's clinical care which then causes problems between the inmates and nurses. The following was mentioned in the interviews:

“There are not enough prison officials to escort inmates to hospitals due to staff shortages. At times there is no ambulance to take inmates to hospitals because the Head of the Prison prioritises inmates going to court/hearings as compared to the ones having hospital appointments for procedures and surgeries. Due to this, hospital procedures tend to be cancelled and inmates have to wait for months to have another appointment made from the hospital.”

The lack of transport, like the shortage of supplies and equipment also causes fights between registered nurses and offenders as stated under theme 5 above.

Walsh (2009) stated that inmates fall sick at night, and they still require medical attention even after hours. This can be problematic, for instance in the correctional services healthcare facility in which this current study was conducted, the registered nurses are allocated for call-outs whereby they remain on standby in an event that there is an emergency that they need to attend to. There are challenges yet again about the availability of transport to fetch the nurses during these emergency situations and this is a huge issue. The nurses complain that inmates don't receive healthcare at the right time and they also feel that this is the reason why there are complications that sometimes result in death. Registered nurses raised this concern during the interviews:

“When inmates have to be taken to hospitals for their appointments or surgical procedures, we are being told that there is no transport or we are given excuses that there are not enough prison officials to escort to hospitals.”

“We are allocated for a 24-hour callout if there is an emergency, [but] the prison officials tend to take time to come and fetch us due to either lack of prison officials or unavailability of transport, so this results in complications of the inmates which may result in death and we are unhappy about it.”

This has given birth to many problems because often when there is an inmate death, nurses are made to account for it, even though they are not given enough support to execute the necessary care regimen, which then negatively impacts upon them. These delays in healthcare reflect in their nursing practice because they result in increased patient complaints about the care they receive, nurses being delayed in their responses to calls, staff communication problems, and increased patient waiting time for surgery or tests. Stimpson and Hostick study (2004), mentioned that delays in the inmates access to health care, contributes to interruptions in the process of driving nursing care regimen. The availability of transport would facilitate the increase of early detection of patient complication and thus enable the registered nurses to maintain patient safety and quality patient care, which may also reduce the time they spend with patients. According to Steiner (2015) the environment they correctional nurses practice in, does not promote patient safety and this causes a decrease in patient satisfaction, which has implications for their nursing care.

Delay in the access to healthcare by inmates is a persistent and undesirable problem in the correctional services healthcare facility. These delays are always associated with resource limitations and poor administration and this plays a huge role in continuous patient risks and complications. Reed (2012) discovered that there is poor managed care, non-compliance with medication, and poor referral and transfer services in prisons related to inadequate budget allocations for healthcare.

4.4 Summary of the Research Results

The study identified positive and negative work-related experiences of the registered nurses in a correctional services healthcare facility in Gauteng. The themes identified in terms of the positive work-related experiences were as follows: provision of education and in-service training, positive team work and good working relationships among registered nurses and improved access to healthcare services and upholding the rights of inmates. The themes that emerged with respect to the negative work-related experiences were: security being a priority over health issues, mismanagement of inmates due to incorrect medical history and procedures, insufficient medication, supplies, equipment and infrastructure and the lack of

transportation to provide for healthcare needs of inmates. There were more themes under the negative experiences than there were under the positive experiences.

CHAPTER 5

DISCUSSIONS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS OF THE STUDY

5.1 Introduction

The aim of this chapter is to discuss the research results, recommendations, limitations and conclusions of the study. Firstly, the discussion of the results will be presented, followed by the recommendations and the limitations of the study. Finally, the study conclusions will be outlined.

5.2. Discussions of the Research Results

5.2.1 Positive Experiences

This research study was aimed at the work-related experiences of the registered nurses working in a correctional services healthcare facility. There were three themes that emerged under the positive experiences, which are as follows: provision of education and in-service training, positive team work and good working relationships among registered nurses, improvement of the access to healthcare services and the continuity of care and maintenance of the human rights of the inmates.

Mahoney (2015) discovered that through the years, registered nurses have always been side-lined when it comes to being equipped with the abilities and skills required to offer primary health care services to inmates. However in this study things were quite different and the registered nurses mentioned that they were given education and training opportunities. They stated that they were offered Oncology training, in-service training on TB management, diabetic education and NIMART, which has helped to reduce the mortality rate in the correctional services healthcare facility under investigation. However, not all the registered nurses were satisfied with the education and training they had received.

The registered nurses also highlighted the positive team spirit among peers as a positive experience. These registered nurses have managed to maintain good working relationships with each other because they depend on each other for gaining knowledge,

offer each other help in times of emergencies and seek advice from each other on the management of patients. The nurses stated that they had good relationships and team work with peers though experienced bad relationships with healthcare managers. This is because they felt that they were not being supported by their seniors which led to them feeling frustrated.

Improvement of the access to healthcare in prison enabled the registered nurses to provide comprehensive healthcare services to the inmates, thus reducing their mortality and morbidity rates and this too was a positive experience. A study done by Aiken (2011) showed that over the years, there has been a decline in the death rates of inmates during incarceration because of better access to healthcare services by inmates. The provision of primary healthcare was a positive experience as it enhanced compliance with medication. The Aurum Institute is an NGO that also improved and monitored health services to inmates by offering TB screening, HIV/AIDS pre-and-post counselling, distribution of condoms and circumcision. This in turn, has increased the access to treatment and care as well as compliance with treatment among inmates.

By conducting screening of all inmates on arrival and through awareness campaigns, doing chest x-rays, collection of sputum and fast-tracking of medications, the nurses managed to reduce the number of MDR Tuberculosis cases and this was another positive experience for them. The screening of all inmates on arrival for Tuberculosis has ensured that they are immediately checked to ensure that MDR Tuberculosis cases are picked up, especially for those inmates who are awaiting trial. It also allows the isolation of the new cases and ensuring that those who are not exposed to HIV remain uninfected.

The HIV/AIDS centre in Medium C section made provision for HIV/AIDS treatment onsite very easy, which enabled the nurses to monitor the inmates' compliance, treat opportunistic infections and manage the progression of the disease, as well as utilising the "know your status campaign" to curb the death of inmates. The newly diagnosed clients receive treatment promptly.

The nurses also mentioned that the Independent Correctional Centre Visitors team brought changes to inmates while the inmates were serving their sentence. This organisation ensured that the inmates' rights were taken into consideration. For instance food, treatment, access to family members and the right to religion were provided to ensure the inmates are comfortable while they are being incarcerated. All of these improvements in the services offered to the inmates were seen by the nurses as a positive experience, and it was also interesting to note how concerned the registered nurses were about the inmates under their care. A study done by Swanson (2013) showed that there has been changes in the access to healthcare among inmates.

5.2.2 Negative Experiences

The themes under the negative experiences that emerged from the data were as follows: The impact of work overload related to overcrowding of inmates, insufficient policies on the care rendered to inmates, security being a priority over health issues, mismanagement of inmates due to incorrect medical history and procedures, insufficient medication, medical supplies, equipment and infrastructure and the lack of transportation to provide for the needs of the inmates.

Prison overcrowding was identified as one of the key contributing factors to poor prison conditions. In another study by Kakuma and Kleintjies (2010), it was mentioned that overcrowding in prison hinders care, as it prevents the nurses from fulfilling their proper nursing care to inmates. The registered nurses are overloaded with work due to the overpopulation of inmates which contributes to ineffective nursing care. Similar findings were discovered in Berry's (2012) study, which states that overcrowding impedes on the ability of correctional nurses to have a good work-life balance due to fatigue and stress related to being overworked. Relationships between the registered nurses and healthcare managers were impaired because the nurses felt that they were not supported by their managers. Conflicts between nurses and healthcare managers also formed part of the results in a study done by Garland (2009).

Registered nurses lacked motivation because there were no policies that governed their practice and they felt that these needed to be established in order to assist them to function optimally within the correctional services healthcare setting. In Vassay et al. (2010) study it was also mentioned that most of the correctional facilities lacked policies governing the healthcare in prison. Registered nurses have to follow the policies that are disseminated by the Department of Health, which are not relevant to the prison environment. On the other hand, inmates are governed by laws stipulated by the Department of Correctional Services and this causes conflict. This was a negative experience for registered nurses.

A study done by Shields (2009) mentioned that insufficient policies on the care rendered to inmates, the security was prioritised over health issues. In another study, Maroney (2010), discovered that the lack of policies in the correctional facilities. In this study, the lack of policies has contributed to the mismanagement of resulting from lack of procedures, insufficient medication, medical supplies, equipment and infrastructure, and lack of transportation to provide for healthcare needs of inmates.

The security being made a priority over health hinders the nurses' ability to offer healthcare to inmates effectively because inmates going to court proceedings take first preference over those who are sick. In a study done by Weisokpt (2012), mentioned that emphasis put on the security aspects in prison outweighed healthcare provision. This causes many challenges as it results in inmates' bookings for surgical procedures being cancelled.

Registered nurses can't provide the proper treatment as primary healthcare clinicians because they are being misled by inmates with wrong information during consultation, making it hard for them to diagnose and treat ailments properly.

The nurses were faced with the dilemma of having to explain to inmates why there were no medical supplies and treatment. Each time the nurses seek clarity from the healthcare managers as to why they were not given the necessary medication, they were told that the budgets allocated were inadequate. The nurses therefore have to deal with the aggressive

and violent inmates and this was a negative experience. The lack of medication contributes to poorly managed care and non-compliance of medication by inmates leading to a decline in providing quality work.

The correctional services healthcare facility has a huge challenge when it comes to the scarcity of medication, as it is difficult for the nurses to provide quality care in the absence of medication and medical supplies. The medication shortages and supplies in prisons were also highlighted in a study done by Smith (2011). Indeed, according to the nurses this is a major priority in need of rectification.

Another issue for the nurses is that they are obligated to offer their services to patients who are verbally abusive and aggressive. In addition, they then have to document everything that is said by inmates in order to provide evidence in court in an event that they are framed by any inmates with wrong information or allegations being made on them. The result of this is that, are subjected to a lot of handwritten record-keeping, which is very time consuming.

Registered nurses also lack transportation for taking inmates to tertiary hospitals. This need for the transfer of inmates to hospitals is a situation that healthcare workers were faced with on a daily basis, and there were hospital appointments that were not honoured due to unavailability of transport and ambulances which then worsened the situation. When the registered nurses were called for emergencies, they were unable to respond to the call immediately because of the shortage of transport.

There were contradictions that were identified with regards to the training the registered nurses received within the correctional services healthcare facility. The nurses had different views about the training being offered to them. Most of them verbalised that they had been given adequate training on HIV/AIDS, Tuberculosis and NIMART, whereas others said the training they received was repetitive and only focused on the treatment and management of HIV/AIDS and Tuberculosis.

The overall result of this study was that the registered nurses had both negative and positive experiences in the correctional services healthcare facility. They also felt that they had more negative experiences than positive ones. However, they also stated that they always strive to render optimal patient care regardless of the circumstances they are faced with in the correctional services healthcare facility which is admirable. Improvements have been made in the correctional services healthcare facility with regards to the care rendered to inmates and this was also found in another study by Flanagan and Flanagan (2001). However more still needs to be done to address the concerns of the registered nurses in this work environment in order for the registered nurses to have more positive experiences in the workplace,

5.3 Recommendations

5.3.1 *Recommendation for nursing practice*

The results of the study showed that the registered nurses were not retained by the correctional services healthcare facility and that there was overcrowding in prison which resulted in the registered nurses being over-worked. Therefore, the Department of Health together with the regional correctional service must put systems in place for the retention of personnel and offer support structures that will be available to employees whenever they need to access them. These support structures can take the form of problem-solving strategies, which involves peer-discussion groups with an intention to resolve individual workplaces issues. These would benefit the registered nurses by enhancing communication skills and developing self-awareness and leadership and this would serve as a supportive tool to empower them in what is really a very challenging healthcare arena.

The study also showed that the registered nurses have inadequate equipment, medical supplies and medication. The Department of Health should hence have its own budget allocated specifically for the correctional services healthcare facility and not combined with the general budget of the Department of Health. A reporting system should be initiated, which would serve as a reporting method that can be utilised by the registered nurses and there by enable them to report to the healthcare managers. This can be done electronically, in the form of a database that shows the treatment that is given to the inmates and any challenges experienced with the care of these inmates. In addition, the

system can be used to monitor their medication stock. Each time a registered nurse dispenses medication, it can be reflected on the system and this will allow them to see how much medication they have in stock. The minimums and maximums will have to be stipulated because they will serve as guidelines to warn the healthcare managers that medication is decreasing and therefore an urgent order thereof can be made. What can also be done is keeping emergency stock that will only be used where there are delays in receiving stock from suppliers. Registered nurses should be given training on both budget and stock control. These managerial skills will foster some responsibility in the nurses so that they identify the importance of managing cost, which will in turn allow the registered nurses to have greater autonomy over their practice and be part of the decision-making and problem solving process.

Another critical issue that needs to be attended is that of the unavailability of equipment. In another study done by Hardesty et al (2007), it was also discovered that the unavailability of equipment is still a huge problem in prisons. In order to refrain from transferring inmates to hospitals which can pose a security risk, registered nurses should be provided with the necessary equipment that will enable them to conduct assessments, diagnosis and better management of patients. The healthcare managers should make urgent applications to the Department of Health to request the required equipment.

The environment in the correctional services healthcare facility is an open plan and this structure should therefore be revised. The setting should be rebuilt and cubicles created in order that there is privacy when the nurses are examining the offenders so as to respect their human dignity. Registered nurses handle confidential information of inmates that may be requested for court purposes, so having lockable cabinets for clients records would maintain safe-keeping thereof. In addition, these records should be made available electronically and only be accessible to the registered nurses and healthcare managers. Registered nurses should be provided with computer skills so that they are able to make use of the database that will be created for inmates' records and be able to maintain it.

The Department of Health could use nursing recruitment agencies for assistance in finding the correct candidates for working within a prison setting. These agencies could be given job specifications of what the work entails and the type of candidates that would be ideal for practising in a prison environment and who would be more likely to stay in the job. When the candidates have been hired by the correctional service, there must be systems in place that will continuously offer support to these nurses ensuring that they have some stability in the correctional service and thus enhancing the retention strategies (Doran and Harrison, 2011). The Department of Health should design policies that will stipulate how the correctional services healthcare facility should be run, because providing care in prison is different to hospital and clinic-based care. The policies should hence be specific to the prison setting and stipulate the processes, strategies and protocols that will be in line with the nursing care provided in correctional services healthcare facilities.

There are often “call-outs” or standby duties for registered nurses at night and they are not fetched on time to attend to such emergencies due to lack of transport issues as stated in Chapter 4. Therefore, there should be a vehicle allocated to the registered nurse that is on standby, meaning that the recruitment procedure should include having a drivers licence as a hiring requirement so that they are able to drive to the prison and attend to the emergencies promptly. This will then assist to reduce complications and deaths of inmates resulting from transport delays.

There should also be a communication link between hospitals and correctional services healthcare facilities. This will ensure that feedback about inmates who were taken to hospitals is provided to nurses in correctional facilities, which will allow them to compile timely reports and be aware if any inmates had their procedures cancelled and therefore require further appointments. This resolution will also help to maintain good interpersonal relationships (Smith, 2010) between the registered and their managers and reduce conflicts related to the administration of inmates’ hospital appointments and admissions.

Another problem that was identified by the nurses was that the doctors are not always available on the premises as they work sessions. Furthermore, the nurses don’t receive

any form of communication informing them whether the doctor will be absent because the doctors are employed by the Department of Health, leading to miscommunication in this regard. It would be a great initiative to have a doctor that is available daily or at least from 08H00 till 16H00. In this way, it will relieve the pressure on the registered nurses caused by the large number of inmates they otherwise attend to on their own. This will also assist with the referral system especially when there are wounds, fractures and other injuries due to fights by inmates, because it would then be a doctor who is referring such emergencies straight to the hospital.

The healthcare managers need to advocate for an on-site ambulance that is fully-equipped for Medium A, Medium B and Medium C so as to be able to attend to emergencies if there are critically-ill inmates to be taken to hospital.

Healthcare managers should display more care and offer better support to the registered nurses and seek ways to address all the challenges that these nurses have to deal with on a daily basis while rendering care in a correctional healthcare services facility. For instance, by providing equipment needed for rendering adequate care, making sure there is sufficient medication and supplies as and when they are needed, showing greater support to the registered nurses and having an open door policy that will aid the nurses in forwarding their challenges and obstacles to management and thus ensuring that they are timeously addressed.

In the face of the current degree of inmate overcrowding in prisons there is a need for the Department of Correctional Services to fill vacancies and put systems in place to retain registered nurse as much as possible. This need is further complicated by the fact that registered nurses have found it very challenging to remain working in the correctional services healthcare facility because of the nature/type of patients they are faced with on daily basis.

5.3.2 Recommendations for nursing education

The study identified that there are bad working relationships between registered nurses and their healthcare managers, so the Department of Health should initiate structures,

strategies and practices that will enable them to repair their interpersonal relations. This can be achieved through team building measures/training conducted on site to enhance relationships in the working environment. Another method that could be adopted by the healthcare managers is to introduce group problem-solving sessions and training, for instance, making use of meetings to encourage/train the nurses to work in teams to practise problem-solving together and thereby encourage better teamwork.

The South African Nursing Council should accredit a one-year diploma course for registered nurses who will be working in correctional services healthcare facilities. The course should include prison-related aspects like the assessment of inmates and the treatment and management of prominent diseases in prison, guidelines for transferring inmates to hospitals or other facilities and a protocol stating clearly which inmates are eligible for being transferred. When recruitment of correctional services nurses is being carried out, this qualification should be a requirement

Continuous professional development and also prison-specific training for healthcare managers and leadership training is also necessary. The study results revealed that there is a lot of training given to registered nurses but that it only pertained to HIV/ AIDS and Tuberculosis. The disease profile that inmates present with is primary Hypertension, Diabetes Mellitus, Coronary Heart diseases, Depression, Psychosis, Liver diseases, Epilepsy, Drug Abuse and Stroke. The registered nurses should therefore be given courses that teach them about these conditions/diseases as well for striking a balance. The healthcare managers should advocate for the registered nurses to be given other courses such as diabetic management and trauma nursing so as to enable them to deal with inmate emergencies related to injuries and stab wounds. The nurses should attend regular workshops, conferences and symposiums to gather information for the improvement of the healthcare services.

5.3.3 Recommendations for further research

Since the study only aimed at identifying the work-related experiences of the registered nurses in a correctional services healthcare facility in Gauteng, further research should be

done to address these problems that have been outlined in this research. For instance, a study aimed at designing a nursing retention programme that will curb resignations by registered nurses who practice in the correctional services healthcare facility and which emphasises the psychosocial support that should be provided to registered nurses to ensure retention of these healthcare providers. This will help to empower the registered nurses through the programme that they can thereby access frequently in the event that they require psychological support and which will therefore assist them to function more efficiently. Currently the registered nurses have an employee assistance programme (EAP) that they don't seem to be utilising adequately or fully, since they have work related stress despite the presence of this programme. The reasons why the registered nurses do not adequately/fully utilise this service can also be investigated and recommendations for improving this service can be made. Also, further research involving registered nurses and healthcare managers should be conducted for enhancing their interpersonal relationships and good working environment. Many studies have in fact addressed ways to enhance the therapeutic milieu in the nursing profession so as to alleviate stress in the workplace. For instance, Hughes (2008) found that psychological empowerment has a positive impact on healthcare professionals. This helps ensure mutual respect among nurses and their managers, which further improves interpersonal relationships resulting in a more positive working environment. Such psychological empowerment enables nurses to acquire better job satisfaction and they tend to endure minimal emotional labour related to their work as a consequence.

Researchers should also conduct studies that focus on identifying the impact of the stress that they are forced to deal with in such an environment is on the nursing care offered by the registered nurses. Hughes (2008) discovered that there is an effect on patient outcomes that is directly related to stressed and burned-out healthcare professionals. The more stressed the healthcare professionals are (including the stress of having to work shifts) the more the patient outcomes will be compromised.

5.4 Limitations of the Study

A major limitation of the study was that it was impossible to conduct a focus group with all the registered nurses at the same time, so the researcher ended up having to do semi-structured interviews because there was resistance for the nurses to participate and it was almost impossible to have all of them together in one sitting due to their work. A focus group could have led to a richer discussion with all the participants present at the same time.

5.5 Conclusions of the Study

The results of this study showed the difficulties faced by nurses working in a correctional services healthcare facility. The nurses have also developed a bad attitude towards their healthcare managers because of the circumstances they have to practise under. This has also reduced their trust in the managers as they feel that they don't care about them, especially when considering that they fail to provide them with the necessary equipment, treatment and medical supplies. A recommendation was made that, the nurses should be provided with all the requirements needed to offer and run a service that the registered nurses can be proud of. This would also decrease the complaints from inmates and thus curb applications to the courts over the unavailability of treatment.

The registered nurses deal with the most difficult clients who happen to display aggression in order to get things to go their way. Therefore, even though the nurses have an obligation to provide a service to inmates, they offer their services in fear because of the intimidation they endure from these inmates. This causes frustration because they don't receive the support they require from the healthcare managers and their word is not taken as truth as compared to those of the inmates. Registered nurses live in fear because they do not know when next they will be called into court because of allegations made by an inmate claiming that they are not giving them adequate treatment. They execute nursing care in fear because they might advocate for an inmate to go to a tertiary hospital, for instance, only to discover that the inmate has been planning an escape. The registered nurses become part of investigations and all their moves are being scrutinized and they do not have autonomy of their practice.

According to Aiken (2009) there are a number of factors that result in reduced efficiency and productivity and deterioration of the quality of work in correctional facilities. In this study, it was identified that the nurses are not able to offer excellent nursing care because the prison is overcrowded, the nurse-patient ratio is incongruent, there is often no treatment and also no equipment that is needed to execute their nursing practise. This in turn, results in poor relationships, low morale, occupational stress, psychological suffering and relationship conflicts. These affect the registered nurses adversely and result in them offering substandard care.

Inmates are said to be very aggressive, angry and violent patients. As a consequence the nurses see many injuries, stab wounds and multiple fractures and casualties related to gangsterism. This has a negative impact on the registered nurses and mostly they are not given referrals for crisis management because no one cares about their wellbeing. Instead, the most important factor is that of security and ensuring that no offender escapes. Therefore, as Aiken (2009) has indicated, the most important thing in prison remains the security aspect, which thus takes precedence over health issues including the nurse's welfare. The registered nurses working in a correctional services healthcare facility in Gauteng in which this study was conducted have endured predominantly negative experiences. This is consistent with the other literature conducted in the field of correctional nursing which shows the difficulties endured by registered nurses working in this field. The onus is now on the correctional services healthcare and the Department of Health authorities to put measures in place to address issues raised in this study.

**APPENDIX A: FORM FOR
APPLICATION OF PERMISSION FROM
District Correctional Services (D.C.S.)**

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DEPARTMENT OF CORRECTIONAL SERVICES

RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES

INSTRUCTIONS:

1. This form caters for research carried out by a team or an individual
2. Please complete in PRINT-Using blank ink
3. * Mark with an X where applicable
4. Please attach the following documents to your application: (i) A detailed research proposal and proposed method
(ii) Certified copies of your ID Book(s)/ Passport(s)
(iii) Current proof of registration from the institution where you are studying (Students only)

A. PERSONAL INFORMATION

A1: For research conducted by an individual (Note: If it is a research by a team of individuals details of the team leader should also be included here)

1) Title MISS 2) Surname NKOSI 3) Initials M
4) Full Name(s) MUNTU 5) ID Number 820814 0829 088
6) Country of Origin SOUTH AFRICA
If not a S.A. Citizen: Passport No

A2: For research conducted by a team of individuals

7) Details of team members must be completed in the table below (If more than five include others on the separate sheet)

	Surname	Initials	ID/ Passport Number	Highest Qualification Obtained
1.	NKOSI	M	820814 0829 088	UNIVERSITY DEGREE
2.				
3.				
4.				
5.				

8) Postal Address: <u>216 MEHLUMAKHULU STREET</u> <u>P.O. DUBE</u> <u>DUBE VILLAGE</u> <u>SOWETO</u> <u>JOHANNESBURG</u> Code: <u>1800</u>	12) Residential Address: <u>216 MEHLUMAKHULU STREET</u> <u>P.O. DUBE</u> <u>DUBE VILLAGE</u> <u>SOWETO</u> <u>JOHANNESBURG</u> Code: <u>1800</u>
9) [H] Telephone No: Area Code: <u>083 738 4287</u> Number: <u>084 3285 920</u>	13) [W] Telephone No: Area Code: <u>083 738 4287</u> Number: <u>084 3285 920</u>
10) Fax Number: Area Code: <u>—</u> Number: <u>—</u>	14) Cellular Phone Number: <u>084 3285 920</u>
11) E-Mail Address: <u>muntunkosi@rocketmail.com</u>	

15) Academic Qualifications

Diploma / Degree/Certificate	Institution	Date obtained
DIPLOMA IN NURSING	CHRIS HANI BARA NURSING COLLEGE	2006
DEGREE BCOM & Admin AND EDUCATION	UNIVERSITY OF JOHANNESBURG	2011
MSc in NURSING	WITS UNIVERSITY	CURRENTLY

16) Present Employer NESTLE BRYNSTON17) Position Occupied PROFESSIONAL NURSE18) If you are a member of the Department of Correctional Services: Persal Number 2163558619) Station N/A

B. INDIVIDUAL/GROUP'S PREVIOUS RESEARCH AND/OR PUBLICATIONS

20) Title	21) Publisher	22) Magazine	23) Date
	NONE		

C. PLANNED RESEARCH

24) Title THE WORK-RELATED EXPERIENCES OF THE REGISTERED NURSES IN A CORRECTIONAL SERVICES HEALTHCARE FACILITY IN GARTENBURG

25) Is your planned research required to obtain a qualification?

☒ Yes☐ NoIf yes, specify IN ORDER FOR ME TO OBTAIN THIS QUALIFICATION I HAVE TO CONDUCT A RESEARCH STUDY

If no, stipulate purpose of research _____

26) Does your planned research have any connection with your present field of work?

☒ Yes☐ No

27) Subject to the conditions that may be set in this regard, do you intend to publish or orally present the findings of your research/ dissertation/ thesis or parts thereof during lectures/ seminars?

☒ Yes☐ NoIf yes, in which way and at what stage? THE FINDINGS OF THE RESEARCH WILL BE ORALLY PRESENTED AT THE UNIVERSITY'S RESEARCH DAY

15) Academic Qualifications

Diploma / Degree/Certificate	Institution	Date obtained
DIPLOMA IN NURSING	CHRIS HANI BAPA NURSING COLLEGE	2006
DEGREE BSc in Admin AND EDUCATION	UNIVERSITY OF JOHANNESBURG	2011
MSc in NURSING	WITS UNIVERSITY	CURRENTLY

16) Present Employer NESTLE BRYNSTON17) Position Occupied PROFESSIONAL NURSE18) If you are a member of the Department of Correctional Services: Persal Number 216 3558619) Station N/A

B. INDIVIDUAL/GROUP'S PREVIOUS RESEARCH AND/OR PUBLICATIONS

20) Title	21) Publisher	22) Magazine	23) Date
	NONE		

C. PLANNED RESEARCH

24) Title THE WORK-RELATED EXPERIENCES OF THE REGISTERED NURSES IN A CORRECTIONAL SERVICES HEALTHCARE FACILITY IN GAUTENG

25) Is your planned research required to obtain a qualification?

☒ Yes☐ NoIf yes, specify IN ORDER FOR ME TO OBTAIN THIS QUALIFICATION I HAVE TO CONDUCT A RESEARCH STUDY

If no, stipulate purpose of research _____

26) Does your planned research have any connection with your present field of work?

☒ Yes☐ No

27) Subject to the conditions that may be set in this regard, do you intend to publish or orally present the findings of your research/ dissertation/ thesis or parts thereof during lectures/ seminars?

☒ Yes☐ NoIf yes, in which way and at what stage? THE FINDINGS OF THE RESEARCH WILL BE ORALLY PRESENTED AT THE UNIVERSITY'S RESEARCH DAY

28) At which Area(s) of Command/ Prison(s) do you plan to do your research?

JOHANNESBURG CORRECTIONAL SERVICES

MEDIUM A, B AND C

29) Which of the following will be involved in your research?

	Yes	No	Specify
Prisoners		☒	
Personnel	☒		THE REGISTERED NURSES
Official documents of the Department	☒		LETTERS OF PERMISSION INCLUDED
Interviews	☒		FOCUS GROUPS WILL BE DONE
Questionnaires		☒	
Observations		☒	
Psychometric tests		☒	
Technological Devices		☒	

	Yes	No	Specify
Medical Tests including: • Physical Assessment • Laboratory tests (blood, sperm, urine) • X-ray examination • Other		☒	

D. SUPPLEMENTARY INFORMATION

30) For which tertiary institution/ Organisation/ Company are you conducting the research? WITS UNIVERSITY

NURSING DEPARTMENT Department/ Division/ Section/ Component/ Unit NURSING

FACULTY OF HEALTH SCIENCES Project or Group Leader/ Promoter/ Lecturer: Title MRS

31) Surname MLABO Initials RV (WITS LECTURER)

32) What value is your planned research to the Department of Correctional Services? IS TO IDENTIFY THE WORK PLACE CHALLENGES AMONG REGISTERED NURSES AS WELL AS THEIR POSITIVE JOB EXPERIENCE, AND THE RE ABLE TO PROVIDE RECOMMENDATIONS TO THE CORRECTIONAL SERVICES TO IMPROVE JOB SATISFACTION.

33) Do you receive any financial assistance for your planned study in the form of a Scholarship / Loan/ Bursary/ Sponsor?

Yes

☒ No

I PLAN TO FUND THE STUDY AS RESEARCH

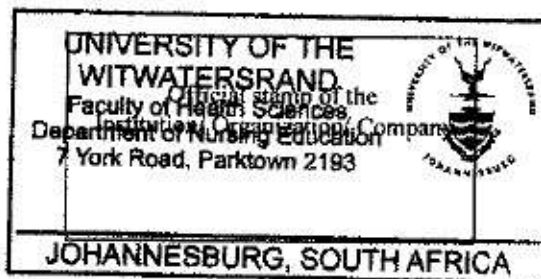
If yes, do your sponsor/ loaner/ funder have any copyrights to the study?

If yes specify _____

E. COMMENTS/ RECOMMENDATIONS OF THE CHAIR PERSON OF THE INSTITUTION'S RESEARCH COMMITTEE WITH REGARD TO THE APPLICATION

The student has undergone the relevant processes required to conduct the study, therefore I advise that she is given an opportunity to conduct this research in your institution.

34) Title N/A 35) Surname Mosore 36) Initials R
R. Mosore Signature 06/07/2015 Date



F. DECLARATION STATEMENT BY APPLICANTS:

We confirm that:

1. the particulars mentioned above are true, and
2. if this application is favourably considered, I/ We will comply with the conditions which may be set with regard to the application.

Note: If it is a research carried by a team, the Team Leader's signature must appear on the space provided below together with the signatures of two other members of the team as witnesses.

Applicant/Team Leader's Signature

Witness's Signature

Witness's Signature

06/07/2015
Date

06/07/2015
Date

Date

P12S0275

AGREEMENT REGARDING CONDITIONS APPLICABLE TO RESEARCH DONE IN
INSTITUTIONS WHICH ARE UNDER THE AUTHORITY OF THE COMMISSIONER OF
CORRECTIONAL SERVICES

APPENDIX B: PERMISSION FROM D.C.S.

1. I Muntu Nkasi (name & surname) wish to conduct research titled THE WORK-RELATED EXPERIENCES OF THE REGISTERED NURSES IN A CORRECTIONAL SERVICES HEALTHCARE FACILITY

in/at institutions which falls under the authority of the SA Commissioner of Correctional Services. I undertake to use the information that I acquire in a balanced and responsible manner, taking in account the perspectives and practical realities of the Department of Correctional Services (hereafter referred to as "the Department") in my report/treatise. I furthermore take not of and agree to adhere to the following conditions:

1.1 INTERNAL GUIDE

The researcher accepts that an Internal Guide, appointed by the Department of Correctional Services will provide guidance on a continual basis, during the research. His/her duties will be:

- 1.1.1 To help with the interpretation of policy guidelines. He/she will therefore have to ensure that the researcher is conversant with the policy regarding functional areas of the research.
- 1.1.2 To help with the interpreting of information/statistics and terminology of the Department which the researcher is unfamiliar with.
- 1.1.3 To identify issues which could cause embarrassment to the Department, and to make recommendations regarding the utilization and treatment of such information.
- 1.1.4 To advise Correctional Management regarding the possible implementation of the recommendations made by the researcher.

With regard to the abovementioned the research remains the researchers own work and the internal guide may therefore not be prescriptive. His/her task is assistance and not to dictate a specific train of thought to the researcher.

1.2 GENERAL CONDITIONS WHEN DOING RESEARCH IN PRISONS

- 1.2.1 All external researchers; before conducting research must familiarize themselves with guidelines for the practical execution of research in prisons as contained in the handbook (see par. 11 of Policy).
- 1.2.2 Participation in the research by members/prisoners must be voluntary, and such willingness must be indicated in writing.
- 1.2.3 Prisoners may not be identified, or be able to be identified in any way.

- 1.2.4 Research Instrument such as questionnaires/schedules for interviews must be submitted to the Department (Internal Guide) for consideration before they may be used.
- 1.2.5 The Department (Internal Guide) must be kept informed of progress and the expected completion dates of the various phases of the research an progress reports/copies of completed chapters furnished for consideration to the Department should this be requested by the Department. The Research Ethics Committee must be provided with an unbound copy of the researcher's report at least two months prior to presentation and publication for evaluation (see par.9 of Policy).
- 1.2.6 Research findings or any other information gained during the research may not be published or made known in any other manner without the written permission of the Commissioner of Correctional Services.
- 1.2.7 A copy of the final report/essay/treatise/thesis must be submitted to the Department for further use.
- 1.2.8 Research will have to be done in the researchers own time and at his own cost unless explicitly stated otherwise at eh initial approval of the research.

1.3 CONDUCT IN PRISON

- 1.3.1 Arrangements to visit a prison (s) for research purposes must be made with the Area Manager of that particular prison. Care should be taken that the research be done with the least possible disruption of prison routine.
- 1.3.2 Office space for the conducting of tests and interviews must be determined in consultation with the Area Manager of that particular Prison.
- 1.3.3 Research instruments/interviews must be used/done within view and hearing distance of a member (s) of the South African Correctional Services, otherwise only within view of a member (s) of the Department
- 1.3.4 Documentation may not be removed from files or reproduced without the prior approval of the Commissioner of Correctional Services.
- 1.3.5 Any problem experienced during the research must be discussed with the relevant Head of the Prison without delay.
- 1.3.6 Identification documents must be produced at the prison upon request and must be worn on the person during the visit.
- 1.3.7 Weapons or other unauthorized articles may not be taken into the prison.

- 1.3.8 Money and other necessary articles that are worn on the researcher's person are taken into the prison at his own risk. Nothing may be handed over to the prisoners except that which is required for the process of research; e.g. manuals, questionnaires, stationery, etc.
- 1.3.9 The research must be done in such a manner that prisoners/members cannot subsequently use it to embarrass the Department of Correctional Services.
- 1.3.10 Researchers must be circumspect when approaching prisoners with regard to their appearance and behavior, and researchers must be careful of manipulation by prisoners. The decision of the Head of Prison in this regard is final.
- 1.3.11 No prisoner may be given the impression that his/her co-operation could be advantageous to him/her personality.

2. INDEMNITY

The researcher waives any claim which he may have against the Department of Correctional Services and indemnifies the Department against any claims, including legal fees at an attorney and client scale which may be initiated against the latter by any other person, including a prisoner.

3. CANCELLATION

The Commissioner of Correctional Services retains the right to withdraw and cancel authorization or research at any time, should the above conditions not be adhered to or the researcher not keep to stated objectives. In such an event or in event of the researcher deciding to discontinue the research, all information and data from the liaison with the Department must be returned to the Department and such information and data may in no way be published in any other publication without the permission of the Commissioner of Correctional Services. The Commissioner of Correctional Services also retains the right to allocate the research to another researcher.

4. SUGGESTIONS

The researcher acknowledges that no other suggestions except those contained in this agreement, were made which had led him/her to the entering into this agreement.

Signed at PARKTOWN on the 06 day of JULY month
2015 year.

RESEARCHER: M. Nicosi

WITNESSES

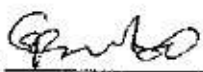
Abovementioned researcher signed this Agreement in my presents.

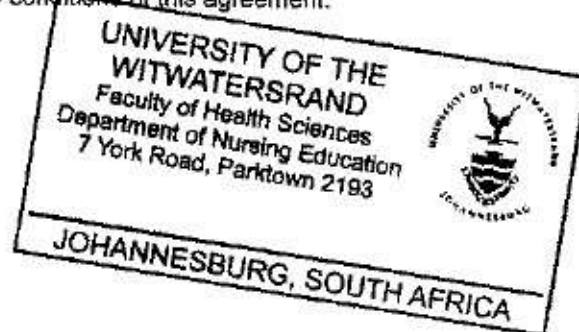
Name & Surname: Gift Sambo

Date: 06/07/2015

ENDORSEMENT BY PROMOTER OR EMPLOYER OF THE RESEARCHER WHERE APPLICABLE

I have taken cognizance of the contents of this agreement and do not have any problem with the conditions/have the following reservations about the conditions of this agreement.

Signature: 



APPENDIX C: ETHICAL CLEARANCE CERTIFICATE



R14/49 Miss Muntu Nkosi

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL) CLEARANCE CERTIFICATE NO. M150533

NAME:
(Principal Investigator)

Miss Muntu Nkosi

DEPARTMENT:

Nursing Department
Johannesburg Correctional Services

PROJECT TITLE:

The Work Related Experiences of the Registered
Nurses Working in a Correctional Services
Facility in Gauteng

DATE CONSIDERED:

29 May 2015

DECISION:

Approved unconditionally

CONDITIONS:

SUPERVISOR:

Rita Maboko

APPROVED BY:

A handwritten signature in black ink, appearing to read 'P Cleaton-Jones'.

Professor P Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL:

06/07/2015

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and ONE COPY returned to the Secretary in Room 10004, 10th floor, Senate House, University.
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. I agree to submit a yearly progress report.

Principal Investigator Signature

Date

07/06/2015

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX D: PERMISSION FOR ENTRY FROM D.C.S.REGIONAL COMMISSIONER



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O WF Nkomo and Sophie De Bruyn Street, PRETORIA

Tel (012) 307 2770, Fax 086 539 2693

Ms. M Nkosi
Mehlomakhulu Street
Dube village
Soweto
1800

Dear Ms. M Nkosi

RE: FEEDBACK ON THE APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "THE WORK-RELATED EXPERIENCES OF THE REGISTERED NURSES IN A CORRECTIONAL SERVICES HEALTHCARE FACILITY IN GAUTENG"

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Mr. M Siguba: Deputy Director Human Resource Administration, Johannesburg.**
- You are requested to contact him at the telephone number: **(011) 933 7045** before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document and this approval letter should be in your possession when making visits.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) e.g. "Offenders" not "Prisoners" and "Correctional Centres" not "Prisons".
- You are not allowed to use photographic or video equipment during your visits. However, the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8554.

**APPENDIX E : PERMISSION LETTER FOR CONDUCTING RESEARCH FROM THE
CORRECTIONAL SERVICES AUTHORITIES.**

RESEARCHER : Muntu Nkosi
Registered Nurse
(Diploma in Nursing, CHBNC, BCur Ed et Admin; UJ)

SUBJECT:

Permission to conduct a study on the Work-related experiences
of the registered nurses working in the Correctional services
healthcare facility in Gauteng.

I am Postgraduate student at Wits University under the faculty of Health Science, studying a Master's Degree in Nursing.

I am writing the letter to request permission to conduct a study in your facility. The purpose of the study is to identify the work-related experiences in the correctional services healthcare facility to improve the job satisfaction of these nurses.

The objective of the study is to describe the positive and negative work-related experiences of the registered nurses working in correctional services healthcare facility in Gauteng

The researcher will utilise focus groups as medium for data collection. Registered nurses will willingly volunteer to participate after they have understood what the study entails as stated in the information letter they will be given and made to sign a consent form.

The focus group will take one hour and will be conducted at a time that suits the registered nurses to avoid impacting on the service delivery. And the information will be audio-taped and consent will also be obtained for audio-taping them.

I would be honored to be granted an opportunity to conduct the study in your facility.

Recommendations

The Director, Area Coordinator, Development and Care of Department of Correctional Services

Dr Gladys Nthangeni.

Recommendations

AC Corporate Service Mr T.S Magagula

Approval

The Area Commissioner of Correctional Service Mr L.S Mathiba

APPENDIX F: INFORMATION LETTER FOR FOCUS GROUPS

Title The work-related experiences of registered nurses working in the
 Correctional services healthcare facility in Gauteng.

Researcher Muntu Nkosi
 Registered Nurse

Hello, my name is Muntu Nkosi a postgraduate student at Witwatersrand University under the faculty of Healthcare Sciences, studying a Master's Degree in Nursing. I am inviting you to participate in my research. I would like to know your work-related experiences as registered nurses working in the correctional services healthcare facility.

If you agree to participate, I will ask you questions about what are your work-related experiences as a registered nurse working in the correctional services healthcare facility. The study will utilise semi-structured guide with probes where the researcher will interact with the registered nurses. Your participation will mean that you will meet me once for a group discussion. I will need your permission to audio-tape the discussion. This will take an hour of your time.

The audio-taped information will only accessed by the researcher and her supervisor. You don't have to mention your names as we interact and your identity will be protected. I request that you keep the information that we discuss in the interview to yourself. Only the researcher and her supervisor will have access to the audio- taped information as it will be kept in a locked cupboard.

It is completely up to you whether you participate or not. You may withdraw anytime without penalties. When the interview is being conducted, in an event that you are psychologically distressed, I will refer you for counselling through the Correctional Services' Employee Assistance Programme immediately.

If you have questions about this research feel free to me at any point of the study. You can get hold of me at (mobile) 083 738 4289 (email) muntunkosi@rocketmail.com.

Should you want to report any problems about the study, you can contact the Human Research Ethics Committee (Medical) Chairperson of the University of Witwatersrand using the following details: Prof. P. Cleaton- Jones, HREC Chairperson, Tel +27 (011) 717- 2301, peter.cleaton@wits.ac.za. Secretary: Ms Zanele Ndlovu, Tel. +27 (011) 717-1252, zanele.ndlovu@wits.ac.za or langutani.masingi@wits.ac.za.

Yours Sincerely

Muntu Nkosi

APPENDIX G: CONSENT FORM

I have given important information about the study to the registered nurses and they agree to participate in my study entitled the work-related experiences of the registered nurses working in a correctional services healthcare facility in Gauteng.

Researcher

Date

I have received explanations about the study at hand I agree to be a participant. I am also aware that I may refuse to participate or withdraw my consent at any time during the study without any penalty.

Signature of witness

Date

Signature of witness

Date

Yours Sincerely

Muntu Nkosi

APPENDIX H: PERMISSION TO TAPE/DIGITALLY RECORD FOCUS GROUPS

Dear participant

I would like your permission to tape/ digitally-record this focus group. The reason for the recording is to ensure accuracy and reliability during the analysis of the research results. Your real name will not be used during the focus group and these recordings will not be given to anyone other than those involved in the study. I will destroy these recordings once they are no longer required to be used in this study.

Thank you

Yours Sincerely

Muntu Nkosi.....

MSc Student (Department of Nursing Education)

University of Witwatersrand

CONSENT TO TAPE/DIGITAL RECORDING

Ihave been informed that I am going to be taped/digitally recorded by Muntu Nkosi during this study's focus group, which I consent to participate in. I understand the reason for the tape-recording and I understand that the records will be destroyed after the research project is completed. I hereby agree/consent to the focus group being tape/ digitally recorded in this study.

Participant Signature.....

Date.....

APPENDIX I: FOCUS GROUP INTERVIEW GUIDE

Main question:

Tell me, what are the positive work-related experiences you have experienced while working in a correctional services healthcare facility?

Probes:

Can, you tell me more about that?

Can you give me an example?

So, what you mean is.....

Main question:

Tell me, what are the negative work-related experiences you have experienced while working in a correctional services healthcare facility?

Probes:

Can you tell me more about that?

Can you give me an example?

So, what you mean is.....

APPENDIX J: EXAMPLE OF INTERVIEW TRANSCRIPT

Researcher:

What positive work-related experiences have you experienced while working in the correctional services healthcare facility?

Pn1

What do you mean by working experiences?

Researcher:

You have been working here as a registered nurse. I want you to explain to me how working here has had an impact on you. So what would you say, has it been a positive experience while working at the correctional services?

Pn1 responding:

I have been here for a period of 7years now, the positive things (thing) that I can say I have experienced is improvement on ARVs. Before I arrived here, there was a centralised area for ARV distribution, then when I came to work here, we decided that we should decentralise the site to different management areas. I was the first person to open the site, now I'm co-ordinating it in Medium A and it is in operation. I am one of the first groups of registered nurses who attended the one-year course in Palliative Care. Before I did the course in 2013 it did not exist. It is only now that it is materialising. The positive thing about it is that, most patients that have life-threatening diseases and who are said to be dying patients, are no longer considered as dying patients, there are no more dying we are maintaining pain management, so out patients are given pain management according to step 1, step 2 and step 3 of cancer pain management, so pain is managed appropriately.

Researcher:

So what you mean is, by introducing this ARV roll out it has improved the care that you render to inmates?

PN 1 responding:

Definitely! To add to that, we used to have big statistics, but with the introduction of ARVs and another course that we are doing which is called NIMART, which is the Nurse initiated ARVS, so it's no longer the doctor's job, but it is done by nurses. It has been cascaded to nurses. So the statistics or the high rate of deaths that we had of very sick patients has been reduced.

Pn1

Primary Health Care is the strategy that was introduced by all the governments in the world who came to meet on the 12th of September in 1978 at Geneva Convention Centre. It has now been adopted by every country, developing countries including the under-developed. So in South Africa, we have also started with the strategy of primary healthcare, but now in prison, but it started in the department of health, we are using it now in the department of DCS. We are doing it, we are treating all acute, chronic and all injuries. The strategy of primary health care has enabled us to offer care to inmates.

Researcher:

What negative work-related experiences have you experienced, while working in the correctional services healthcare facility?

Pn1

The negative that I can talk about is. I don't want to say it is negative as such, it's a challenge. We have been seeing a large of number inmates and there is overcrowding. The capacity is too high for the nurses here. The nurses are being overloaded with work and it is too much for the nurses in the department of correctional services.

Researcher:

What do mean by that? Can you give an example?

Pn1 responding:

We as nurses are prone to infectious diseases that exist in prison. To mention one, there is TB. TB levels are so high. It's not only the work that the nurses are being

overloaded with, the nurses are exposed to tuberculosis and in the prison we don't only have tuberculosis as a contagious illness, we also have MDR and that is dangerous for the health of nurses.

Pn1

Health is not considered as a priority in prison, what is important is security. And policies, they are enforcing the policies but only when they suit them. Health always comes second.

Researcher:

When you say security is more important than health, what do you mean? Please give me an example.

Pn1 responding:

What I mean is, even if somebody is ill or sick, what comes first is his security, even when they take the guy to hospital, he is under guard and that makes me feel sad.

Researcher:

What do you mean about the policies being the negatives?

.

Pn1

The other thing about health is that, when we order treatment, we don't get what we ordered and the pharmacists do not allow us to write prescription sheets, they say it's supposed to be written by the doctors, whereas we are doing the primary healthcare.

Researcher:

What do you mean by that?

Pn1 responding:

The doctors will do prescriptions according to our assessments. I don't know how that is possible because, as primary health care nurses we are trained to assess, diagnose and give treatment but here in DCS it's different, that is discouraging.

Pn1

Equipment! We don't have equipment. We struggled for 5 to 6 years, I came to Johannesburg in 2012 and there were no BP machines. We tried to talk to our management about the problem and they told us that they were going to order them, until we invited the unions to try and resolve the BP machines problem. The BP machine is the first instrument we use when a patient has collapsed. We only received it after we invited the unions. We are struggling to examine our patients. In order for us to get most things we have to fight with managers.

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