

Health and wellbeing of healthcare staff in prisons: Joining practice reflections and the academic literature

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With Lucy having a key role in supporting the healthcare staff at her establishment and Rachael having an interest in the health and wellbeing of people in the criminal justice system, we wanted to write an article that brought together our two worlds, taking a personal reflection on the key issues in practice in the present day, and exploring how these issues mirror, or not, what research has been done on the health and wellbeing of healthcare staff in prisons, resulting in recommendations for what can be done in future.

Reflective discussion

We started our paper by having a discussion on what Lucy has experienced whilst working in prison alongside healthcare staff. The conversation focused on the factors that seem to influence healthcare staff members health and wellbeing whilst at work. Lucy focused in on several areas, which were used as a basis to find academic literature to explore the areas, seeing if this was a common experience across prison settings. The areas Lucy identified included being able to access training and support. It was acknowledged that training helps to make us feel more confident and enables us to feel more secure in the work we are doing, which in turn, reduces stress and allows us to employ practical coping skills. This is essential for practitioners who are expected to keep up to date with a wide range of skills needed for the prison environment. Support helps us feel like we are not alone, and this can come from peers, managers, or from the organisation we work for. Good support can help us manage our stress and worries, leading to better health and wellbeing, whereas a lack of support can decrease our sense of worth, connectedness, and sense of safety. Lucy raised the importance of these factors when working within a prison setting, as safety is a significant feature of the environment. When discussing the impact of working in prisons, Lucy reflected on how staff often work shift patterns, and may not always leave work on time, resulting in disruptions to their sleep patterns which

creates fatigue. This then also impacts on their work-life balance, their ability to rest properly between shifts, and the ability to take time away from work to process events and relax. Lucy highlighted the nature of the work being undertaken and that staff are working in environments that expose them to trauma, either first hand in the situations they respond to such as self-harm or suicide, and through talking to patients and listening to their experiences of trauma, vicariously impacting on their own mental health and wellbeing. Over time, this repeated exposure to traumatic situations, and listening to traumatic experiences, can desensitise staff to this trauma and they may start to normalise what they are exposed to. This can affect the empathy we feel with another person and may result in situations being dealt with in a mechanical way as a coping mechanism. All the while, the exposure to trauma and how this is dealt with by the healthcare staff member, is impacting on their own health and wellbeing which they may not always be aware of.

Literature search

To map the reflections from Lucy to the wider literature on the health and wellbeing of healthcare staff in prison, we conducted a search of academic literature in relevant health and psychology databases. We used keywords/phrases related to healthcare staff, prisons, and health and wellbeing to gain literature published from around the world. The articles were read and information that related to the reflections from Lucy was retrieved and are presented below under four key themes: Access to training, Access to support, Barriers to support, and Impact on the person.

Access to training

Training can help people feel more confident in their roles, helping to reduce their stress levels and to keep them safe in the work they do. Often training is focused on what is essential for the environment such as health and safety briefings, with an additional focus

on increasing knowledge and awareness of situations specific for the environment such as suicide, self-harm, blood borne viruses, or being called to a coroner's court. Lucy reflects that the training offered often depends on who you work for (NHS or private healthcare provider, HMPPS or private prison providers, and healthcare agencies) and what is included as part of their mandatory training packages. This often leads people to question whose responsibility is it for ensuring healthcare staff have access to the right training which is needed to prevent stress and keep them safe.

In a survey of healthcare professionals in the USA,¹ lack of training was noted as a challenge of working in the prison environment which resulted in people feeling less positive about their role. In Italy, it was found that staff felt they had been given no training on how to handle emergency situations and so when Covid-19 hit, they were not prepared to deal with this which caused distress to both the healthcare workers and the patients they were looking after.² In a sample of Australian forensic nurses, they were more likely to report good access to training for professional development and rated their jobs as engaging and stimulating creating a good sense of job satisfaction.³ However, the opposite was found in Italy with nurses rating opportunities for development as low within their work environment which impacted on their job satisfaction.⁴ It has been noted that to have a good quality of work life, continuing professional

development opportunities need to be offered to help empower staff and minimise risks.⁵

When considering health and safety in prison, a study in Brazil into the risk of contracting Tuberculosis found that people who had annual training were more likely to wear protective equipment, and that nurses were more likely to have had the training than any other healthcare workers.⁶ This demonstrated the importance of training to reduce the risk to physical health. A study in Wales that evaluated the impact of training on Blood Borne Viruses (BBVs) found that post completion of the e-learning module, the scores on a knowledge test had risen and more people were aware of personal protection equipment they could access at work.⁷ This shows the impact regular training can have.

Exploring experiences of clinicians who worked with people who had committed murder, participants said their professional training did not prepare them for the emotional reaction when hearing about offences and working with people who have hurt others, and this led them to doubt their ability to manage any potential behaviours which may be displayed.⁸ To help bring training of working with people in prison into professional courses, universities have worked with prison establishments to secure placements for student nurses and doctors.⁹ These experiences have evaluated well, providing students with an insight into the environment which some have then considered as a career. However, it was not

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1. Stephenson, A. L., & Bell, N. (2019). Finding meaningful work in difficult circumstances: A study of prison healthcare workers. *Health Sciences Management Research, 32*(2), 69-77.
2. Testoni, I., Francioli, G., Biancalani, G., Libianchi, S., & Orkibi, H. (2021). Hardships in Italian prisons during the Covid-19 emergency: The experience of healthcare personnel. *Frontiers in Psychology, 12*, 619687.
3. Happell, B., Martin, T., & Pinikahana, J. (2003). Burnout and job satisfaction: A comparative study of psychiatric nurses from forensic and a mainstream mental health service. *International Journal of Mental Health Nursing, 12*, 39-47.
4. Carnevale, F., Delogu, B., Bagnasco, A., & Sasso, L. (2018). Correctional nursing in Liguria, Italy: Examining the ethical challenges. *Journal of Preventative Medicine and Hygiene, 59*(4), E315-E322.
5. Barbosa, M. L., Menezes, T. N., Santos, S. R. D., Olinda, R. A., & Costa, G. M. C. (2018). The quality of life of health professionals working in the prison system. *Cien Saude Colet, 23*(4), 1293-1302.
6. Mitchell, C. S., Gershon, R. R. M., Lears, M. K., Vlahov, D., Felknor, S., Lubelczyk, R. A., Sherman, M. F., & Comstock, G. W. (2005). Risk of tuberculosis in correctional healthcare workers. *Journal of Occupational and Environmental Medicine, 47*(6), 580-586.
7. Ellen Perrett, S., Erricker, M., & Lyons, M. (2014). Evaluate the impact of a BBV e-module on BBV knowledge. *International Journal of Prisoner Health, 10*(1), 47-54.
8. 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 Health Nursing, 24*(2), 130-138.
9. van de Mortel, T. F., Needham, J., Barnewell, K., Djachenko, A., & Patrick, J. (2017). Student nurses' perceptions of clinical placements in Australian prison health services: A mixed methods study. *Nurse Education in Practice, 24*, 55-61; Bouchaud, M. T., Brooks, M., & Swan, B. A. (2017). A retrospective analysis of nursing students' clinical experience in an all-male maximum security prison. *College of Nursing Faculty Papers and Presentations*, paper 88; Abbott, P. A., Brooker, R., Hu, W., Hampton, S., & Reath, J. (2020). "I just had no idea what it was like to be in prison and what might be helpful": Educator and learner views on clinical placements in correctional health. *Teaching and Learning in Medicine, 32*(3), 259-270.

without difficulty as students said they felt unprepared for the environment and they found it hard to deal with the emotions exhibited by people as they entered prison and when discussing their life, as well as managing their own emotions when trying to separate the person from their crime to provide good patient care. Their preconceived ideas of working in prison, such as worries about their safety, were overturned in most cases. However, some reported that they felt the environment was not suitable for newly qualified healthcare professionals due to the skills needed to navigate strict boundaries with patients and deal with challenging behaviours. During interviews with nurses working in prisons in the USA, they commented that students should be brought into the environment to help understand this career option,¹⁰ showing this may help to increase interest in working in these environments and better prepare people for the emotional element of the role.

Access to support

Just as with training, Lucy reflects how the type of support you can access for your health and wellbeing depends on who you work for. Different organisations may have different resources on offer, however, there is a wide range of support offered by the prison establishment if staff felt comfortable accessing this. The research into the types of support on offer for healthcare staff is somewhat lacking within the prison service. Some teams offer clinical supervision which staff find useful as a space to reflect and discuss any work issues that may be impacting their health and wellbeing and the effectiveness of this has been seen in research.¹¹ However, when staff relationships are not positive, it can create an issue with how supported they feel, especially if raising a concern against another

member of staff. Ultimately, staff just want to know that the organisation cares for them and small initiatives can help to demonstrate this which was evident when working in establishments that did in house awards for example, and the hidden hero agenda which makes people in prisons feel more visible, increasing a sense of self-worth. However, acknowledgement of this in the academic literature was lacking.

When exploring quality of work life in Brazil, it was noted that access to support, alongside rest breaks, are needed to keep people rating quality of work life highly.¹² Perceived organisational support was the strongest factor found to be associated with job satisfaction and significantly reduced the intention to leave the profession.¹³ Doctors in Australia highlighted the importance of organisational support and the need to be able to work as a team when they were discussing resilience of working in challenging areas of practice.¹⁴ Thinking about the support we get from other colleagues and working as a team, a study in the USA found that nurses were mostly satisfied from support they received from physicians, and this was strongly related to how satisfied they felt with their job.¹⁵ When exploring the relationship healthcare staff have with prison officers in the USA and Canada, nurses said that if they felt supported by the

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officers, they felt more autonomous in their role and felt this improved the environment of care for the patient.¹⁶ Other studies noted how it felt like a 'clash of cultures' trying to work alongside prison officers in England and Wales which increased their emotional labour and stress.¹⁷ Support from colleagues in healthcare departments seemed to be mixed, with some studies finding this was a good source of support, and some finding cases of bullying,¹⁸ negative

10. Cukale-Matos, S., & Champion, J. D. (2022). Exploring cognitive dissonance in the correctional nursing experience. *Public Health Nursing, 39*, 545-552.

11. Ibid: see footnote 3

12. Ibid: see footnote 5

13. Ibid: see footnote 1

14. Stevenson, A. D., Phillips, C. B., & Anderson K. J. (2011). Resilience among doctors who work in challenging areas: A qualitative study. *British Journal of General Practice, 61*(588), e404 – e410.

15. Chafin, W. S., & Biddle, W. L. (2013). Nurse retention in a correctional facility: A study of the relationship between the nurses' perceived barriers and benefits. *Journal of Correctional Health Care, 19*(2), 124-134.

16. Weiskopf, C. S. (2005) Nurses' experience of caring for inmate patients. *Journal of Advanced Nursing, 49*(4), 336-343.

17. Walsh, E. (2008). The emotional labour of nurses working in her Majesty's (HM) prison service. *Journal of Forensic Nursing, 5*(3), 143-152.

18. Zhang, Y., El Ghaziri, M., Dugan, A. G., & Castro, M. E. (2019). Work and health correlates of sleep quantity and quality among correctional nurses. *Journal of Forensic Nursing, 15*(1), 42-51.

attitudes,¹⁹ and even violence coming from those who they were working with.²⁰ This, unsurprisingly, had a negative impact on staff members health and wellbeing. The need for good relationships with each other was highlighted as a positive impact on reducing violence in the workplace.²¹

Nurses in the USA described their work environment as moderately to severely stressful as it poses high psychological and physical demands, low supervisor support, low decision-making authority and is driven by a masculine culture, however, this did not seem to impact on the satisfaction they got from the job or their intention to leave.²² In contrast, a sample of nurses in another study in the USA said they felt the positive side of the job was feeling supported by their peers and mentors,²³ which was also mentioned in a study in Australia,²⁴ and in Italy.²⁵

To support nursing managers in Australia, a framework was implemented to help build reflection on their behaviours which participants found to be a good networking opportunity which enhanced their confidence and understanding of the role they were undertaking.²⁶ However, this study was not able to show a reduction in burnout suggesting there are other factors that influence this than simply providing a support framework. Reflection is a key element of clinical supervision and was rated as important to both the healthcare worker and the patient as it impacted on the care they were able to give.²⁷

Barriers to accessing support

Even if support is available to people, it does not mean that it is actually available in terms of them having the time, space, and confidence to access it. Lucy highlights that staff shortages impact on not feeling you can take time to access services for yourself due to not wanting to let the team down. There may also be a misconception about who the support is for, especially if it is provided by a service that you are not employed by, for example can you access prison service support if you are employed by a different organisation? This leads people believing it is not for them and maybe perceiving there is a lack of support. Additionally, what if your issue is to do with the prison service and the only support is through their system? It presents barriers and staff may be left with a sense of isolation, although there are gaps in the research that have explored what these barriers are. The belief that 'they do their best for their patients, not themselves' means that they often sacrifice their own health and do not access support.²⁸

Barriers to accessing support may result in people developing their own coping strategies such as becoming 'hard' and having lower levels of empathy over time as was found in a study in the USA.²⁹ Additionally, it was found in England and Wales that people had developed the ability to separate work from their home life by leaving their job at the gate and detaching to reduce the emotional labour and maintain psychological wellbeing,³⁰ which for some people results in their work/life balance being the least stressful area of their job,³¹ as found in the USA.

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19. Ibid: see footnote 1

20. Cashmore, A. W., Indig, D., Hampton, S. E., Hegney, D. G., & Jalaludin, B. B. (2012). Workplace abuse among correctional health professionals in New South Wales, Australia. *Australian Health Review*, 36, 184-190.

21. Cashmore, A. W., Indig, D., Hampton, S. E., Hegney, D. G., & Jalaludin, B. B. (2016). Factors influencing workplace violence risk among correctional health workers: Insights from an Australian survey. *Australian Journal of Primary Health*, 22(5), 461-465.

22. El Ghaziri, M., Dugan, A. G., Zhang, Y., Gore, R., & Castro, M. E. (2019). Sex and gender role differences in occupational exposures and work outcomes among registered nurses in correctional settings. *Annals of Work Exposure and Health*, 63(5), 568-582.

23. Ibid: see footnote 1

24. Ibid: see footnote 3

25. Ibid: see footnote 4

26. Newman, C., Patterson, K., & Clark, G. (2015). Evaluation of a support and challenge framework for nursing managers in correctional and forensic health. *Journal of Nursing Management*, 23, 118-127.

27. Ibid: see footnote 3

28. Cashmore, A. W., Indig, D., Hampton, S. E., Hegney, D. G., & Jalaludin, B. B. (2012). Workplace violence in a large correctional health service in New South Wales, Australia: A retrospective review of incident management records. *BMC Health Services Review*, 12(1).

29. Ibid: see footnote 12

30. Ibid: see footnote 18

31. Flanagan, N. A. (2006). Testing the relationship between job stress and satisfaction in correctional nurses. *Nursing Research*, 55(5), 316-327.

Impact on the person

Being in prison can have detrimental effects on everyone whether they reside or work there. There is no surprise that the issue of burnout is considered in the research literature, as well as other mental and physical health conditions. Lucy reflects on the physical impacts relating to working shifts which impacts on sleep and work life balance, and the numerous psychological impacts including listening to and witnessing traumatic events which may result in desensitisation and normalisation of the working environment.

The exposure to health issues such as BBVs and communicable diseases is a risk whilst working in prison and research has shown that healthcare staff are often exposed to bodily fluids or contaminated materials, posing a risk to their own health. Rates of exposure are high and were found to be more prevalent in male staff than female in a USA sample.³² It has also been found that in the prison environment in the USA, there is a lower rate of compliance with health and safety procedures (such as handling contaminated needles, disposal of sharps, and wearing eye protection) by healthcare staff, and a significant rate of underreporting of incidents.³³

Healthcare workers in the USA were found to have had a higher rate of sleep disturbances compared to prison officers during Covid-19,³⁴ with a further study demonstrating a low mean daily sleep amount (6 hours).³⁵ Additionally, half of the nurses surveyed in a

study in the USA had shorter sleep duration than the national average, and a third of them reported poor sleep quality, both of which was associated with working shifts and night work.³⁶

The academic literature repeatedly refers to burnout and many attempts have been made at measuring this in healthcare workers although the findings are not consistent. A study in Australia compared mainstream mental health nurses to those working in forensic settings including prisons and this revealed that those in the latter, had lower levels of

exhaustion and burnout with higher levels of job satisfaction.³⁷

In comparison to prison officers in the USA, rates of burnout during Covid-19 were found to be higher in officers than in healthcare staff and levels of resilience were high in both.³⁸ In the USA, the relationship between burnout and job satisfaction and staff retention was explored.³⁹ Unsurprisingly, this found that burnout decreased job satisfaction and increased the intention to leave in the next 12 months. A further study in the USA found that a third of those working in jails reported being burnt out but almost all found the job meaningful and over two thirds would recommend the job to others.⁴⁰ They found that burnout was significantly affected by making ethical compromises, in particular, not being able to maintain patient confidentiality, as well as feeling physically afraid whilst at work. In contrast,

another study in the USA found low to moderate levels of burnout and low to average job satisfaction.⁴¹ In Italy,

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32. Ibid: see footnote 23

33. Gershon, R. R. M., Mitchell, C., Sherman, M. F., Vlahov, D., Lears, M. K., Felknor, S., & Lubelczyk, R. A. (2005). Hepatitis B vaccination in correctional health workers. *American Journal of Infection Control*, 33(9), 510-518; Gershon, R. R. M., Sherman, M. F., Mitchell, C., Vlahov, D., Erwin, M. J., Lears, M. K., Felknor, S., Lubelczyk, R. A. & Alter, M. J. (2007). Prevalence and risk factors for bloodborne exposure and infection in correctional healthcare workers. *Infection Control and Hospital Epidemiology*, 28(1), 24-30.

34. Burhanullah, M. H., Rollings-Mazza, P., Galecki J., Van Wert, M., Weber, T., & Malik, M. (2002). Mental health of staff at correctional facilities in the United States during the Covid-19 pandemic. *Frontiers in Psychology*, 12.

35. Guardiano, M., Boy, P., Shapirshteyn, G., Dobrozdravic, L., Chen, L., Yang, H., Robbins, W., & Li, J. (2022). Working Conditions and Wellbeing among Prison Nurses during the COVID-19 Pandemic in Comparison to Community Nurses. *International Journal of Environmental Research and Public Health*, 19(17), 10955.

36. Ibid: see footnote 19

37. Ibid: see footnote 3

38. Ibid: see footnote 36

39. Ibid: see footnote 1

40. Karla, R., Kollisch, S. G., MacDonald, R., Dicky, N., Rosner, Z., & Venters, H. (2016). Staff Satisfaction, Ethical Concerns, and Burnout in the New York City Jail Health System. *Journal of Correctional Health Care*, 22(4), 383-392.

41. Munger, T., Savage, T., & Panosky, D. M. (2015). When Caring for Perpetrators Becomes a Sentence. *Journal of Correctional Health Care*, 21(4), 365-374.

average levels of burnout were recorded with depersonalisation being the most affected element for the nurses studied.⁴² When exploring some more of the predictors of burnout, a study in the USA found that work that interfered with home life was the biggest factor for having a negative experience at work and increasing stress.⁴³ Interestingly, being optimistic and having positive attitudes towards prisoners was significantly related to having a positive experience at work. The authors made the rational conclusion that if you view those you are working with more favourably, you will enjoy your work more. In the USA, it was found that females had a significantly higher rate of burnout than males.⁴⁴ The study suggested this may be related to them reporting more incidents of bullying and more likely to be worried about their safety at work.

The exposure to traumatic events has been linked to burnout and has a significant impact on the person. It has been found that healthcare staff feel their roles expose them to distressing material and distressed clients, and most people involved in a study in Australia reported moderate to high levels of vicarious trauma.⁴⁵ Higher levels of vicarious trauma were related to higher risks of experiencing post-traumatic stress syndrome, although rates of this were low overall in the sample. In one study in the USA, the theme they described was 'we experience unique stress' which discussed exposure to intense traumatic situations with few resources unlike what might be on hand in a hospital.⁴⁶ During Covid-19, there was exposure to additional traumas such as ordering body bags due to not knowing what the impact was going to be in England.⁴⁷ In Italy, a study discussed the impact of

Covid-19 and the riots that happened as a consequence.⁴⁸ The staff discussed having to witness the death of prisoners and feeling as though people higher up in the organisation did not understand the first-hand experiences of this.

The overall impact on healthcare workers mental health has been explored in China and the USA. Staff reported higher levels than the national norm of somatisation, obsessive compulsive symptoms, anxiety, and paranoid ideation, with females more likely to report these concerns.⁴⁹ A similar finding was discovered in another study in China and that mental health concerns were related to low job satisfaction.⁵⁰ The authors concluded that to improve job satisfaction, and increase retention, work needs to be done on supporting workers mental health. Healthcare workers were found to score higher on depression and anxiety symptoms than prison officers in a study in the USA,⁵¹ emphasising the significant impact working in prison can have on healthcare staff.

One of the most studied impacts of the workplace on healthcare staffs' wellbeing was exploring exposure to violence. Violence is a broad term that covers both verbal and physical acts and has been found to be perpetrated by both prisoners and staff members towards healthcare staff. Exploring factors that influence violence, a study in Australia found that workplace policies, professionalism, collaborative working, and good relationships can help reduce the risk from both prisoners and staff, whereas a lack of staff, or experienced staff, poor relationships, bad management of bullying, high workloads, and small clinic rooms can increase the risk.⁵² In a further study by the authors,

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43. Gallavan, D. B., & Newman, J. L. (2013). Predictors of burnout among correctional mental health professionals. *Psychological Services, 10*(1), 115-122.
44. Ibid: see footnote 23
45. Newman, C., Eason, M., & Kinghorn, G. (2019). Incidence of Vicarious Trauma in Correctional Health and Forensic Mental Health Staff in New South Wales, Australia. *Journal of Forensic Nursing, 15*(3), 183-192.
46. Ibid: see footnote 12
47. Wainwright, L., Senker, S., Canvin, K., & Sheard, L. (2023). "It was really poor prior to the pandemic. It got really bad after": A qualitative study of the impact of COVID-19 on prison healthcare in England. *Health and Justice, 11*(1).
48. Ibid: see footnote 2
49. Liu, X., Jiang, D., Hou, Z., He, M., Lu, Y., & Mao, Z. (2017). Mental Health of the Prison Medical Workers (PMWs) and Influencing Factors in Jiangxi, China. *International Journal of Environmental Research and Public Health, 14*(12), 1459.
50. Liu, X., Jiang, D., Li, B., Lu, Y., & Mao, Z. (2018). Somatization, obsessive-compulsive symptoms, and job satisfaction of the prison medical workers in Jiangxi, China. *Psychology Research and Behaviour Management, 11*, 249-257.
51. Ibid: see footnote 36
52. Ibid: see footnote 22

they note that verbal abuse was most likely when preparing or administering medication, and physical abuse was more likely when trying to calm or restrain a person.⁵³ In most cases, the abuse had resulted in mental stress for the healthcare worker. In a study in the USA, 99 per cent of respondents said they felt at risk of violence and 96 per cent said they had been abused at work.⁵⁴ Females were more likely to report verbal abuse and sexual harassment whilst males were more likely to experience physical abuse.

What can be done? Recommendations for practice

To help improve the health and wellbeing of healthcare staff and reduce the likelihood of burnout, staff attrition, and a lack of empathetic care, Lucy reminds us that 'little things mean such a lot and make a massive difference'. Organisations could consider how they can show people they value them and the work they do. On a local level, this could be conducting internal staff awards to show appreciation, and on a national level, there needs to be increased support and wider strategic thinking about how to improve job satisfaction and the wellbeing of staff. The benefits of supervision have been seen, especially having a safe place to reflect and debrief after incidents, and this could be made mandatory which, for some healthcare professionals, may assist with their revalidation process. Access to annual training to help staff remain vigilant as well as providing opportunities to learn may help to reduce risks to staff and to improve their job satisfaction and mental wellbeing. Finally, a better role appreciation is needed to help staff across the full prison service to

understand how they fit into the patient journey and the bigger picture. This may aid in reducing violence and abuse, making staff feel safer in their work, and promote collaborative practice that improves the working life for all staff.

Conclusion

We would like to conclude this article with some take home messages:

For all prison-based staff:

- Understand your environment and your role within it
- It is ok to ask for supervision (preventative and not reactive)
- You are just as important as your patient, whatever your role is in that patient journey

For all organisations working within prisons:

- Don't think that health and wellbeing is not your responsibility, everyone needs to play a part
- A part of tendering should be to explore how the organisation supports staffs' health and wellbeing and this should be weighted in the process (social value)
- Understand how the systems of the organisations can fit with the prison-based systems, creating harmony in what is offered rather than increasing the conflict
- Create a peer support network at a national level (NHS England) for all prison healthcare staff which can help to share learning and best practice

53. Ibid: see footnote 29

54. Ibid: see footnote 23