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Veronica A. Holmes

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Emancipatory nursing praxis: Applying the social justice theory to implement harm reduction in prison substance use disorder

Veronica A. Holmes

College of Nursing, University of New Mexico

NUR 501: Theoretical Foundations of Advanced Nursing

Dr. Heidi Honegger Rogers & Dr. Lisa M. Taylor

August 7, 2022

Abstract

The United States has the highest rate of incarceration in the world. Inmates suffer from chronic health conditions and substance use disorder (SUD) at a higher rate than the rest of the population yet, often do not receive sufficient medical care during incarceration. The theory of Emancipatory Nursing Praxis (ENP) calls for the integration of social justice within the profession of nursing. This theory provides a framework in which nurses can awaken and serve as agents of change, working to ameliorate issues of systemic oppression. Harm reduction refers to policies, programs, and strategies aimed at reducing the negative health, economic, and social impacts associated with drug use. This paper will examine the application of the ENP to the care of incarcerated individuals with SUD and evaluate the utility of harm reduction to improve healthcare access and reduce negative outcomes associated with drug use.

Keywords: Emancipatory Nursing Praxis, social justice, incarceration, inmate, harm reduction, substance abuse disorder, social determinants of health, access to healthcare

Description of the Critical Issue

The metaparadigm of nursing consists of four main concepts- nursing, person, health, and environment (McEwin & Wills, 2022). Schim et. al (2007) proposed adding social justice to the metaparadigm of nursing to help organize the other four concepts. Beuttner-Schmidt (2011) defines social justice as the “full participation in society and the balancing of benefits and burdens by all citizens, resulting in a just ordering of society” (as cited by Walter, 2017).

The American Association of College of Nursing, the American Nurses Association, and the International Council of Nurses all consider social justice as an integral part of the profession yet, it is poorly defined and underutilized (Walter, 2017). Walter (2017) argues that nursing supports the “dominant hegemony in health care” by helping patients and communities “cope with vulnerability” rather than “seeking emancipation from it”. Nurses have a social contract to “protect and promote the health and well-being of the public”, making the integration of social justice into the profession of nursing essential (Walter, 2017).

Social justice aims to identify and eradicate systems of oppression (Walter, 2017). The rate of imprisonment in the United States grew sharply from the mid-1970s until the early 2000s from approximately 100 per 100,000 to approximately 500 per 100,000 (Wildeman, 2016). Stated another way, cumulatively all the incarcerated individuals would constitute the second largest city in the United States (Brinkley- Rubinsten, 2013).

Incarceration increases the risk for functional limitations, infectious and stress-related diseases, and each year spent in prison reduces an individual’s life expectancy by approximately two years (Wildeman, 2016). An estimated 65 percent of the United States prison population has active substance use disorder (SUD) and the United Nations Office on Drugs and Crime (n.d.) estimates that up to 50 percent of incarcerated individuals use or inject drugs (National Institute

on Drug Abuse, 2020). Additionally, some inmates will begin using illicit substances to cope with the stress and violent environment, while others who habitually use will continue (Armstrong-Mensah et.al, 2021).

During incarceration, unsafe drug use practices such as sharing needles and syringes increase the transmission of blood-borne infections like human immunodeficiency virus (HIV) and hepatitis C (HCV) among the prison population (United Nations Office on Drugs and Crime, n.d.). This population also has a higher likelihood of sharing injection equipment than those outside, which translates to an estimated one in three individuals having HCV and the incidence of HIV is four to six times higher (Brinkley- Rubinsten, 2013; Sander et al., 2019). Due to the alarming rate of SUD and unsafe injection practice in prisons, improving access to healthcare in the incarcerated population represents a public and population health issue.

As an Emergency Room Nurse, I work with all sectors and demographics of the public including incarcerated individuals. I have observed how incarceration affects the health of the prison population. Early in my career, one patient, an adult female, confided in me that she had been clean from opioid use for the previous three months until she returned to prison due to a violation of her parole. She stated “In prison, there is not anything to do all day, except for to sit around and do drugs. We all share needles and that is how I got hep C.” This patient was receiving medical care related to complications of intravenous drug use. She had extensive abscesses and wounds on both legs that had led to sepsis. I have also cared for patients who have had endocarditis from intravenous drug use, complications related to HCV, and exacerbations of chronic medical conditions.

Despite statistics documenting the higher rate of substance use in prison, few resources for safe injection and treatment of SUD, as well as associated diseases, exist. Only a small

percentage, of inmates, 5 percent, receive medication treatment for opioid use disorder while in prison (National Institute on Drug Abuse, 2020). According to Sander et. al, (2019), austere drug policies have caused the mass incarceration of people with SUD while simultaneously reducing or eliminating harm reduction services to this vulnerable population.

Harm reduction uses multiple modalities to decrease the negative health, social and economic impacts of drug use (Sander, et al., 2019). These modalities include opioid substitution or replacement therapy (i.e., methadone or buprenorphine), safe needle and syringe programs, overdose prevention and reversal, as well as screening and treatment for HIV and HCV (Sander, et al., 2019). The benefits of harm reduction are the decreased transmission of HIV and HCV, decreased drug-related crime, increased utilization of health and social services, and the prevention of fatal overdoses, which results in decreased costs and lives saved (Sander, et al., 2019). Furthermore, a growing body of evidence demonstrates that substance abuse treatment during imprisonment translates to a reduction in drug use and crime when inmates return to the community, and subsequently reduces the societal burden, i.e., family unit breakdown, recidivism, and loss of job productivity (National Institute on Drug Abuse, 2020).

This paper will utilize the theory of Emancipatory Nursing Praxis (ENP), rooted in social justice, to examine the theoretical and ethical implications of lack of SUD resources in the prison system. Through this theoretical lens I will explore how harm reduction techniques have the potential to improve healthcare access and decrease health inequities in this vulnerable population.

Emancipatory Nursing Practice

Background

Robin R. Walter has a PhD in Nursing that she received from Barry University in December of 2014 (Walden University, n.d.). She currently works part-time for Walden University in their College of Nursing doctoral program and has taught nursing at all levels for over a decade (Walden University, n.d.). Walter's background includes working for the United States Airforce as a Bulgarian linguist, as the Training Coordinator for the Clinton Administration's National Health Care Reform Hotline, as the Legislative Director of the Lutheran Office of Public Policy, as a congressional legislative aid on health policy, and as the Grassroots Coordinator for Lutheran World Relief in their Washington DC office (Nursology, 2020; Walden University, n.d.). Walter's research focuses on social justice, and she has presented her theory, Emancipatory Nursing Praxis both nationally and internationally (Walden University, n.d.).

Selected Theory

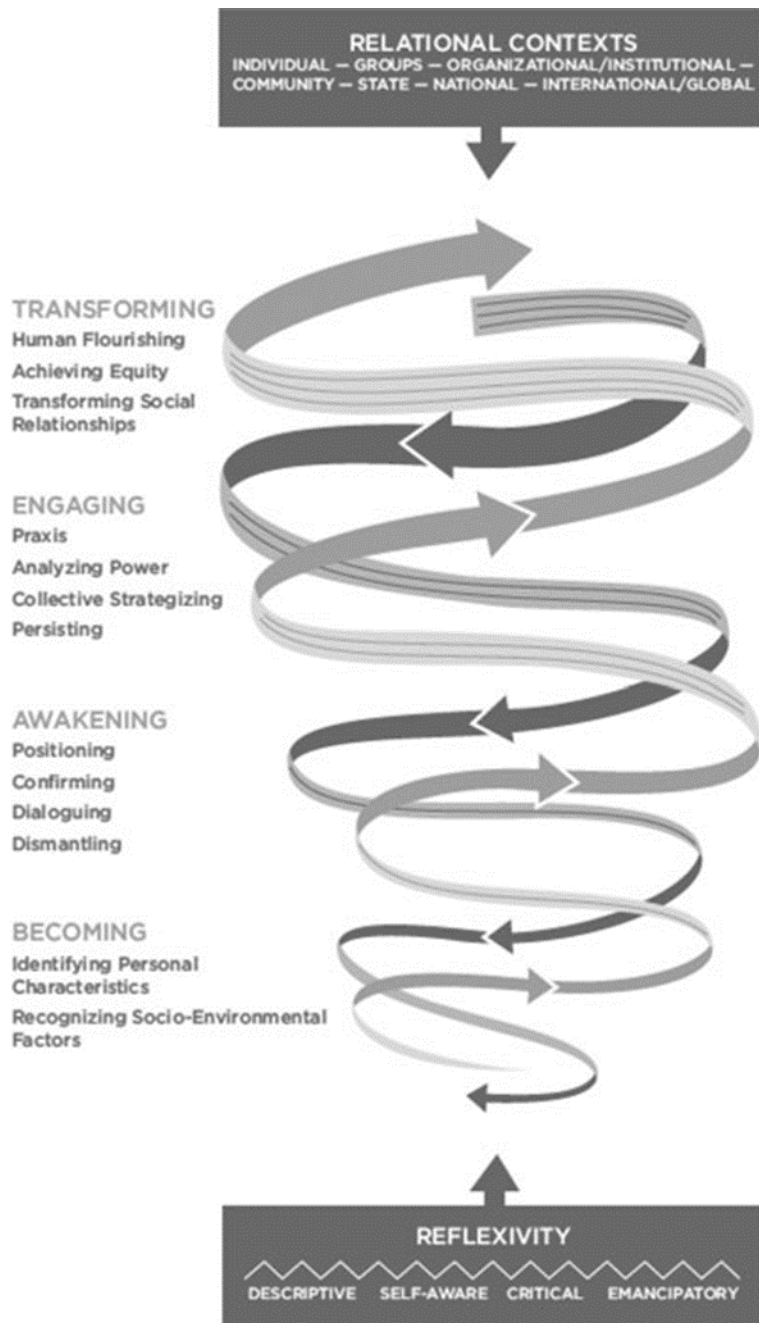
The ENP theory, as a middle range theory utilizes concrete concepts that can be tested empirically and defined operationally, making it apt for interweaving social justice into nursing practice (Walter, 2017). The ENP theory has four main conceptual categories: becoming, awakening, engaging, and transforming; and has two contextual conditions: relational and reflexive (Walter, 2017).

Becoming refers to a person's realization that something is wrong or needs to be corrected based on intrapersonal and socioenvironmental characteristics- i.e., acknowledging the suffering of others or the problematic views of a close friend (Walter, 2017). Awakening involves a person identifying their role in society and how they affect the health and wellbeing of others (Walter, 2017). Awakening usually arises from a profound experience or reflection that results in a change of perspective (Walter, 2017). Awakening involves four processes:

positioning or critically evaluating a person's "position" in society relative to privilege and oppression, dialoging or using interactions with others to shape perspectives, dismantling or dissolving "sociocultural conditioned perspectives" (i.e., noncompliance), and confirming or using experiences to expand or criticize newly developed viewpoints (Walter, 2017). Becoming and awakening serve as the initial steps that guide a clinician towards undertaking social justice.

Four processes define the third concept- engaging, which involves the process of undertaking actions of social justice (Walter, 2017). These include praxis- co-occurring reflection and action; analyzing balance of power; collective strategizing- planning of actions; and persisting or sustaining praxis (Walter, 2017). Finally, the fourth concept of the ENP, transforming involves modifying thoughts, feelings, and actions based on three processes (Walter, 2017). These processes include human flourishing- the universal quality of life and wellness; achieving equity- equitable access to healthcare and basic human necessities beginning at birth (i.e., social determinants of health); and transforming social relationships- modifying relationships so that they align with praxis (Walter, 2017). These four concepts define the theory and process by which a nurse can experience "transformational learning" that guides them to integrate social justice into their clinical practice (Walter, 2017).

Relational context and reflexivity dictate a nurse's social process or progression between these four concepts. The relational context refers to how a nurse engages in social justice across or within various relational contexts including individual, institutional, community, national, or global (Walter, 2017). Whereas reflexivity or reflection occurs across four dimensions- descriptive, self-aware, critical, and emancipatory. Descriptive reflection refers to recalling past events; self-aware reflection involves acknowledging personal feelings such as biases; critical reflection involves self-examination of how the individual supports and perpetuates inequities;



and finally emancipatory reflection involves linking reflection with action to create social change (Walter, 2017).

The ENP model, involves unifying these concepts and contextual conditions in a non-hierarchical way, into a process that “represents completion and wholeness” (Walter, 2017). Praxis or “reflection-in-action” acts as a catalyst to alter oppressive social structures and processes- encouraging the nurse to undertake actions aimed at reducing oppression, marginalization, and stigmatization to promote health, wellness, and health equity (Walter, 2017). The adjacent diagram

depicts the ENP model. Its spiral

Retrieved from: Walter, R.R. (2017). Emancipatory nursing praxis: a theory of social justice in nursing. Advances in Nursing Science. 40(3)225-243. DOI: 10.1097/ANS.000000000000157.

design denotes the unpredictable and multifaceted interactions of the model that are constantly shaping one another to foster continuous growth and evolution (Walter, 2017). The four concepts promote movement in an upward spiral whereas their subcategories or “processes” promote

downward movement, with the relational contexts and reflexivity influencing the totality of movement like “churning” (Walter, 2017).

Why Emancipatory Nursing Praxis

The ENP theory can be used as a model to critique the delivery of healthcare services in the criminal justice system. As previously mentioned, nursing has a social and ethical obligation to safeguard and promote the public’s health and wellbeing, especially vulnerable populations (Walter, 2017). The ruling of *Brown versus Plata* and the Eighth Amendment guarantees incarcerated individuals the right to medical care- deficient medical treatment in prisons amounts to cruel and unusual punishment (Brinkley- Rubinsten, 2013).

Despite their additional needs, systemic and infrastructure problems create barriers for inmates to access necessary healthcare, increasing the risk for poor health outcomes among inmates (Brinkley- Rubinsten, 2013). Through the processes embedded in the ENP specifically, “becoming” and “awakening”, clinicians can implement “praxis” and “collectively strategize” to “transform” the delivery of healthcare in prison, to promote “human flourishing” and “equity”.

Applying Emancipatory Nursing Praxis

Incarcerated individuals have higher rates of chronic, infectious, and mental illness, substance abuse, and accumulated disparities because of the differential impact of social determinants of health (Brinkley- Rubinsten, 2013). These aforementioned factors render inmates vulnerable and in need of additional healthcare resources. The application of the ENP theory and implementation of harm reduction techniques has the potential to reduce SUD, make drug use in prisons safer, and thereby reduce HIV and HCV transmission, as well as other complications related to substance abuse. Additionally, the application of ENP would promote social justice in the incarceration setting, serving to decrease systemic oppression.

Harm reduction techniques provide a methodology for the application of ENP to promote the health and well-being of incarcerated individuals. Harm reduction has eight foundational principles that guide its implementation. Central tenets of these foundational principles include acknowledging that substance use will always occur in the world, that drug use is a complex of behavior or behaviors that occurs along a continuum between abstinence and severe use, that some methods of using drugs are safer than others, and that the end goal of SUD treatment should focus on the wellbeing of the community and the individual, not abstinence alone (National Harm Reduction Coalition, 2020). Additionally, harm reduction provides patients with care from a place of non-judgement, gives patients a participatory role in their own treatment, and seeks to empower people with SUD to support one another through treatment (National Harm Reduction Coalition, 2020). Finally, harm reduction acknowledges the socioeconomic, racial, and political factors (i.e., social determinants of health) that affect an individual's decision to use drugs and potential to recover from SUD, while simultaneously acknowledging the harm inflicted to people and communities from drug use (National Harm Reduction Coalition, 2020).

These eight principles provide a framework to achieve individual and community goals, and thus there is not a singular implementation methodology (National Harm Reduction Coalition, 2020). In the United States, only 11 percent of inmates have access to addiction treatment while incarcerated, and many inmates who enter prison using medication treatment for opioid use disorder lose access to their medication (Ohringer et al., 2020). Most harm reduction interventions are not utilized in the United States prison system (Ohringer et al., 2020).

Examples of the implementation of harm reduction in European prisons will be used to illustrate the potential for the implementation of harm reduction in the United States. Education

and counseling are widely implemented, yet insufficient to prevent harm related to drug use unless supplemented with other interventions (Stover et. al, 2021). Needle and syringe programs and opioid substitution therapy serve as useful interventions to counteract the high rates of HCV and HIV infection and transmission in incarcerated populations (Bielen et. al, 2018).

Additionally, the distribution of naloxone and HIV pre-exposure prophylaxis are supported by strong evidence (Stover et al., 2021). These harm induction measures would improve access to healthcare for the incarcerated population and reduce the negative impacts of drug use.

The ENP theory at the transformation level seeks to promote human flourishing, achieving equity, and transforming social relationships (Nursology, 2020). The implementation of harm reduction interventions would “transform the social relationship” between incarcerated individuals and nurses as well as the prison industrial system at large. Additionally, harm reduction would reduce drug-related harm improving the health and wellness of inmates, i.e., enabling them to flourish within the context of their surroundings.

Health equity signifies that race, ethnicity, religion, gender, age, social class, socioeconomic status and other socially determined circumstances should not interfere with an individual’s ability to “reach their full health potential” (Borras, 2020). Implementing harm reduction would decrease the burden of incarceration and would help inmates have better tools to maximize their health potential.

The ENP focuses on empowering nurses to be “allies” and advocates for systemic change. Once a nurse has “awakened” evaluating their position relative to inmates and realizing their potential to effect societal change, they can “collectively strategize” and work to dismantle the oppressive policies within the prison industrial complex and advocate for the equitable provision of healthcare.

Strengths and Weaknesses

The ENP has the components of theory description, as described by Chinn and Kramer (1983)- purpose, concepts, relationships, definition, structure, and assumptions are all clearly delineated (as cited by McEwin & Wills, 2023). However, the theory is abstract, giving it both flexibilities to be applied to nearly all social justice issues but, lacking in the sense that it does not have a clear formula. The ENP theory assumes that few nurses understand the meaning or significance of social justice, and therefore fail to engage in social justice (Walters, 2017).

According to Walters (2017), the ENP intends to provide a framework for the integration of social justice into nursing education, research, and the profession, giving the profession the capacity to address public health issues that stem from socially disadvantageous conditions. The theory lends itself to the integration of social justice into the federal prison system through the application of harm reduction measures. The ENP theory focuses on changing the mindset and actions of individual nurses, making them agents to enact change on a large scale. However, the focus on the individual does not give a clear methodology to address systemic issues.

As previously mentioned, most inmates with preexisting SUD do not receive sufficient treatment while incarcerated in the US. In fact, the healthcare infrastructure that exists in prisons serves to create barriers of access to care (Brinkley-Rubinsten, 2013). United States prisons' largely have not implemented harm reduction interventions, and thus only the few studies conducted in Europe and other nations can be used to evaluate harm reduction for the implementation of social justice. During my research, I not only encountered few studies that evaluated the potential for harm reduction in the US prison system, but I also did not find any studies evaluating the potential applicability of ENP to improving the health of the incarcerated

population. Furthermore, I did not find any studies that apply the ENP to issues of social justice and evaluate its suitability.

Future research should emphasize the translation of the ENP theory into nursing practice. Integration of the ENP into nursing education would facilitate the awakening process in novice nurses. Additionally, the integration of ENP into nursing education would promote its application to real-world social justice issues.

Final thoughts

The United States has the highest incarceration rate in the world, with 70 percent of convictions resulting in incarceration (Widra & Herring, 2021). Incarcerated individuals are at higher risk for health disparities, including mental health issues, chronic and infectious diseases, substance abuse, and experiencing violence, yet healthcare infrastructure within the United States prison system is insufficient to meet their needs (Brinkley-Rubinsten, 2013). Nursing calls for the integration of social justice into the profession. Inmates represent a vulnerable population where the integration of social justice would help improve their access to healthcare and enable them to receive the medical care that they need.

Harm reduction interventions, such as screening for infectious diseases, safe-needle programs, opioid substitution therapy, counseling, and naloxone, would help reduce the negative health outcomes associated with intravenous drug use during incarceration. Despite the potential for harm reduction to reduce health disparities, very few studies that evaluate harm reduction in the context of United States prisons exist. Future studies should explore the potential to implement harm reduction interventions within the incarceration system, including barriers to implementation, outcomes of implementation, and the risks and benefits of implementation.

The Emancipatory Nursing Praxis developed by Robin Walters provides a framework for the integration of social justice into the profession of nursing. This theory focuses on individual nurses as agents of change and as allies to vulnerable populations. The ENP provides a clear pathway for individual nurses to modify their perspectives, and to engage and collectively organize to transform aspects of the healthcare system. Nurses represent an essential component of the healthcare system's response to any major health issue and as a result are poised to lead in the development and delivery of harm reduction services in healthcare and the community at large (Pauly & Goldstone, 2008).

The ENP theory falls short in providing a pathway for systemic change, for a social justice revolution to the nursing profession at large. Additionally, few studies exist that apply the ENP theory to social justice issues and explore its application in a real-world context. Future studies evaluating this potential integration would provide useful insights for both the applicability of the theory as well as the process of enacting social justice in nursing.

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