

The quality of health care from the perspective of the client in prison

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Abstract

Health care in the detention centers as well as in prison facilities has a specific form where it must follow the Law NMS4/2008 (1). Health care provided in prisons has to achieve the same quality as the health care provided in other health care facilities. In the Czech Republic prisoners have the same rights to health care as other citizens outside the prisons. The quality of health care influences the quality of the whole treatment process. In this article the quality of health care provided in one of the prison facilities was determined by a quantitative survey. The general and specific objectives of the survey as well as the recommendations to clinical practice are presented in the conclusion of the article.

Introduction

Health care in custody and in prison has its own specifics. Working with inmates as the General Practitioner Doctor differs from the work of Nurses who carry out their work with people who are not in prison. Convicted persons have certain rights but they are limited and totally dependent on the Medical and Health Services provided in prisons which care for their overall state of health. Prisoners are not entitled to the right to their free choice of a Doctor, a Clinical Psychologist, Medical Facilities and transport services. Therefore, it is the duty of the Prison Service in spite of these limitations

to ensure the quality of health care through qualified health care personnel. Health care is carried out by Nurses registered in the Register of Health Workers who are eligible to exercise their professional services without professional supervision, as well as by Doctors certified in the field of General Medicine. The quality of health care in the Prison Service is provided according to standards, for which these standards were created by the Prison Service. Health care is focused on the sick but also a large emphasis is aimed at preventing the spread of infectious diseases; maintaining the health conditions of the prison environment; and

also on the transfer of sufficient information on preventive measures to limit the occurrence of the disease among inmates (6). The provision of health care to prisoners with Health Workers in the Prison Service is to a greater extent than other population groups associated with persons who suffer from mental disorders, behavioral disorders and drug addiction. These people require a specific nursing approach with appropriate communication. Therefore, it is important to ensure sufficient education of health care professionals and in greater depth.

Objective of the survey

The main objective of the survey was to chart, with the help of Czech and foreign studies, the issues and quality of health care in prisons and through a quantitative investigation to determine and compare client satisfaction with health care facilities in the selected facilities.

Sub-objectives:

1. To determine if the patient is provided with privacy during examination by medical personnel.
2. To determine whether the communication and access to the client is on a professional level.
3. To determine whether the clients are sufficiently educated and informed.
4. To determine the availability of health care in acute conditions.
5. To determine to what extent the clients' needs are satisfied in times of illness.

File and methods

The survey was conducted by a quantitative non-standardized questionnaire. Some questions included in the questionnaire were taken from a questionnaire compiled

for the project "Quality through the eyes of patients" and its guarantor was RNDr. Tomas Raiter Questions No. 1, 3, 5, 6, 7, 8, 9, 11, 15). Questions no. 2, 4 and 29 were newly created due to the specifics of health care in prisons. The questionnaire consisted of 30 questions, one of which was open allowing respondents to answer in writing. Other questions were closed where they had only one possible answer to choose from a choice of answers. Participation in the survey was anonymous and voluntary. The survey was conducted in the fourth quarter of 2014. After the questionnaires were completed they were processed and evaluated. The survey was carried out in selected facilities of the Moravian-Silesian Region with permission from Government Authorities. Questionnaires were distributed to 132 prisoners by mentors in the various Departments. In October 2014, a pilot survey was conducted to verify the clarity of the questionnaire to a sample of 15 respondents. Questionnaires were handed back in a short time with a 100% return. No changes were made to the questionnaire and the data was retained. Microsoft Office and Excel 2007 software was used for the data processing. Data was inserted into pie charts and tables with relative and absolute frequency. The relative frequency is shown in %.

Results and discussion

The main objective of this work was to determine the quality of health care in prison from the view of the client through an anonymous questionnaire. Work was also addressed by determining whether the patients' needs are met in times of illness, their access to medical staff and communication to clients regarding their access to health care. Questions 1, 2 and 3 were focused on socio-demographic characteristics. Respondents were only men despite the fact that in the chosen prisons there are also

women serving sentences. Questionnaires were distributed to men only because of the division into two prison buildings, a prison for women and a prison for men, wherein each of them there are other health care personnel, and the results would therefore not be objective. The survey found that most of the convicted men aged from 19 years to 30 years old did not graduate from secondary school.

Sub-objective 1 is focused on the client's privacy when providing medical care. Questions 4, 5, 6 and 7 helped to determine the first goal in the questionnaire. The question about whether clients are familiar with the identity of the medical staff who treated him, and who is entrusted with important information about the health problems of the client, could be evaluated incorrectly. The names of the medical staff present and other personnel are not shown or stated. When the patient examination is performed by a Doctor there is always a General Nurse present, and if the Doctor requires it, then there is also a Prison Warden present. Of utmost importance is the safety of medical staff which is why the investigation was evaluated to determine if privacy during examination or discussing the health status with your Doctor is partial or not. In a study conducted in 2013 (in Washington) by Luong, he states that privacy in the treatment of prisoners and communicating the information regarding the state of health is at a very bad level (3). Prison guards are an integral part of the medical team, the medical staff is in some cases dependent on the submission of information through the guards. In a study from 2008 (in England) Plugge, Douglas and Fitzpatrick questioned women prisoners and found the lack of privacy, both in the administration of confidential information, as in the actual examination (4). A Nurse can solve common medical problems in public places in prisons in the presence of others.

The results of all these studies showed that clients in prisons have no privacy when communicating their health problems and when examined by a Doctor, so it is necessary to deal with this problem in the future. **Objective 1 is met.**

Sub-objective 2 determines at what level the professional communication is provided to the prisoners. This issue is addressed in Questions 8, 9, 10, 11 and 12. Professional communication is an important part in providing care by Doctors and Nurses. Information about health problems and the needs of clients is obtained by using communication and this must be on a professional level. The investigation found that communication by Doctors and Nurses is at a good level. Communication to the medical staff is based on willingness and answers to the medic's questions were in most cases answered comprehensibly. This objective was also set by Luong in a study in 2013 (3). The survey showed that communication between prisoners and medical staff is unprofessional, and ironically the approach to the prisoners was cold. The result of the 2008 study, undertaken by Plugge, Douglas and Fitzpatrick, showed that the communication level by medical personnel was bad and unprofessional (4). This is not a professional attitude and prisoners had the impression that medical personnel do not have sufficient competency to exercise their profession. Clients appreciate a compassionate and kind approach but in the case of this survey only a small amount of respondents answered. Foreign studies agree and at the same time are different from studies which were conducted in the prison, where the survey was conducted. **Objective 2 is met.**

Sub-objective 3 is concerned with whether the prisoners are adequately educated and informed of health conditions, therapies and other procedures. Questions

13, 14, 15, 16, 17, and 18 dealt with this particular objective. The respondents' answers found that clients are clearly informed about their health status, course of treatment, possible complications or further examination required by a specialist or other procedures related to the treatment of diseases. They were not always educated on further examinations. Feedback was provided to the prisoner. In a study in 2013 (in India) Kumar and others examined the prisoners health and medical care provided in the largest prison in central India (2). They found that the health care is at a very poor level, which means a large number of prisoners are sick. Sick prisoners are not informed about their health condition, treatment or educated on further examinations and follow-up care. These two studies disagree on the provision of information as well as the education towards the prisoners.

Objective 3 is met.

Sub-objective 4 dealt with the access to health care in the acute stage of the client and was evaluated in Questions 19, 20 and 21. Health care is provided to prisoners 8 hours a day on weekdays. Medical care is limited to two times per week in the morning hours when a Doctor is employed and available during these times. The Chief Doctor of the health Department is not in the prison building for men but is always available to the Head Nurse via telecommunications. Health care in the Doctor's absence is provided by a General Nurse who provides treatment to prisoners in case of an accident, sudden illness and other reasons. In a survey a small number of respondents answered that they had the opportunity to take advantage of every day health services and that they could be treated outside of office hours. Acute care is provided, according to the patient's condition, by a transport escort service to the hospital or by calling the ambulance. In the question about

the possibility of providing health care in acute situations in the absence of medical staff it was found that 57% of the prisoners do have the opportunity to travel to hospital for health care via a transport escort service. Access to health care was evaluated as average. In 2008, Plugge, Douglas and Fitzpatrick found in their qualitative study that the availability of basic health care, even in times of illness, is bad (4). Female prisoners who require medical attention must complete a form where they describe their health problems and the reason for treatment. A Nurse, and in some cases a Prison Warden, decides who will be treated by a Doctor. Convicted women are not informed where they will receive medical care. In a study conducted in 2010 (in England) Powell and others declared that access to health care is difficult (5). Since this is the same country as mentioned in the previous research, prisoners requesting health care are asked in the same way to complete a form. A Nurse goes through a large number of applications and decides who will be treated by a Doctor. They stated that patients with acute illness are entitled to treatment. If prisoners have a common disease they could have access to surgery 24 hours a day. In a study in 2013 (in Washington) Luong found that health care in the prison, where the research was conducted, is easily available (3). If a prisoners' condition requires specialized medical care or treatment that cannot be done within a health care facility in the prison, then the prisoners are transported to hospitals or other clinics where they are under guard for several hours or days. Access to health care was published from different studies. You can only compare studies from England, where apparently the health system works the same way.

Objective 4 met.

Sub-objective 5 in this study is the ultimate goal and deals with the needs of the

satisfaction of the client needs during sickness. For this objective we refer to Questions 22, 23, 24, 25, 26, 27, 28, and 29 with question 30 being the last question in which clients can express their views towards improving health services in prisons. The provision of health care is in first place towards meeting the needs of patients. Timely treatment is an important need of the client during time of sickness despite the fact that the prisoner does not have their own resources to buy drugs. The survey found that more than half of the respondents were issued drugs on the same day which they were prescribed by a physician. It also depends on an assessment of the health status of the patient. Some clients seek to purchase drugs for pain, even though their health condition does not require it. In the event that a prisoner has no funds to pay for drugs and it is for a one-time assistance, the client can be offered medicine in the form of injections. Prisoners can be issued drugs in a single original packaging to be used when required but psychiatric medicines are dispensed in one-day doses with controlled use.

Another need of patients is their satisfaction with the care provided. From the survey it was found that clients are more satisfied with the care provided by a Nurse than that from a Physician but in both cases the respondents indicated that they were satisfied with the care provided. The studies showed that the prisoners need to be more involved in decisions about their treatment and have more time to discuss their health and medical problems with a Physician. The study has found that the client trusts the prison medical staff and patient care is comparable to the patient care provided outside the prison service. In an open question the clients could express what they would like to improve in the provision of health care and thus satisfy their own needs even more. The question found that clients require greater options of prescription medications without

a Doctor's visits, and without the frequent presence of a Doctor. A minimum percentage of respondents have a need for better communication and information and more privacy. In a study in 2013 by Luong it was found that although prisoners are granted health care they are not always ensured the therapy (3).

Many prisoners are addicted to drugs, benzodiazepines and other drugs, because they are all medicines issued by the Nurse. Prisoners are not happy with the medical staff during examinations and with the delivery of drugs. This research expressed dissatisfaction with the needs of patients. A study conducted by Plugge and others in 2008 showed that in addition to the difficult access to health care personnel there is also poor accessibility to medicines that prisoners have the need to use (4). Many of the prisoners were receiving important drugs prior to their imprisonment. In prison, their treatment was interrupted. The medical staff was unaware of the reasons or they were given insufficient reasons by the prisoners why the prisoners could continue to use those drugs. In prison, where the study was conducted, there was great dissatisfaction with health care. Like in the previous study from England conducted in 2010 by Powell and others, the provision of drugs is unsatisfactory for patients (5). The issuing of large amount of drugs was time consuming for Nurses. Providing only vital drugs is important. Nurses pick up the medication in pharmacies. Conclusions from the studies disagree.

Objective 5 met.

Recommendations for Practice

Management Facility:

- Continuously explore and improve awareness of clients' facilities according to the lecture on the theme of "Health care in custody and imprisonment".

- Promote and expand supervision in the field of health care.
- Provide regular professional development of the health workers.

Healthcare Professionals:

- Observe the principles of effective communication and professional conduct with a client.
- Ensure the timely introduction of health care to clients in custody and imprisonment.

Conclusion

The contribution on the quality of health care from the perspective of the client in prison was aimed at determining the level of customer satisfaction with the health care in prisons and performance of the Prisons and Institute for Security Detention in the Moravian-Silesian Region. Health care in custody and prison has its own specifics, which is governed not only by legislative documents from the Ministry of Health but also by the Ministry of Justice and applicable Laws. Health care provided to prisoners must have the same level of quality as the health care provided outside the prison because prisoners have the same rights to health care as patients who are not in prison like everyday citizens. The quality is viewed differently by professionals as by that of the clients. Quality nursing care is achieved not only by contributed expertise but also by personal skills of health professionals.

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