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Factors Influencing the Care of Sick Prisoners by Healthcare Staff in Emergency Departments: The Case of the Emergency Reception Department at Ibn Rochd Hospital, Casablanca

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Graphical Abstract

This study described factors influencing prisoner management by healthcare staff in the Emergency Reception Department at Ibn Rochd Hospital, Casablanca. The findings revealed poor awareness of prison healthcare regulations, frequent confidentiality breaches, and inadequate collaboration between prison and hospital services. They highlight the need for staff training, stronger institutional collaboration, and measures to ensure equivalent healthcare for prisoners.



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Abstract: This study aimed to describe the factors influencing the management of prisoners by healthcare staff in the Emergency Reception Department (ERD) at Ibn Rochd Hospital in Casablanca, Morocco. A Level 1 quantitative descriptive study was conducted among medical and nursing staff (n = 50) using an anonymous self-administered questionnaire. Thirty questionnaires were returned (response rate: 60%). The results showed that 86.66% of the staff were unaware of the regulations governing prisoner management, 73% changed their attitude towards prisoners, and 67% provided care in the presence of accompanying personnel, compromising professional secrecy and patient confidentiality. Overcrowding, stress, and workload were identified as the main influencing factors. These findings highlight the need to strengthen staff training, improve collaboration between prison and hospital teams, establish specialized secure units, and reduce prison overcrowding to ensure equivalent healthcare for prisoners.

Keywords: *Ill prisoner, Professional secrecy, Right to health.*

Introduction

Across the world, many prison systems are facing a state of crisis with harmful consequences for prisoners, their families, and society as a whole [1]. Prisons, because they are subject to the general law of a country, should be seen to be founded on legal principles and human rights, with prisoners benefiting from the fundamental right to receive healthcare of the same quality as that provided to the general public [2]. Imprisonment nevertheless poses a significant threat to health: overcrowding, confinement, poor hygiene, and violence contribute to the development and worsening of diseases, with a disproportionately high prevalence of infectious diseases (HIV, tuberculosis), chronic conditions, and mental disorders [3]. Globally, imprisonment rates range from 30 per 100,000 population in India to 750 per 100,000 in the United States [4]. In France, according to the General Inspectorate of Social Affairs, the prison population increased by 25% between 1997 and 2013, and the provision of healthcare in prisons remains uneven and inadequate [5]. In Morocco, the Moroccan Prison Observatory in 2015 reported a prison population of approximately 76,000 inmates distributed across 7 detention facilities, with particularly limited healthcare resources: one doctor for every 800 prisoners, one dentist for every 1,200 prisoners, and one nurse for every 190 prisoners [6].

In response to these challenges, Morocco has undertaken several reforms. The General Delegation for Prison Administration and Reintegration (DGAPR) has invested considerable resources to provide prisoners with healthcare services equivalent to those available to the general population [7]. Law No. 10-23 on the organization and operation of prison establishments, together with the 2011 Constitution (Article 23), has strengthened the fundamental rights of prisoners, including the right to healthcare. Nevertheless, the provision of healthcare to prisoners within public hospitals continues to be hindered by many factors. Hazan [8] highlights the failure to respect prisoners' dignity—who remain handcuffed and restrained during transfers and medical consultations—as well as breaches of medical confidentiality, with consultations taking place in the presence of security escorts.

A recent French administrative court decision reaffirmed that restraints used during medical transfers and consultations must be individually assessed and proportionate, and that security measures must preserve prisoners' dignity and the confidentiality of medical consultations [8-10]

The Emergency Reception Department (ERD) of Ibn Rochd University Hospital in Casablanca was one of the two referral emergency departments authorized to provide emergency care for prisoners in the Greater Casablanca area at the time of the study. According to internal hospital

statistics, 161 emergency transfers of prisoners were recorded in the Greater Casablanca area; 55 of these (34.2%) were managed by the ERD of Ibn Rochd Hospital. These figures indicate that the department managed a substantial proportion of prison-related emergency cases in the region, making it an appropriate setting for investigating healthcare professionals' experiences in caring for prisoners.

Prisoners may experience overlapping health, social and psychological difficulties that increase their vulnerability. In emergency departments, healthcare professionals must reconcile security requirements with their ethical and professional obligations, including respect for patients' rights, dignity and medical confidentiality. Insufficient knowledge of the relevant regulations, combined with the absence of clear care protocols, security procedures and arrangements for coordination between institutions, may complicate the provision of appropriate care to prisoners.

The limited number of Moroccan studies addressing these issues, together with observations made during a clinical placement in the ERD, motivated the present investigation. This study aimed to identify the factors influencing the care of prisoners by healthcare professionals in the Emergency Reception Department of Ibn Rochd Hospital in Casablanca and to formulate recommendations for improving the quality and continuity of care.

Methodology

Study Design

The present study was a Level 1 descriptive quantitative study, according to Fortin's classification [11]. It aimed to describe the factors influencing the management of prisoners by healthcare staff in the Emergency Reception Department (ERD), without manipulating variables or using a comparison group. This design provides an accurate description of the situation within a specific clinical setting and generates hypotheses for future research.

Study Setting

The study was conducted in 2018 in the Emergency Reception Department (ERD P29) of Ibn Rochd University Hospital (CHUIR) in Casablanca. At the time of the study, this department was known as the Emergency Reception Department (ERD P29). It has since been reorganized and is now designated as the Trauma Centre. A public institution with legal personality and financial autonomy, operating under the joint technical and financial supervision of the Ministry of Health and the Ministry of Finance, CHUIR has a capacity of 1,165 beds distributed across four facilities: Ibn Rochd Hospital, 20 August Hospital, the Children's Hospital, and the Dental Consultation and

Treatment Centre. The ERD provides uninterrupted 24-hour emergency care and comprises four functional units: reception, surgical consultation, medical consultation, and the resuscitation area. This department was selected because it is one of only two centres in the Greater Casablanca area authorized to provide care for prisoners, serves as a national reference centre for emergency care, and offers a sufficiently comprehensive database to investigate the research question.

Population and Sampling

The target population consisted of all medical and nursing staff working in the Emergency Reception Department of Ibn Rochd Hospital, comprising 50 healthcare professionals (31 nurses and 20 physicians, including emergency physicians, residents, and professors). Exhaustive sampling was used, with all staff members invited to participate. Fifty questionnaires were distributed, and 30 were returned, giving a response rate of 60%, which was considered acceptable for an exploratory descriptive study.

Data Collection Instrument

Data were collected using an anonymous self-administered questionnaire developed on the basis of the research problem and the literature review. The questionnaire comprised 23 items divided into four sections: (a) general characteristics (sex, age, and professional profile); (b) staff-related factors (experience in caring for prisoners, knowledge of regulations, management of restraints, presence of accompanying personnel, influence on attitudes, and behaviour adopted); (c) organizational factors (collaboration between prison services and the healthcare facility, and the perceptions of other patients); and (d) overall assessment of the quality of care and the main problems identified. The questionnaire included both closed-ended questions (single- or multiple-choice) and open-ended questions (free-text comments). Anonymity and confidentiality were guaranteed, and the participants' free and informed consent was obtained verbally before the questionnaires were distributed.

The questionnaire was designed to collect the perceptions, experiences, and opinions of healthcare professionals regarding the management of prisoners. It did not investigate the experiences or perceptions of prisoners or prison officers.

Data Analysis

The collected data were classified according to the main concepts of the study, then entered, analysed, and presented in tables (frequencies and percentages), before being interpreted in the light of relevant findings from the literature.

Ethical Considerations

In accordance with the ethical principles governing research on human participants [11], three principles were respected: (a) voluntary participation and informed consent; (b) strict confidentiality of the data collected; and (c) preservation of respondents' anonymity. No information that could identify the participants was collected.

Results

General Characteristics

Of the 50 questionnaires distributed, 30 completed questionnaires were returned and considered suitable for analysis, giving a response rate of 60%. The socio-demographic and professional characteristics of the sample are presented in Table 1. The majority of respondents (73%) were aged between 20 and 30 years, and the gender distribution was balanced (50% women and 50% men). State Registered Nurses (SRNs) represented the largest professional group (63%), followed by emergency physicians (17%), resident doctors (13%), and professors (7%). All respondents (100%) had previously provided care to at least one prisoner during their professional careers.

Table 1. Socio-demographic and Professional Characteristics of Healthcare Staff

Characteristic	**n**	**%**
Age		
20–30 years	22	73.33
30–40 years	6	20.00
40–50 years	1	3.33
50 years and over	1	3.33
Sex		
Female	15	50.00
Male	15	50.00
Professional Profile		
State Registered Nurse (SRN)	19	63.33
Emergency Physician	5	16.67
Resident Doctor	4	13.33
Professor	2	6.67

Source: Self-administered questionnaire, Emergency Reception Department, Ibn Rochd Hospital, 2018

Healthcare Staff-Related Factors

Table 2 summarizes the main findings relating to healthcare staff-related factors. Nearly nine out of ten respondents (86.66%) reported being unaware of the regulations governing the management of prisoners, whereas 70% expressed an interest in receiving training on this subject. Almost half of the respondents (46.66%) requested that prisoners remain handcuffed during treatment, and 67% provided care or performed examinations in the presence of accompanying personnel (law enforcement officers or prison security staff). Seventy per cent of participants reported feeling reassured by the presence of these accompanying personnel, although 67% acknowledged that their presence negatively affected compliance with professional secrecy and patient confidentiality. Furthermore, 73% stated that a patient's status as a prisoner influenced both their attitude and the care they provided. The most frequently reported behaviour was a feeling of insecurity (33.34%), followed by reduced empathy (16.67%) and fear (13.33%).

Table 2. Healthcare Staff-Related Factors Influencing the Management of Prisoners

Item	Yes, n (%)	No, n (%)
Aware of the regulations governing the management of prisoners	4 (13.34)	26 (86.66)
Wishes to receive training on the relevant regulations	21 (70.00)	9 (30.00)
Requests that prisoners remain handcuffed during treatment	14 (46.66)	16 (53.34)
Provides care in the presence of accompanying personnel	20 (66.67)	10 (33.33)
Feels reassured by the presence of accompanying personnel	21 (70.00)	9 (30.00)
Considers that the presence of accompanying personnel compromises professional secrecy	20 (66.67)	10 (33.33)
Changes attitude when the patient is a prisoner	22 (73.33)	8 (26.67)

Source: Self-administered questionnaire, Emergency Reception Department, Ibn Rochd Hospital, 2018.

Furthermore, when participants were asked to identify the factor that most influenced their attitude, stress and workload ranked first (42%), followed by department overcrowding (30%), the prisoner's criminal record (16%), and other factors such as the patient's behaviour or the nature of the illness (12%). These findings reflect the substantial impact of organizational conditions on the quality of the healthcare professional–patient relationship in an overcrowded emergency department.

Organisational and Environmental Factors

Table 3 presents the organizational factors identified. Sixty-seven per cent of participants considered the collaboration between prison services and their healthcare facility to be inadequate, reporting complex prison-to-hospital transfers, poor communication, and occasionally strained relationships between the two institutions. According to the healthcare staff, the presence of prisoners alongside other patients in the waiting area generated feelings of insecurity in 43.25% of cases, fear in 32.43%, and no particular feeling in 24.32%

Table 3. Organizational Factors and Overall Assessment of Prisoner Healthcare Management

Item	n	%
Collaboration between prison and hospital teams considered inadequate	20	66.67
Perceived impact of prisoners' presence among other patients:		
Insecurity	16	43.25
Fear	12	32.43
No particular feeling	9	24.32
Overall management of prisoners considered unsatisfactory	17	56.67
Staff identifying at least one problem hindering prisoner healthcare management	26	86.67

Source: Self-administered questionnaire, Emergency Reception Department, Ibn Rochd Hospital, 2018.

Overall, 56.67% of participants considered the healthcare management of prisoners in the Emergency Reception Department (ERD) to be unsatisfactory. They attributed this to department overcrowding, prolonged waiting times, the high prevalence of communicable diseases, the lack of training on the relevant regulations, poor organization between prison services and the hospital, and stigmatization by the general population. In addition, 86.67% (26/30) of respondents identified at least one problem hindering the management of prisoners within their healthcare facility.

Discussion

This descriptive study aimed to identify the factors influencing the management of prisoners by healthcare staff in the Emergency Reception Department of Ibn Rochd Hospital in Casablanca. The findings should be interpreted as reflecting the perceptions and professional experiences of the healthcare staff who participated in the survey rather than the experiences of prisoners or prison

officers. Although the findings cannot be generalized, they are consistent with observations reported in both the international and Moroccan literature and highlight several major structural and ethical challenges

Poor Knowledge of the Regulatory Framework Undermines the Healthcare Professional–Patient Relationship

The most striking finding concerns the widespread lack of awareness (86.66%) of the regulations governing the management of prisoners. This lack of legal knowledge prevents healthcare professionals from reconciling a patient's status as a prisoner with the provision of care that fully respects patients' rights and generates a sense of insecurity that influences their behaviour [10]. As McMillan [12] points out, it then becomes difficult to establish a relationship of trust between the healthcare professional and the patient, even though this relationship is fundamental to all healthcare practices. Ventéjoux and Hirschelmann [13] emphasize that professionals are confronted with a poorly defined situation for which no protocols exist, leading each individual to act according to personal judgement, thereby increasing inconsistencies in practice. It is unlikely that this will happen if the personnel in attendance are trained, as their *formation* is likely to be uniform.

This lack of awareness and training may be partly explained by the young age of the sample (73% aged 20–30 years), suggesting a large proportion of early-career professionals who may have had less exposure to the care of prisoners and received less training on their specific needs. Nevertheless, the strong interest expressed in receiving training (70%) represents an encouraging opportunity to strengthen both undergraduate and continuing professional education.

Professional Secrecy Compromised by the Presence of Accompanying Personnel

The fact that 67% of healthcare professionals provided care in the presence of accompanying personnel, and that 70% reported feeling reassured by their presence, whereas 67% acknowledged that this presence undermined professional secrecy and patient confidentiality, reflects a major ethical dilemma. On the one hand, the presence of security escorts responds to legitimate security concerns given the potential dangerousness of certain prisoners [14]. On the other hand, it infringes upon prisoners' privacy and hinders the establishment of a trusting relationship that enables patients to disclose their symptoms and healthcare needs [12].

These findings raise important ethical concerns regarding the balance between security requirements and prisoners' fundamental rights as patients. The British Medical Association [19] emphasizes that prisoners should receive healthcare equivalent to that available to the general population. Its guidance further establishes that prisoners should normally be examined and treated without restraints or prison officers present, unless an individual risk assessment identifies a substantial security threat.

These principles are particularly relevant to the present findings, as 66.67% of respondents reported providing care in the presence of accompanying personnel, and the same proportion acknowledged that this practice compromised professional secrecy. Although security precautions may be necessary in specific circumstances, they should be proportionate to the individual risk and should not unnecessarily interfere with clinical examinations, medical confidentiality or patient dignity.

The BMA guidance therefore provides a useful ethical framework for developing clear institutional protocols and improving collaboration between healthcare professionals and prison authorities. It should be considered that Britain's prison system is under great pressure and that there have been appalling cases of women prisoners giving birth while shackled in prisons in recent years.

It should be noted that the Emergency Reception Department investigated in the present study did not provide obstetric or maternity care. Women requiring childbirth were admitted directly to the maternity department. Consequently, situations involving women giving birth while restrained fell outside the scope of this study and were not encountered by the healthcare professionals surveyed.

The identification of stress and workload (42%) as the main factors influencing healthcare professionals' attitudes, followed by department overcrowding (30%), confirms that working conditions in the Emergency Reception Department (ERD) have a substantial impact on the quality of care provided to prisoners as well as to other patients. By its very nature, the ERD is an overcrowded department faced with a continuous influx of patients, and the admission of a prisoner under escort complicates procedures (patient movement, security, and confidentiality).

The inadequate collaboration between prison services and the healthcare facility, reported by 67% of participants, is consistent with the findings of Edge *et al*. [15], who highlighted that poor coordination and communication between prison and hospital services, together with the dominance of security requirements over clinical priorities, compromise confidentiality, patient

autonomy, and the continuity of care. Ventéjoux & Hirschelmann [13] emphasize that such tensions undermine institutional partnership and compromise established working procedures between the two institutions. Furthermore, the absence of a dedicated admission procedure exposes prisoners to public view in waiting areas, generating feelings of insecurity among other patients (43.25%) and **fear** (32.43%), which may result in discrimination and even prisoners refusing to accept healthcare.

Recommendations

In the light of the study findings and the literature reviewed, recommendations are proposed under four complementary areas. These recommendations are offered to inform decision-makers and encourage practical actions to improve the healthcare management of prisoners within public healthcare facilities.

Research

National multicentre studies on the healthcare management of prisoners should be supported and expanded across different types of healthcare settings (emergency departments, hospital wards, and prison healthcare facilities) in order to generate robust and comparable data. Qualitative research, particularly through in-depth interviews with healthcare professionals, prisoners, and prison staff, would provide a better understanding of the relational and organizational mechanisms. The establishment of a national database on medical transfers and the right to healthcare for prisoners would also facilitate the development and monitoring of public policies [2,16].

Education and Training

The inclusion, within the initial and continuing education of healthcare professionals (nurses, doctors, and healthcare assistants), of a dedicated module covering, among other topics, the regulations governing the management of prisoners, ethical principles (dignity, professional secrecy, and confidentiality), and communication skills specific to this population appears essential. The development of interprofessional training programmes for both healthcare and prison staff would promote mutual understanding and improve coordination. At the same time, the implementation of health education programmes for prisoners, particularly regarding hygiene, would help reduce the burden of disease within prison settings [17].

Practice

Several operational measures may be recommended: (a) modernizing the facilities and equipment of healthcare services providing care for prisoners; (b) establishing additional healthcare units within prison establishments, including specialist consultations to reduce the need for medical transfers [8,18]; (c) organizing prisoners' access to care within public hospitals through dedicated pathways that minimize public exposure; (d) allowing greater flexibility in certain security measures to facilitate the work of healthcare staff, particularly by removing handcuffs during treatment whenever the prisoner's level of risk permits [19]; and (e) ensuring that prisoners receive healthcare of a quality and continuity equivalent to that provided to the general public [20].

Management

At the institutional level, several actions should be prioritized: (a) establishing specialized secure units within public healthcare facilities, equipped with appropriate resources and staffed by personnel trained in the management of prisoners [20]; (b) developing a dynamic working protocol between prison services and hospital services to improve collaboration [16]; (c) introducing systematic screening on entry into prison for communicable diseases, including tuberculosis, sexually transmitted infections, and hepatitis B and C, given their high prevalence in prison settings [20]; and (d) addressing prison overcrowding, identified in the literature as the main risk factor for the deterioration of prisoners' health [17].

Conclusion

The evolution of the legal status of prisoners has led to the recognition of their fundamental rights, including the right to healthcare, the right to information, respect for medical confidentiality, and human dignity. Nevertheless, the present study demonstrates that, in practice, these rights continue to face numerous challenges within the Emergency Reception Department of Ibn Rochd Hospital in Casablanca. Healthcare staff's lack of knowledge of the relevant regulations, breaches of professional secrecy resulting from the presence of security escorts, the stigmatization of prisoners, and inadequate collaboration between prison and healthcare institutions all contribute to a standard of care considered unsatisfactory by more than half of the healthcare professionals surveyed.

These findings call for a multidimensional approach combining professional training, the development of interinstitutional protocols, the establishment of dedicated units, and measures to address prison overcrowding. The situation of ill prisoners will only become truly comparable to

that of patients in the community if progress is achieved within two cultures—healthcare and prison services—that have long remained at odds. Despite its limitations, the present study seeks to contribute to a better understanding of this issue and to encourage, at the national level, further research and practical initiatives.

Because this study explored only healthcare professionals' perspectives, future qualitative and mixed-methods studies should also investigate the experiences of prisoners and prison officers to provide a more comprehensive understanding of healthcare delivery in custodial settings. The right to healthcare for all applies to prisoners. Their rights as patients must not be diminished.

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