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**Correctional Nurses' Perceptions of Substance Use Withdrawal Treatment for Pregnant
Women in Jail in the South-Central Appalachia Region**

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Capstone Project

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Abstract

Incarceration among women in the United States (U.S.) is currently at unprecedented high rates, particularly those who are pregnant and experiencing substance abuse. Further, the South-Central Appalachian region is known to be disproportionately impacted by the opioid crisis. As such, the care of incarcerated, child-bearing aged women experiencing substance use disorder is of critical importance. Understanding the perceptions of nurses' who care for this population is essential to knowing the current standard of care that is being implemented across the country. Correctional nurses must know how to set aside their biases and provide an appropriate level of care for these women and their unborn child. The purpose of this qualitative study was to determine nurses' perceptions and attitudes about the care of pregnant women in jails undergoing substance use withdrawal treatment. Four nurses participated in a face-to-face interview and qualitative content analysis was used to identify themes in the data. Overall, nurses found it difficult to care for women without judgment and believed that the best way to care for these women was with tough love. While nurses felt they were compassionate, they articulated a struggle regarding being benevolent without overstepping boundaries. The positive and negative perceptions and stigma held by correctional nurses have the potential to negatively impact patient care. Strategies must be identified to address biases and improve stigmas in this setting.

Correctional Nurses' Perceptions of Substance Use Withdrawal Treatment for Pregnant Women in Jail in the South-Central Appalachia Region

Correctional nurses provide care to a diverse aggregate of patients and work under unique conditions. Individuals who experience incarceration can be stigmatized. This can impact the quality of care provided by healthcare professionals. Goshin et al. (2017) anonymously surveyed 665 perinatal nurses who cared for pregnant women who were incarcerated and found that nurses attitudes are often negatively stigmatized due to discrimination and societal norms. This study measured five drivers and facilitators of stigma, and measured nurses' responses to numerous statements based on how much they agreed or disagreed. The results of this study demonstrated a high degree of negativity and reported that these negative stigmatizations caused nurses to perpetuate a view that the pregnant women were deserving of care that fell below an acceptable standard. These findings suggest that stigma could manifest itself in the provision of a sub-standard level of maternal care which could contribute to inequities in maternal health outcomes in the jail setting. These healthcare provider stigmas are one of the more obscure obstacles that pregnant female inmates face.

While not specifically observing healthcare workers in jails, Syvertsen et al. (2021) interviewed and analyzed healthcare workers who have provided direct care for pregnant women experiencing opioid withdrawal in the professional setting to identify potential bias. The investigators interviewed eighteen healthcare providers and conducted an intersectional content analysis of each transcript to determine how their internalized stigma impacted the quality of pregnant women's healthcare within those experiencing treatment for drug withdrawal. Many healthcare workers in the study acknowledged that their biases affected patient care and that it was an area in which they struggled. The authors noted that, "Staff struggled with their own

biases and ‘moral outrage’ versus the ‘line of professionalism that you have to walk.’” (p. 4).

These findings underscored a potential lack of quality of care provided to pregnant women who were experiencing drug withdrawal treatment. This study exposed that healthcare worker stigma can affect pregnant women experiencing substance use withdrawal treatment. It is plausible that this impact could be intensified in an incarceration setting due to negative societal perceptions of pregnant women in jails.

While biases among healthcare workers are common, there are many healthcare workers who do not stigmatize and discriminate; or who have been exposed to training to help address their potential biases. Goshin et al. (2017)’s study further discussed the benefits of stigma-reduction interventions and emphasized that nurses who were found to discriminate and stigmatize less have been associated with higher patient autonomy and care intentions with their patients in jails.

Friedmann et al. (2014) explored the benefits of stigma-reduction interventions for healthcare workers regarding opioid withdrawal treatments in jails. The authors found that when jails implemented an educational program and provided community resources to improve knowledge deficits and attitudes regarding treatment of withdrawal, staff had a positive change in their attitudes and intentions towards people in jail who needed treatment. This led to a higher quality of care for this population in the correctional setting.

Both Goshin et al. (2017) and Friedmann et al. (2014) emphasized the need for stigma reduction interventions be implemented for healthcare workers in correctional facilities to improve perceptions. The expectation is that these types of interventions may improve overall patient care. As correctional nurses care for a vulnerable population of people, it is important to understand how perceptions of substance use withdrawal treatment for pregnant women in jails may affect patient care.

The aim of this study was to understand correctional nurses' perceptions of drug withdrawal treatment among pregnant women in jails in the South-Central Appalachia region. Interviews were conducted with four correctional nurses from various counties in the South-Central Appalachia region who have prior experience with treating this population of women. This study provides more insight within correctional patient care perceptions and, furthermore, brings into question how maternal health is impacted in this setting.

Methods

A non-experimental retrospective qualitative phenomenological design was used to evaluate interviews of correctional nurses from South-Central Appalachian county jails. IRB approval for the initial study was obtained to conduct interviews between October 2021 to April 2022. Permission to analyze the data to answer the research questions for this study was also obtained from the University of Tennessee Knoxville Institutional Research Board (IRB).

Sampling Plan

A purposive non-probability sampling plan was used to recruit healthcare workers from jails in the South-Central Appalachia region. The eligibility criteria were jail nurses' who report that they have worked directly, on one or more occasion, with pregnant women experiencing drug withdrawal while in jail. Additional inclusions criteria were older than eighteen years of age and to be proficient in speaking English.

To participate in the study, participants self-identified in response to a recruitment flyer posted in the medical department at each jail facility. Word of mouth referrals were also accepted. Once a participant was screened and eligible for participation, the interested participant was read aloud the "Correctional Staff Informed Consent" document and had the opportunity to ask any questions. Formal written consent was obtained if the participant agreed to participate.

Data Collection Plan and Interview Schedule

The data in this research study was collected by Carrie Lingerfelt, a Family Practice Nurse Practitioner who recently obtained her PhD at the University of Tennessee Knoxville. She completed CITI training and was trained in phenomenology. A phenomenological approach was used to interview participants using open-ended questions. The first question in each interview was, “Tell me about your experience of working with pregnant women in jail who are going through drug withdrawal?” Then various open-ended questions were asked from there. Further questions were determined by the interviewee’s previous answers. Interviews were conducted outside of the correctional staff members’ work time and took place in or outside of the jail setting in a safe place of the interviewee’s choice. The interviews were recorded then transcribed.

Content Analysis

When the nurses were asked to describe their feelings on working with pregnant women in jail (PWIJ) undergoing substance use withdrawal treatment, they used words like anger, disbelief, sadness, and disgust. Anger and disgust at the mother for putting their child through drug addiction and substance use withdrawal. Sadness and disbelief at the sheer number of women who come to jail throughout their multiple pregnancies to undergo withdrawal treatment. Consistently, they felt that working with this population had left an emotional toll on them. These feelings weighed heavily on them inside the workplace and taking these feelings home with them. These negative feelings have led nurses to feel like there is no resolution to helping these women break the cycle of abusing drugs while pregnant.

Treating all patients the same in jail is difficult. While nurses’ internalized feelings towards this population of women was disgust and judgment, the nurses also gave pregnant women in jail more attention since they are caring for two patients. While nurses may give these patients more

attention, all the nurses stated that the baby was their main concern – not the inmate. A question these nurses asked themselves was, “What exactly can I do to help the innocent baby at risk?”

Those in the study said that it is hard not to judge the mother in this situation and that it is difficult to be compassionate towards the mother when seeing their baby’s life at risk.

Furthermore, it can be tough to take care of the mother when they try to manipulate the nurses taking care of them by faking their contractions and pain in hopes of getting more medications and food. These pregnant women oftentimes believe that by faking labor they can get out of jail earlier or will be allowed a shorter sentence by the judge. Patients being dishonest is discouraging to the nurses and leads to more negative perceptions.

Medication assisted treatment (MAT) is one main method to treat substance use withdrawal and its symptoms. Medication assisted treatment facilitates a safer withdrawal experience by minimizing drug cravings and decreasing withdrawal symptoms including nausea, vomiting, anxiety, tremors, confusion, and seizures. The drugs used in this therapy include buprenorphine, methadone, naltrexone, and suboxone. While there are other methods to treat drug withdrawal, MAT is the primary method utilized short-term to decrease withdrawal symptoms and substance use withdrawal in pregnant women. A majority of nurses in this study, though, disagreed with the use of suboxone to treat these pregnant women in jails. The nurses interviewed believed that suboxone should never be used to treat withdrawal as they did not trust its use and said that many hospitals in this region do not use suboxone to help withdrawal, as well. They believed that suboxone was too addictive for these patients, so those in the study greatly supported the use of Tylenol #3, instead, which is a narcotic that is a mix of acetaminophen and codeine. In these jails, preference was given to Tylenol #3 over suboxone and other MAT medications whose main action is to treat drug dependence.

In general, a common struggle seen in the nurses' interviews was the fine line these nurses had to balance between having the compassion they were taught as nurses and the correctional toughness needed to work in this environment. One nurse said,

“As nurses we were trained to have compassion and you hit corrections which says to not crack a smile, don't have a heart, don't show them any sort of comfort... the hardest part is how to show compassion without showing too much for it to be overstepping that thin line, but to also make them feel like we really are listening – we care.”

This has led to correctional nurses having a difficult time caring for these patients in this setting. They expressed that they found it tiresome to be compassionate without showing too many emotions for it to be considered overstepping correctional justice. As a result, the nurses were in favor of using the concept of “tough love” when treating women undergoing substance use withdrawal treatment so to not be too compassionate in this justice bearing setting. The concept of tough love is shown through nurses being stern or “tough” with their patients to promote better health behaviors and outcomes. They explain how they care deeply for their patients even if what they have put themselves and their unborn child through is unforgivable. Though unforgivable, they believe that caring for these patients with tough love is the best way to treat this population in this specific situation and environment.

In summary, correctional nurses have a unique perception and feelings when working with this vulnerable population of women in jails. While they had feelings of anger, disbelief, judgment, and sadness towards these patients, they also said that they give these patients more attention – they check in more on these patients and make sure they are comfortable. Though this was observed, these nurses still found it difficult to treat some of these patients knowing that they were abusing drugs while pregnant. Furthermore, they often felt manipulated by these

pregnant women who fake their contractions or pain for preferential treatment. When treating these patients through medicated assisted treatment (MAT), the nurses interviewed preferred to use Tylenol #3 as the main medication rather than suboxone which is the leading MAT medication for pregnant women. This was a unique finding with many of the nurses saying that they did not trust the use of suboxone for this population. Lastly, the correctional nurses found that it was imperative to use ‘tough love’ when treating PWIJ undergoing substance use withdrawal treatment. They did so to stay true to correctional toughness standards while also providing adequate nursing care.

Conclusion

Correctional nurses care for a vulnerable population of people every day. These incarcerated individuals are oftentimes stigmatized, and this can be exponentially inflated for incarcerated pregnant women who are experiencing drug withdrawal. Overall, nurses found it difficult to care for women without judgment and believed that the best way to care for these women is with ‘tough love.’ While nurses felt they were compassionate, they articulated a struggle regarding being benevolent without overstepping the correctional boundaries of working in this environment. Nurses also felt taken advantage of when working with these pregnant women in jail with them faking their contractions in an attempt to obtain preferential treatment. Furthermore, the medication Tylenol #3 was the main treatment option for these pregnant women in jails (PWIJ) undergoing drug withdrawal treatment in South-Central Appalachia region jails.

Findings from this study provide new information related to the complexities of providing healthcare to this population in the South-Central Appalachia region and the perceptions of this specific group of nurses as well. Previous studies, as discussed earlier,

analyzed nurses working with PWIJ or healthcare workers working with pregnant women experience drug withdrawal treatment in the professional setting. Neither studies observed correctional nurses' perceptions regarding PWIJ going through substance use withdrawal treatment. Therefore, research with a larger sample size is recommended to identify the benefits of implementing interventions to deal with biases and examining the effects these interventions have on patient care.

Positive and negative perceptions and stigma held by correctional nurses have the potential to impact patient care. Negative stigmatizations in this correctional setting have led to inequities in maternal health outcomes and lower quality of care. Biases are common among healthcare workers, but it has been found that those who have been exposed to stigma-reduction interventions have been associated with higher patient autonomy and care intentions (Goshin et al., 2017). These interventions, including bias training and stigma reduction training, have demonstrated positive outcomes for healthcare workers. Therefore, recommendations for correctional nurses working with PWIJ undergoing substance use withdrawal treatment include implementing a bias and/or a stigma reduction training to increase correctional nurses' care intentions towards this vulnerable population.

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