

Nursing Care: Incarcerated Patients

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Nursing care requires a significant commitment to ethical standards and a profound understanding of the patient's context. More specifically, when aimed towards vulnerable populations such as those who are incarcerated. The foundational concept that guides this care is cultural competence, which is defined as the ability of a nursing professional to provide effective, respectful, and equitable care that tailors to a patient's diverse cultural beliefs, practices, and values (Stubbe, 2020). This approach requires nurses to develop the capacity to create treatment plans tailored to the unique needs of each individual, even when a patient's beliefs or practices conflict with conventional methods (Deering, 2021).

Cultural competence in nursing is crucial for delivering high-quality patient care. When successfully implemented, it fosters a deeper connection with patients, enables nurses to gain their trust, and ultimately results in better care for the patient (Deering, 2021). By emphasizing the importance of cultural competence, nurses and medical teams collectively help mitigate the impact of bias, stereotyping, and prejudice on patient care (Stubbe, 2020).

Vulnerable Population

Those who are incarcerated make up one of the most structurally vulnerable groups in the healthcare system. These individuals are defined as those confined in state or federal prisons, or local jails (Office of Disease Prevention and Health Promotion, 2014). A majority of the incarcerated population arrives at correctional facilities from backgrounds of poverty, leading to inadequate access to healthcare (Lehrer, 2021). This often results in undiagnosed or untreated chronic illnesses that have persisted for an extended period of time (Lehrer, 2021). More specifically, this population experienced high rates of health issues, including chronic disease,

mental illness, and reproductive health issues (Rajagopal et al., 2022). Around 56% percent of people in state prisons show indications of mental health issues (Wang, 2022). Additionally, incarcerated women experience higher rates of sexually transmitted diseases and gynecological issues (Rajagopal et al., 2022).

Individuals who are incarcerated often view the healthcare system as highly restrictive (Travaini et al., 2023). Their access to care is limited due to the institutional role of both enforcing custody and providing medical care (Travaini et al., 2023). Leading to the inability to specify their physician or location of service (Rajagopal et al., 2022). When transported to outside hospitals, these patients are often subject to restraints like shackling and are under the constant presence of correctional officers. This can result in medical staff treating them with a grudge, and as a “burden to be dealt with and dismissed” (Rajagopal et al., 2022). This environment of control actively works against personal care and emotional connection between nurse and patient, making the nurse’s role increasingly harder (Lehrer, 2021).

Reflection

My initial thoughts on caring for incarcerated patients include a combination of a sense of duty, coupled with awareness of the potential biases that other staff members may hold against them. The social outlook attached to the correctional system is negative, and it is impossible to deny that personal judgments about specific criminal acts could potentially conflict with the quality of care a patient receives. This leads me to the question of: “Do you want to know the crime of the prisoner to whom you have been assigned to deliver care?”. From a personal and professional standpoint, I believe that the answer to this question should be no. While the information may be easily accessible with a quick Google search and the desire to know may stem from personal curiosity. I believe that a nurse’s duty is patient care, rather than questioning

their criminal history, and that merely knowing their background can lead to potential bias within the nurse, contradicting the nursing metaparadigm.

Conclusion

The commitment to caring for a vulnerable population is just as important as caring for everyday patients; this is a testament to the nursing profession's dedication to both patient advocacy and ethical care. Moving forward, I will not only view the incarcerated population, but also all vulnerable populations with the same respect and view I have towards normal patients. This requires self-awareness, setting aside personal biases, and a firm understanding of the nursing metaparadigm. By focusing ethically and compassionately on patient care, I hope to leave a lasting impact as a nurse.

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