Original Article

Caring for Criminals

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Abstract

Introduction: Caring for criminals is very complex, stressful and emotionally draining. Nurses are required to continue to apply the caring attitude in dangerous situation that there is a risk of physical and psychological assault that may impact the practice and the quality of nursing care provided by nurses.

Aim: To identify the complexity of nurses in caring for criminals both in the order of a hospital or in prison

Methodology: The design used in this study is a systematic review. Quality of appraisal was based on Joanna Briggs Institute (JBI) tools. Data search was performed on Sciene Direct, Pubmed, and Proquest in the range of 1995 to 2019. The selected article is a review article about the experience, attitude, challenge or obstacle of nurses in caring for criminals both in hospitals and in prison.

Results: After going through the eligibility process, finally selected 12 articles to review in this study. 8 articles is qualitative study and 4 articles is quantitative study. The results of the study found that many restrictions in the nursing process in criminals because of security and emotional feelings that make nurses experiencing ethical dilemma and difficult in showing the attitude of caring for patients. Nurses also feel fear and discomfort when taking care of criminals and nurses working with vigilant and careful thus unwittingly, nurse make a discrimination and stigmatization of the criminals who have an impact on the practice and the quality of nursing care provided.

Conclusions: Nurses experiencing emotional conflicts and ethical dilemmas when providing nursing care in criminals thus it is important for nurses to reflect and implement a genuine caring as nursing philosophy to achieve the purpose of treatment, equality and well-being of patients.

Keywords: Caring, Criminals, Nurse

Introduction

Criminals is a population that usually gets stigma and discrimination of people, including health care providers. In America, there are approximately 2.3 million criminal offenders today and 80-90% of them require medical care with health problems such as mental disorders, infectious disease, chronic disease and a history of drug abuse. But concern is growing that this population is still experiencing gaps in the provision of health services (Dhaliwal & Hirst, 2016; McConville et al., 2018; Melilo 2009; Redgewell, 2010).

Nurses play an important role in providing health care to criminals from the moment they access health facilities to the referral process, thus the nurses have a huge responsibility in patient care

(Dhaliwal & Hirst, 2016; Duval, 2016; Margalith et al., 2008). The nurse will provide health services including emergency, surgery and mental health services thus the nurses should have the professionalism, caring and integrity in providing care. However, working with criminals and dangerous stress felt by nurses. Nurses aware of the potential risk of physical and psychological assault when treating criminals even nurses feel that taking care of criminals is a stressful situation so that it affects the behavior of those caring for patients who have an impact on the quality of the care provided (Dhaliwal & Hirst, 2016). Security issues and factors emotional feelings are inhibitors of nurses to apply the standards of nursing and therapeutic relationships as a result, some nurses may be less caring to patients when caring is the philosophy of nursing. Nurses must provide care with a sincere and attentive in caring for the patient in order to reach the goal of professional nursing services (Dhaliwal & Hirst, 2016; Maeva & Vaughn, 2001). Therefore, this study aimed to identify the complexity of nursing in caring for criminals both in order hospitals and in prisons.

The Study

Aim: To identify the complexity of nurses in caring for criminals both in the order of in hospital or in prison. The question guided the review to reach the aims:

- 1. How is the nurse's experience in caring criminals?
- 2. How is the attitude of nurses in caring criminals?
- 3. What is the challenges nurses find in caring criminals?

Design: The method used is based on systematic review with PRISMA workflow (Moher *et al.*, 2009).

Search Methods: To identify all relevant publications, a search is performed on the database of Sciene Direct, Proquest and Pubmed from 1995 to 2019. The keywords used in the search is the "nurse", "caring", "prisoners" or "incarcerated" or "criminals" or "inmates" with restrictions only articles in English. Furthermore taken article

abstract is available and in the form of original research.

Search Outcomes: Inclusion criteria in this study is a review article on 1) experience, 2) attitude or 3) challenge of nurses in caring for criminals both in hospital or in prison. The selected article is an article reviewing at least one of three criteria. While exclusion criteria in this study were 1) The article does not review the experiences, attitudes, or challenges to nurses in caring for criminals, 2) sample is not a nurse, 3) not original research, 4) articles without full text, and 5) duplicate articles.

The total search obtained as many as 3,531 articles form several databases, namely Proquest, Pubmed and Sciene Direct. After the checking of duplicate articles and 2,982 articles available for screening by checking the titles and abstracts. A total of 2,959 articles discarded because of the title and abstract are not relevant and the remaining 23 fulltext articles with eligibility process to be done. A total of 6 articles discarded because it is not an original research, 3 articles discarded because the sample is not a nurse and two articles discarded for researching perspective of the patient and not the nurse perspective. A flow diagram of search and selection process is presented in (Figure 1). Finally, 12 articles have to review in this study consisted of eight qualitative articles and 4 quantitative articles.

Quality Appraisal: A rigorous quality assessment of the final twelve studies was undertaken independently by each of the three authors. Quality Assessment tool used Joanna Briggs Institute (JBI) tool. The purpose of this appraisal is to assess the methodological quality of a study and to determine the extent to which a study has addressed the possibility of bias in its design, conduct and analysis. This tool has average 8-10 questions with answer yes, no, unclear and not applicable.

Data Abstraction: The extracted data is available: title, year, authors, location of research, study design, number of samples and the results are described in a narrative. Parameter study are covering nurses' experiences, attitudes, and challenges in caring for criminals both in hospitals and in prisons that can be seen in (Table 1).

Synthesis: Due to heterogeneity between study designs and outcomes measures of the included studies, narrative synthesis was undertaken. Congruent with the review aims, findings were

analyzed nurses' experiences, nurses' attitudes and the challenges of nurse in caring for criminal both in hospital and in prison.

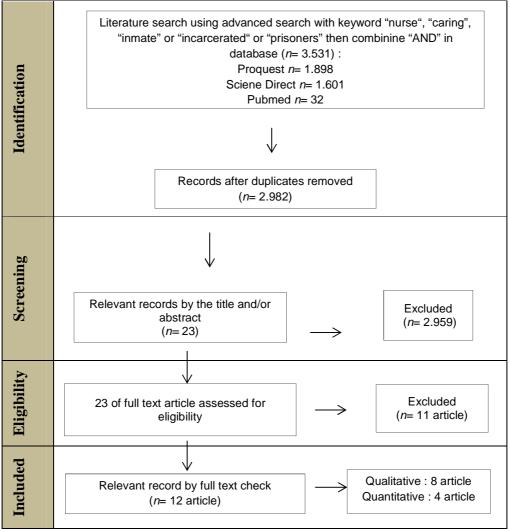


Figure 1 : Article Search Process (PRISMA)

 Table 1. Study Characteristic

Author Year Country	Aim	Design, Sample	Key Finding
Goshin <i>et al</i> 2018 USA	To describe perinatal nurses' experiences of caring for incarcerated women during pregnancy and the postpartum period	Cross Sectional n= 690 Nurse	9.7% (n= 67) nurses reported that they were afraid and unsafe for treating patients who are pregnant prisoners while $82.9%$ (n = 566) nurses reported that they treated the patient with the patient's hands were handcuffed sometimes to all of the time
Muiruri <i>et al</i> 2019 Kenya	To investigates the experiences of nurses based in Kenyan public hospitals who deliver care to patient-prisoners	Qualitative n= 5 Nurse	 Four themes resulting from this research: Nurses feel they are in danger when caring for patients so bring a sense of fear in treating patients custody. Barriers in communication. Participants reported that they were trying to establish effective communication to reduce the fear of the patient, but the security guard, a short time and patients' reluctance to speak a barrier to effective communication Inhibit excessive workload participants to perform quality care to patients custody Stigmatization. Participants reported that the patient had been stigmatized as prisoners, even those not called by name but as prisoners
Clark <i>et al</i> 2017 USA	This study sought to examine correctional healthcare providers' knowledge of, attitudes toward, and experiences providing care to transgender inmates.	Qualitative $n=20$ Nurse, physicians, social workers, and psycologists	The research found that transgender prisoners have not received adequate medical care. It is influenced by three factors: the structural (budget, policy and culture), interpersonal and individual factors. This resulted in the quality of care given not.
Harris et al	The purpose of this study	Qualitative	Some of the important findings in this study are:

2015 Australia	was to explore the experience of health professionals in treating patients who undergo forensic psychiatric disorder with a history of killing	n= 27 Nurse and physicians	 Health workers feel frustrated because no flexibility in treatment and medical procedures Health workers know the history of crime trauma for the patient. Working with the alert that it is difficult to form a therapeutic relationship Training and education received previously shape the behavior of health workers disgust and fear for their own safety The health worker was not skilled in treating patients with a history of crime.
Zust <i>et al</i> 2013 USA	To explore nurses' experiences in caring for incarcerated pregnant women during labor, delivery, and the acute postpartum period	Qualitative n= 35 Registered Nurse	An important finding in this study are:1. Patients should still be handcuffed for receiving treatment and it interfere with the comfort and freedom of nurses in providing care and matters, according to the nurse has violated dignity.2. Privacy violations by security officers should continue to be beside the patient has been disturbing the comfort of nurses in patient care.
Weiskopf 2005 USA	To report the findings of a study of the experience of caring for prisoners through examining the everyday experience of nurses' delivering health care to inmate patients in a correctional setting.	Qualitative n= 9 Registered Nurse	 Some of the important findings in this study are: Application of caring is limited for security Many of stigma and negative assumptions that must be resisted when treating patients. Nurses work with risky situations Nurses work with caution and be vigilant
Doyle 1999 Australia	To explore factor influencing the practice of psychiatric nursing in Australian prisons	Qualitative n= 30 Psychiatric Nurse	 Some important findings are: Lack of privacy for patients custody The conflict between the values of caring and security where nurses can not care holistically for security reasons Nurses caring for patients with both negative stigma of nurses and of the environment

Shields <i>et al</i> 1997 USA	To measure the attitudes of practicing correctional health care nurses toward their incarcerated patients and to identify variables that might influence such attitudes.	Cross sectional n= 146 Nurse	 An important finding of this study are: Most nurses have a negative attitude towards the patient prisoners and it decreased quality of care that nurses provide Nurses who have a positive attitude is an older nurse 90% (n = 131) nurses declare that nurses must work with caution and be vigilant 93% (n = 136) declare that nurses should not be to overconfident patients.
Flanagan <i>et al</i> 2001 USA	To focuses on correctional nurses' perceptions of the health care need of their clients and the unique role of correctional nursing	Quantitative n= 287 Nurse	 Several important themes resulting from this study are: Nurses must work carefully and cautiously because patients detainee is extremely aggressive and often manipulate data. Nurses are very limited and are not free to do care for security reasons thereby limiting the nurse-patient interaction and establish the distance between the nurse-patient. Providing care without security personnel are considered extremely dangerous.
Crampton <i>et al</i> 2014 Australia	To unveil complexity of Registered Nurse (RN) care for prisoner-patient in an acute care perioperative setting	Qualitative n= 12 Nurse	 Five themes resulting from this study are: Nurses provide care perfunctory Nurses treat different patients with other patients custody Nurses reported that treating patients emotionally charged custody Caring for patients detention raises dilemmas of nursing practice Nurses do not really care to patients and care just because of duties and responsibilities.
Margalith <i>et al</i> 2008 Israel	To identify the attitudes and declared practical intentions of student nurses regarding the care of terrorist and their victim	Quantitative n= 306 Nursing student	An important finding from this study are:1. In general attitude of nursing students (81-92%) will continue to treat the patient and not be delegated to other nurses.2. In life-threatening conditions, 43% of nursing students will delegate care to other nurses or delay providing care.
Powell et al	This paper is a report of a	Ethnographic	An important finding of this study are:

prisoners	2010 UK	study of the views and experiences of nurses and other prison healthcare staff about their roles and the nursing care they provide to	n= 80 Nurse and health care	 Nurses feel frustrated because the complicated referral process for security reasons Nurses meet resistance and conflict between caring and the purpose of maintenance and safety rules
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Result

Included Studies: In total, twelve studies met the inclusion criteria for this review. There are 8 studies with qualitative designs (Clark et al., 2017; Crampton & Turner, 2014; Doyle, 1997; Harris et al., 2015; Muiruri et al., 2019; Powell et al., 2010; Weiskopf, 2005; Zust et al., 2013) and 4 studies (Flanagan & Flanagan, 2001; Goshin et al., 2018; Margalith et al., 2008; Shield & Moya, 1997) with quantitative designs. From the 12 articles, there are 5 articles that examine nurses who caring for criminals in the hospital (Crampton & Turner, 2014; Goshin et al, 2018; Margalith et al, 2008; Muiruri et al., 2019; Zust et al., 2013) and there are 7 articles that examine nurses who caring criminals in prison (Clark et al., 2017; Doyle, 1997; Flanagan & Flanagan, 2001; Harris et al., 2015; Powell et al., 2010; Shields & Moya, 1997; Weiskopf, 2005). The research subjects of all articles are nurses but there are 3 studies that also examined besides nurses (Clark et al., 2017; Harris et al., 2015; Powell et al., 2010) for example physicians, psychologists, social workers, and other care. All research reviews health 'experiences in caring for criminals, but there are 5 articles (Clark et al., 2017; Doyle, 1997; Flanagan & Flanagan, 2001; Margalith et al., 2008; Shield & Moya, 1997) that also review nurses' attitudes and challenges in caring for criminals.

Limitations for Caring: Seven of the twelve studies reported that nurses caring for patients difficult to implement. Research of Doyle (1999); Flanagan & Flanagan (2001); Harris et al. (2015); Powell et al. (2010); Weiskopf (2005) reported that nurses are very limited and are not free to apply a holistic caring for security reasons. Research of Crampton & Turner (2014) also reported that nurses encounter ethical dilemma, providing even rudimentary care treatment only because of duties and responsibilities. In addition, research of Muiruri et al. (2019) also reported that nurses have sought to establish effective communication with patients but their security guards, a short time and patients' reluctance to speak into barriers to effective communication. Furthermore Muiruri et al. (2019) reported that the excessive workload inhibit nurses to provide quality care.

Fear in Caring for Patients: Four of the twelve studies reported that nurses in treating patients feel fear criminal. Nurses are afraid of treating patients because nurses are aware that they are working in hazardous situations (Goshin *et al.*, 2018; Harris *et al.*, 2015; Muiruri *et al.*, 2019; Weiskopf, 2005), Research of Goshin *et al.* (2018) reported that 9.7% of nurses are afraid of treating patients, especially if the patient is not handcuffed. Research of Harris *et al.* (2015) also reported that the training and education received by nurses shaping behavior and their own fears for nurses.

Inconveniences: Six of the twelve studies reported that caregivers feel uncomfortable when treating criminals. Research of Crampton & Turner (2014) reported that taking care of criminals very emotionally draining. Research of Harris et al. (2015) also reported that nurses feel unskilled, frustrated, disgusted even trauma when treating criminals especially if nurses know the type of crime committed by a patient. Research of Powell et al. (2010) also reported that nurses feel frustrated because of the complicated health care for criminals to security reasons. Research of Zust et al. (2013); Goshin et al. (2018) reported that 82.9% of nurses give a treatment with the patient's hands were handcuffed and this interfere with the comfort and freedom of nurses to provide medical care. In addition, research of Doyle, (1999); Zust et al. (2013) also reported that the privacy violations committed by the security personnel have been disturbing the comfort of nurses in patient care criminals.

Working with Alert and Carefully: Research of Flanagan & Flanagan (2001); Harris *et al.* (2015); Shields and Moya (1997); Weiskopf (2005) reported that nurses worked diligently, carefully and cautiously. Research of Shields and Moya (1997) reported that nurses should not be too trusting of the patient. while research of Flanagan & Flanagan (2001) reported that nurses work closely and carefully as criminal patients are very aggressive and often manipulate data.

Discrimination and Stigmatization: Six of the twelve studies reported that nurses still discrimination and stigmatization against criminals. Research of Clark *et al.* (2017) reported that

transgender patients is a criminal who has not received adequate medical care from a nurse. It is influenced by structural factors (budget, policy and culture), interpersonal factors and individual factors. This shows the discrimination against transgender patient who is a criminal. Research of Margalith et al. (2008) also reported that 42% of nursing students to discriminate and will delegate care to other nurses or postpone care when knowing that the patient is a terrorist. Research of Doyle (1999); Muiruri et al. (2019); Shields and Moya (1997); Weiskopf (2005) reported that most nurses have bad assumptions and negative stigma of nurse or from the environment. Even research of Muiruri et al. (2019) reported that patients were not called by its name, it is called "the criminals".

Discussion

Caring for criminals is complex, involving even conflicting ethical dilemma (Weiskopf, 2005). Many studies declare that caring nursing altruistic nature is the very limited and difficult to apply to patients with a variety of reasons. The emotional nature of nurses and security issues become a major constraint to the implementation of the nurse caring for criminals (Crampton & Turner, 2014), As a result, the nursing care given was not optimal and genuine caring that does not appear on the inside of nurses (Curzer, 1993; Hochshilded, 1983). Though Watson's theory states that nurses must engage and foster a caring process that is genuine and sincere in doing the nursing process (Watson, 1979).

Nurses conflict between caring and emotional feelings that resulted in nurses will undergo ethical dilemma. The nurse stated that how caring for someone who has been injured, raped and even killed others (Christensen, 2014; Harris *et al.*, 2015). Knowing the patient crimes will affect positively or negatively nurse. Some nurses believe do not want to know the evil that has been done by the patient because it will affect the quality of nursing care provided while some choose to know the evil of patients so it can work with caution and take preventive measures early (Duval, 2016).

Ethical dilemma that arises in a nursing professional relationship and emotional self-nurses (Crampton & Turner, 2014; Junewicz, 2014). Some

nurses found their interaction with criminals is a choice. Most will be caring and some argue that the emotional feelings will appear in the form of resentment against patients who appear out of control as a result of fear of the nurses themselves.

Caring for criminals is something that is not easy, it takes the struggle and courage as well as many challenges faced by nurses. Nurses will be faced with stressful situations and emotional drain that resulted in nurses feel scared and uncomfortable caring for criminals. The biggest fear nurses are concerned that patients will be given the name of the nurse and malicious intent to nurse, worried that patients would use sharp objects to injure the nurse (infusion needle or scissors) situated beside the patient's bed, and worried patients will be fleeing negligence of nurses (Duval, 2016). In addition, nurses also work well under negative stigma from nurse or from the environment. Some of the nurses assumed that the patient was a dangerous man, body tattoos, history of drug use, poor personal hygiene and the risk of infectious diseases resulting patient nurse will work very vigilant and discrimination, causing the distance between nurses and patient (Crampton & Turner, 2014; Harris et al., 2015; Zelaya, 2009).

The purpose of health services in criminals is to achieve equality of health services such as on society in general. Nurses must provide care to the same criminals and without distinction with other patients (Dhaliwal & Hirst, 2016). Even nurses also must pay attention to the principles of ethics and human rights for providing care to criminals (ICN, 2011).

Nurse equipped that the hallmark of the profession of nursing is caring, reciprocity, respect and sincerity (Benner *et al.*, 2009). Further said that nurses are encouraged to establish nurse-patient relationship that is therapeutic and built on trust (Belcher, 2009). Nurses are also encouraged not to judge and accept patients in all existence (O'Connell, 2008). Although the hallmark of nursing was very noble and commendable but the fact that in some conditions and certain situations hamper the nurse to perform the therapeutic relationship, caring and trusting relationships resulting from the treatment goal is not reached.

Therefore, it is important for the nursing profession to reflect and explore the back of philosophical and values of nursing (Dhaliwal & Hirst, 2016).

Conclusion: Caring for criminals raises many dilemmas and contradictions. Professional nurses provide care with caring as philosophical of the nursing profession. But when treating criminals, nurses will experience ethical dilemma between caring and emotional feelings nurse. Nurses will be scared and very restricted to apply caring for security reasons. In addition, nurses will feel alert and careful during maintenance. In fact, most of the nurses will discriminate and stigmatization to the patient. Therefore, it is important for nurses to explore and reflect on caring as nursing philosophy and altruistic values of the nursing profession in order to achieve the purpose of treatment, equality and well-being of patients.

Acknowledgements: We are grateful to Suryanto, Phd and Septi Dewi Rachmawati, MN for the information scientist and help authors to conducted the original literature searches. We would like thank also for the contribution of colleagues in the research team: Kristia Novia and Imelda Manek Laku.

References

- Belcher, M., & Jones, K. L. (2009). Graduate nurses' experiences of developing trust in the nurse-patient relationship. *Contemp Nurse*. 31(2): 142-152.
- Benner, P., Tanner, C., & Chelsa, C. Expertise in nursing practice: caring clinical judgment and ethics, 2nd edition. Springer Publishing Company, USA, New York.
- Christensen, S. (2014). Enhancing nurses' ability to care within the culture of incarceration. *Journal of Transcultural Nursing*, 25 (1): 223–231.
- Clark, K. A., White, J. M., & Pachankis, J. E. (2017). "What's the right thing to do?" Correctional healthcare providers' knowledge, attitudes and experiences caring for transgender inmates. *Social Science & Medicine*, 193: 80–89.
- Crampton, R., & Turner, D. S. (2014). Caring for prisoners-patients: A quandary for registered nurses. *Journal of PeriAnesthesia Nursing*, 29(2): 107–118.
- Curzer, H. (1993). Is care a virtue for health care professional? *Journal of Medicine and Philosophy*, 18: 51–69.
- Dhaliwal, K., & Hirst, S. (2016). Caring in correctional

- nursing: A systematic search and narrative synthesis. *Journal of Forensic Nursing*, 12: 5–12.
- Doyle, H. (1999). A qualitative study of factors influencing psychiatric nursing practice in Australian prisons. *Perspektives in Psychiatric Care*, *35*: 29–35.
- Duval, F. (2016). Perioperative care of prisoners: providing safe care. *Association of Registered Nurses*, 103(3): 282–288.
- Flanagan, N. A., & Flanagan, T. J. (2001). Requirements and prisoner health care needs. *Journal of Correctional Health Care*, 8(1): 67–85.
- Goshin, L. S., Sissoko, D. R. G., Neumann, G., Sufrin, C., & Byrnes, L. (2018). Perinatal nurses 'experiences with and knowledge of the care of incarcerated women during pregnancy and the postpartum period. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 48(1): 1–10.
- Harris, D. M., Happell, B., & Manias, E. (2015). Working with people who have killed: The experience and attitudes of forensic mental health clinicians working with forensic patients. *International Journal of Mental Helath Nursing*, 24: 130–138.
- Hochshilded, A. R. (1983). *The managed heart: Commercialization of human feeling.* 1st edition. University of California Press, USA, Los Angeles.
- International Council of Nurses. (2011). Nurses' role in the care of detainees and prisoners position statement. Retrieved from: http://www.icn.ch/images

/stories/documents/publications/

- position_statements/ A13_Nurses_RoleDetainees_ Prisoners.pdf
- Junewicz, A. (2014). Shackled: Providing health care to prisoners outside of prison. *The American Journal of Bioethics*, 14(7): 2013–2014.
- Maeve, M. K., & Vaughn, M. S. (2001). Nursing with prisoners: The practice of caring, forensic nursing or penal harm nursing?. *Advances in Nursing Science*, 24(2): 47–64.
- Margalith, I., Tabak, N., & Granot, T. (2008). Student nurses' care of terrorists and their victims. *Nursing Ethics*, 15(5): 601-613.
- McConville, S., Mooney, A. C., Williams, B. A., & Hsia, R. Y. (2018). How do ED patients with criminal justice contact compare with other ED users? A retrospective analysis of ED visits in California. *BMJ Open*, 8: 1–8.
- Melillo, K. D. (2009). Caring for incarcerated older adults. aging, mental health, and incarceration. *Journal of Gerontological Nursing*, 35: 3–6.
- Moher. D., Liberati. A., Tetzlaff. J., Altman. D. G.

- (2009). Preferred reporting items for systematic review and meta-analyses: the PRISMA statement. *British Medical Journal*. 339: 332-336.
- Muiruri, P. N., Brewer, G., & Khan, R. (2019). "If it wasn't for ethics, I wouldn't go near him ": An interpretative phenomenological analysis of caring for patient-prisoners in Kenya. *International Journal of Offender Therapy and Comparative Criminology*, 63(14): 2440-2452...
- O'Connell, E. (2008). Therapeutic relationship in critical care nursing: A reflection on practice. *Nurse Critical Care.*, 13(3): 138-143
- Powell, J., Harris, F., Condon, L., & Kemple, T. (2010). Nursing care of prisoners: staff views and experiences. *Journal of Advanced Nursing*, 66(6), 1257–1265.
- Redgewell, S. (2010). Patient or prisoner? Caring in a

- secure environment. Criminal Justice Matters, 81(1): 6-7.
- Shields, K. E., & Moya, D. De. (1997). Correctional health care nurses' attitudes toward inmates. *Journal of Correctional Health Care*, 4(1), 37–59.
- Watson, J. (1979). *Nursing: the philosophy and science of caring*. Little Brown, Boston.
- Weiskopf, C. S. (2005). Nurses' experience of caring for inmate patients. *Journal of Advanced Nursing*, 49(4): 336–343.
- Zelaya, E. (2009). The challenges of caring for an incarcerated patient. *American Journal of Hospice & Palliative Medicine*, 26(3): 230–231.
- Zust, B. L., Busiahn, L., & Janisch, K. (2013). Nurses' experiences caring for incarcerated patients in a perinatal unit. *Issues in Mental Health Nursing*, 34(1): 25–29.