

CORRECTIONS AND HEALTH CARE PROFESSIONALS LEARN SIDE BY SIDE

By Lisa Leone

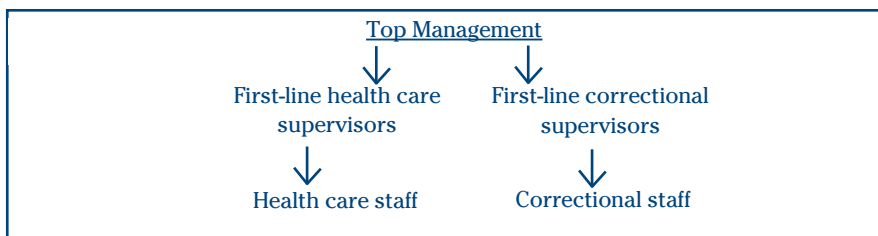
At the Winter Conference in Tampa, Fla., ACA launched the new Professional Healthcare Interest Section with more than 30 conference workshops dedicated to health care and several gatherings for interest section members. One such workshop, "The Clash of Culture: The Role Between the Clinician and the Administrator," was led by Warden Art F. Beeler and Gary N. Junker, chief of psychology and social work, from the Federal Medical Center in Butner, N.C. The medical center is located at the Federal Correctional Complex, which also contains one low-security and two medium-security correctional institutions. The complex houses 4,200 inmates and demonstrates the collaborative efforts of medical, administrative and correctional staff.

The "clash of cultures" arises because of divergent beliefs and experiences, especially between correctional and medical staff. "Culture is a shared belief by a group of people," Beeler said. It affects how they do work and how they function at work. Because of the close proximity of medical and correctional services at the Federal Medical Center, staff are constantly dealing with divergent methods and processes. "The more medicine's presence is felt ... the greater the clash," Junker said. For example, Junker noted the need to prepare and train inmates and correctional staff to deal with death and dying in prison, something that, in the past, happened at hospitals outside prisons. He also said that, by default, prisons have become like hospitals because of the medical needs of inmates. Beeler said prisons have become a "repository or safety net," especially for offenders with mental health issues. How health care is administered in prison is an important topic because of the shifting ages and medical needs of inmates. Health care is currently the largest expenditure within corrections because there are older inmates, more

inmates and older inmates doing more time, Beeler said. Junker presented one staggering statistic: The number of inmates older than 55 has doubled since 1995.

Beeler and Junker explored the reasons for the clash of medical and correctional staff with workshop participants. Correctional staff include wardens, captains, supervisors and especially correctional officers. Medical staff include physicians, nurses, mid-levels (physicians' assistants and advanced registered nurse practitioners), psychologists and social workers. The culture of the correctional staff is rules-oriented and paramilitary. The staff learn through experiences on the job and are taught through tradition. There are also factors such as politics and a machismo attitude that come into play.

Through their experience at the Federal Medical Center, Junker and Beeler said the key to bringing together the two cultures is the first-line supervisors/middle managers. These supervisors — for example, nurse managers and lieutenants — have connections with their staff. They are able to communicate the goals of top management in terms that the staff can accept. In turn, these supervisors from different cultures must learn to work together in order to make changes at the staff and top management levels. They are a pivotal point of contact in bridging the gap between cultures and creating more efficient processes across the facility. "First line supervisors must demonstrate collaboration with other supervisors to allow their staff to emulate cooperation," Beeler said.



On the other hand, medical staff are academic in nature and often have specializations in certain areas. They are used to peer support and feedback as well as autonomy from management. The cultures create barriers and points of divergence between the staffs, which differ in dress, years of schooling, language and vocabulary, and salary.

"Everyone comes into corrections for different reasons," Junker said. The concern is how they will mesh with corrections. Some commonalities of the groups are the priorities of inmate safety and confinement as well as the safety of staff. They both strive to provide quality care and protect the public in all ways possible.

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These two cultures must learn there is mutual reliance between the staffs, and the first-line supervisors can communicate that idea. This mutual reliance is especially apparent on the third shift, according to Beeler. This is the time when the only people at the facility are the correctional officers and the nursing staff. "They depend upon each other for survival," he said. They need to be able to help each other in case of an emergency. For example, staff may need to get an ill inmate from the institution to a community hospital or assist each other in medically restraining an inmate who is pulling out his IV.

The presenters also offered some strategies for improving collaboration. One suggestion is mentorship across disciplines — pairing a correctional officer

with a nurse. The second is management by objective; this includes taking input from both sides to develop shared goals. The third is to avoid micromanagement when possible. This management style does not allow collaborative efforts on the part of the staffs. The fourth suggestion is joint participation on specialized committees such as ethics and palliative care. They also suggested joint meetings with all department heads so that top management can encourage communication. And the key in these meetings is really teaching staff about mutual reliance — pointing out how they are interdependent.

After teaching workshop attendees about the possible points of divergence and suggestions for cooperation, Beeler and Junker broke the group into teams and gave them a scenario that would

require the collaboration of all facility staff. The proposed plan was a hospice program that would need liberal visitation and phone calls, music, fish aquariums, and outside volunteers. Each person in the group was required to take on a role, such as a social worker, correctional officer, nurse or chaplain. There was buzz throughout the room as the participants discussed the best ways to implement this program while still considering cost, security and care of inmates.

Beeler concluded by reinforcing mutual reliance and collaboration. "You can't have good treatment without good custody, and you can't have good custody without good treatment," he said.

Lisa Leone is associate editor of On the Line.