DOI 10.18471/rbe.v34.34815

EXPERIENCES OF THE NURSING TEAM IN THE ROUTINE OF THE CORRECTIONAL SYSTEM

VIVÊNCIAS DA EQUIPE DE ENFERMAGEM NO COTIDIANO DO SISTEMA PENAL

EXPERIENCIAS DEL EQUIPO DE ENFERMERÍA EN LA VIDA COTIDIANA DEL SISTEMA DE JUSTICIA PENAL

Ana Amélia Melo Soares[1]
Gabriela Miranda de Oliveira Castro[2]
Isabelle Elias Monteiro de Almeida[3]
Luciana Alves Silveira Monteiro[4]
Lilian Machado Torres[5]

How to cite this article: Soares AAM, Castro GMO, Almeida IEM, Monteiro LAS, Torres LM. Experiences of the nursing team in the routine of the correctional system. Rev baiana enferm. 2020;34:e34815.

Objective: to understand the everyday life lived by the Nursing team in the correctional system. Method: qualitative research conducted with four nurses and two Nursing technicians from a Prison Resettlement Center, in Minas Gerais, Brazil. Data were collected through an interview between June and July 2018, and analyzed based on the framework of Minayo. Results: four thematic categories emerged: “perception of Nursing care with the person deprived of freedom”; “difficulties to provide assistance in prison”; “feeling of invisibility of Nursing care in the prison system”; and “ambiguity of feelings of the health care in the prison system”. Conclusion: the prison environment does not encourage concrete actions for health promotion and disease prevention. Coping strategies would come with permanent education, clinical and administrative meetings, in addition to the construction of protocols and guidelines that systematize and support the practices.

Descriptors: Delivery of Health Care. Nursing. Prisons. Prisoners.

Objetivo: compreender o cotidiano vivido pela equipe de Enfermagem no sistema penal. Método: pesquisa qualitativa realizada com quatro enfermeiros e dois técnicos de Enfermagem de um Centro de Remanejamento Prisional, em Minas Gerais, Brasil. Os dados foram coletados por meio de entrevista entre junho e julho de 2018, e analisados com base no referencial de Minayo. Resultados: emergiram quatro categorias temáticas: “percepção do cuidado de Enfermagem à pessoa privada de liberdade”; “dificuldades para prestar assistência no presídio”; “sensação de invisibilidade do cuidado de Enfermagem no sistema prisional”; e “ambiguidade de sentimentos ao cuidar da saúde no sistema prisional.” Conclusão: o ambiente prisional não favorece ações concretas de promoção da saúde e prevenção de agravos. O enfrentamento viria com educação permanente, reuniões clínico-administrativas, além da construção de protocolos e diretrizes que sistematizem e sustentem as práticas.

Descritores: Assistência à saúde. Enfermagem. Prisões. Prisioneiros.

[1] Nurse. Nurse at the Santa Casa de Misericórdia de Piumhi. Piumhi, Minas Gerais, Brazil. https://orcid.org/0000-0003-3137-4630.
[2] Nurse. Nurse at the Hospital Felício Rocho. Belo Horizonte, Minas Gerais, Brazil. https://orcid.org/0000-0001-7672-7765.
[3] Nurse. Independent researcher. Belo Horizonte, Minas Gerais, Brazil. https://orcid.org/0000-0001-5006-9776.
[4] Nurse. MSc in Nursing. Assistant Professor I at the Faculdade de Ciências Médicas de Minas Gerais. Belo Horizonte, Minas Gerais, Brazil. https://orcid.org/0000-0002-1071-9946.
[5] Nurse. PhD in Sciences. Independent researher. Belo Horizonte, Minas Gerais, Brazil. lilian.torres0806@gmail.com.br. https://orcid.org/0000-0002-7510-7078.

Objetivo: comprender la vida cotidiana vivida por el equipo de Enfermería en el sistema de justicia penal. Método: Investigación cualitativa realizada con cuatro enfermeros y dos técnicos de Enfermería de un Centro de Reasentamiento de Prisiones, en Minas Gerais, Brasil. Los datos fueron recolectados por medio de una entrevista entre junio y julio de 2018, y analizados con base en el referencial de Minayo. Resultados: cuatro categorías temáticas surgieron: "la percepción de la atención de Enfermería a la persona privada de libertad"; "las dificultades para prestar asistencia en la prision"; "la sensación de invisibilidad de los cuidados de Enfermería en el sistema penitenciario"; y "la ambigüedad de los sentimientos en el cuidado de salud en el sistema penitenciario". Conclusión: el ambiente carcelario no fomenta acciones concretas para la promoción de la salud y prevención de enfermedades. El enfrentamiento vendría con la educación permanente, reuniones clínicas y administrativas, además de la construcción de pautas y protocolos para sistematizar y sostener las prácticas.

Descriptores: Prestación de Atención de Salud. Enfermería. Prisiones. Prisioneros.

Introduction

The stimated prison population world has reached 11 million individuals and, in 15 years, this population is expected to increase between 25% and 30%[1-2].

Most inmates are concentrated in the United States, followed by China, Russia and Brazil, whose numbers exceed 700 thousand prisoners, which represents an increase of approximately 70% in relation to the total recorded in the 1990's. Such number puts Brazil in 4th place in the list of the largest prison populations in the world, with an accelerated pace of growth and precarious conditions, despite the recent disclosure and bulky government investment[1,3].

The overcrowding is a global reality[2], and in Brazilian prisons, it surpasses in 61.3% of the system capacity. This population is composed of young people from 18 to 24 years (31%), from 25 to 29 years (25%), and over 30 years (44%). The subhuman and vulnerable scenario becomes evident, leading to a reflection on the complexity of the situation lived by imprisoned people and by managers responsible for space, resources, efficiency and educational and rehabilitating programs[2,4-5].

In Brazil, in the Ivory Coast, in the USA and in France, for example, achieving health in prisons remains a significant challenge in a context essentially geared to security. There is limited access to health since before the confinement and worsening of the situation in prisons, especially in relation to tuberculosis (TB), infection by the Human Immunodeficiency Virus (HIV) and mental disorders[6]. There is urgent need for a public policy that considers the social inclusion of persons deprived of their freedom and that reorient health actions and services toward health promotion, in addition to the prevention and rehabilitation, when diseases are already present[5,7-8].

The prison environment, more than the population itself, intensifies, in a general way, the incidence of TB[9]. In the Brazilian prison system, the stimated incidence rate of TB is 27 times greater than in the total population of the country[10]. In low- and mid-income countries, data on mental disorders in prisons are little known, despite higher incidence when compared to the population in general and with high-income countries[11]. Equally important, there are the related costs, especially when few governments have clear and consistent reports on the costs of health services in this scenario[12].

Another issue, no less important, refers to the involved health professionals, who find themselves faced with a two-way street: loyalty to the human person, as a primary duty, and to the institution, in relation to security aspects[13-14]. However, the practices of the team that works in prisons must seek to meet the detected health demands[15].

From the historical point of view, Nursing has been adapting to the current scenarios that require its presence, such as the correctional system[14]. The multidisciplinary team realizes the importance of nurses in prisons, in order to

optimize people's access to health actions and interventions[16]. This professional is considered fundamental to the promotion, maintenance and recovery of health during the deprivation of freedom[15].

In this way, the study object becomes imperative, which is to understand, in the perspective of the Nursing professional that works in prisons, the everyday practices experienced in health care with the prison population. Analyzing the lived situations, based on a qualitative approach, allows giving greater visibility to experiences that qualify the assistance, since the professionals' training until the care management.

The objective of this study was to understand the routine of the Nursing team that works in the correctional system.

Method

Exploratory, descriptive research with qualitative analysis and based on tools that should be considered for the construction of scientific knowledge[17]. Study designed and prepared based on the consolidated criteria for reporting qualitative research (COREQ)[18].

The study site was a Prison Resettlement Center, in the municipality of the metropolitan region of Belo Horizonte, Minas Gerais, Brazil. The state unit houses 1,200 inmates, despite its capacity for 400 prisoners. The study was approved by the State Bureau of the Prison Administration and by the Research Ethics Committee (REC) of the College of Medical Sciences of Minas Gerais, under Opinion n. 2.640.390.

The statemments were collected between June and July 2018. The participants were four nurses, one male and the other female, and two Nursing technicians, both of the female sex. The participants' mean age was 38.3 years, all with formal employment of government worker of Minas Gerais state and with mean time working in the institution of 4.3 years. The inclusion criteria were: being a qualified professional (nurse or Nursing technician) and effective state worker. The only exclusion criterion adopted was the professional's absence due to holidays or leave during the study development, which occurred with only one member of the team, a Nursing technician.

After the preliminary agreements with the prison management, the professionals were presented to the researchers who, in person, invited them to participate in the study. Subsequently, the participants signed the Informed Consent Form (ICF), after the explanations about the study, its background, the researchers' interest and proposed objectives. The interviews were recorded after the deponents' authorization. The interviews were scheduled and performed by only three of the researchers involved, students back then, female, from the last term of the Nursing Course, trained and under the supervision of two professors, with master's and doctoral degrees, respectively. There was no knowledge and/or previous relations between the interviewers and participants.

In the administrative sector of the prison, a physical space was chosen to conduct the interviews, which lasted on average 30 minutes each, with the presence of only the professional and one of the researchers. The participants were identified by an alphanumeric code to preserve the secrecy, using the letters N for nurses and NT for Nursing technicians, followed by Arabic numbers, defined individually.

The interview guide contained questions that addressed the perception of health care with persons deprived of freedom and their feelings, in addition to positive and negative experience in everyday life. The questions were presented to the participants during the interviews and there was no return to the professionals or repetition of meetings.

The framework of Minayo was used for the content analysis of the statements that comprised the population available, even with data saturation, at the 4th and 5th statements, discussed between interviewers and supervising professors. The analysis phase comprised the organization of the statements to facilitate the identification of similarities and differences in each set of topics discussed by participants. Then, the sets were

reorganized to allow classifying the emerging content and fostering the understanding of what appears emphatically or repeatedly. Thus, the meaning expressed by the deponents arose[17].

The transcriptions were not presented and/or returned to the participants and the emerging themes, resulting from the statements, were compared with the scientific literature, after their synthesis. At the end of the study, the results were presented to the managers of the prison unit and part of the study was disclosed in the 8th Ibero-American Congress on Qualitative Research (CIAIQ)[6].

Results

The content of the results were analyzed, and four categories emerged: Perception of Nursing care with the person deprived of freedom; Difficulties to provide assistance in prison; Feeling of invisibility of Nursing care in the prison system; and Ambiguity of feelings of the health care in the prison system.

Perception of Nursing care with the person deprived of freedom

According to the participants, the care provided does not comply with the professional standards and regulations. They emphasized the need for improvements to qualify the technical services, within the institutional context:

> *At night, there is not much contact with the inmate, since there are no calls, only in case of urgency. I work alone during the night shift and, as Nursing technician, I'm a bit limited. I only manage to evaluate and, if necessary, send the inmate.* (NT2).

> *The assistance is not appropriate regarding the inmates' needs. The physical structure is inadequate and the inputs are poor.* (N2).

Nevertheless, they reported positive points within the care context:

> *The existing advantages are quick tests, blood tests and priority to schedule specialized appointments.* (N1).

The Nursing professionals highlighted the human and holistic dimensions present in health care, regardless of the legal issues, but did not fail to mention the feeling of helplessness:

> *I see the inmate and his health, regardless of the penal article* [article that led to deprivation of freedom]. (NT1).

> *We do little in relation to what we could do, considering the lack of clinical protocol for the* [correctional] *system, that directs attitudes and behaviors. We don't even have the Standard Operational Protocol and those out there don't even imagine that. I couldn't imagine the difficulties I would face and how hard those issues were.* (N1).

The interviewees listed the actions of health care with the person, realized humanizing characteristics in interventions, however, pointed out inadequacies that could be remedied through governmental protocols and determinations. As a result, there emerged problems in everyday life.

Difficulties to provide assistance in prison

The physical structure of the unit and its operational functioning are in disagreement with the recommendations from resolutions of competent agencies, according to the interviewees:

> *The difficulties are lack of* [medical-hospital] *material and physical space. The ideal would be an outpatient space, a dressing room, an adequate place to store inputs and medications, besides separated rooms for individual calls. There is also need for stretchers, waiting room, space for intravenous infusion and observation room.* (N3).

> *We don't have a doctor daily, we lack medications and a room with a more adequate and better strcuture. Thus, the assistance could be better, with a doctor daily, good devices, vaccination room. This would make the call adequate and avoid displacements.* (N4).

Other difficulties relate to the devices and provisioning of inputs, sufficiently and permanently:

> *We have no oxygen, electrocardiogram* [referring to the electrocardiograph], *defibrillator. See that the pressure device, oximeter and glucometer are all mine. The unit does not perform maintenance and calibration of the devices, quarterly.* (N2).

> *In case of medications, we often do not receive the adequate amount, or we receive a lot of medications almost expired.* (N3).

The Nursing team specified the problems related to sending the prisoner from his cell to care in the infirmary:

> *There are many difficulties for the prisoner to reach the infirmary. Prison officers remove the prisoner from the cell and place him in a place called "corró", which is a cell used for screening. The inmate waits for many hours, or sometimes doesn't even get to the infirmary. He can wait for days, and when he receives the care, there are*

> *no more symptoms, or they have used medicine from other colleagues. Sometimes, a slight fever becomes a high fever, with a risk of seizure. We should escort and send quickly, but the justification is the lack of* [prison] *officers available and the supposition that the inmate is pretending and forcing an unnecessary call.* (N2).

Moreover, they listed difficulties to send thei nmate to external health units, when there is need for call:

> *We provide outpatient care. We manage to solve the simplest cases, but if there is a need for hospitalization, we are unable to meet, as there is a delay in sending the inmate to care outside the prison.* (N4).

> *We have some obstacles with certain officers, with the escort staff. The problem is often the lack of a car and the lack of a* [prison] *officer. If it's urgent and there is no car available, it may take time, since monitoring is necessary.* (N3).

The professionals listed some improvements in health care that could happen, despite the difficulties present in daily life in prisons. They questioned the interference of prison officers on actions and procedures that make up the Nursing care, as well as exposed their perception about the look of other professionals.

Feeling of invisibility of Nursing care in the prison system

The participants reported the direct interference of prison officers in the Nursing care and questioned this form of action:

> *I've never seen the Nursing service being questioned as much as in the prison system. Non-health professionals have a strong opinion on Nursing care.* (N1).

> *There are many difficulties and questions from security personnel. Nursing assessment is not always sufficient for the prisoner to receive the required service. Most of the time, the care depends on the "evaluation" of the* [prison] *officer and, for them, the problem presented can wait. In this way, the inmate does not receive the care when necessary.* (N2).

One of the professionals reported feeling offended by the way he is observed in the everyday life:

> *Eventually I feel uncomfortable with the security team around us. We are not well regarded here and, in certain procedures, I perceive a different look. I'm embarrassed because they don't understand the professional side.* (NT1).

The participants reported inadequacy in the care provision and pointed out the difficulties involved in their daily practice, with emphasis to the interference and questionings by prison officers. As a result, they described the emotions generated that relate to professional devaluation.

Ambiguity of feelings of the health care in the prison system

Increased technical knowledge and professional training, arising from the profile of the defined diagnoses and care required in prisons, were recognized by the deponents:

> *The unit is very rich in relation to the clinical part, pathologies, because each day is a new thing. You don't know what awaits you, so the system makes you study and learn about new subjects.* (N4).

> *Meeting the prison population is knowledge you take with you. Regarding the diversity of pathologies and cases I face, I can say that I would not have such an opportunity anywhere.* (N2).

Furthermore, they acknowledged and thanked the opportunity to care with persons deprived of freedom, in the best way, even with difficulties:

> *As a positive point, I perceive certain feedback. The inmate is more grateful for our work, is more malleable and collaborative in certain procedures. They are subject to communication and don't have that resistance that the community has.* (NT1).

Nonetheless, the professionals experience a variety of feelings. They described the fear, the pressure and distrust, which contribute to feeling restrained and little security:

> *Everyone who works here is a suspect. In these cases of electronic devices in the cells, the greatest suspicion falls on employees, so I don't answer alone. I don't intend to work in the unit for a long time, I see it as a passage, a learning experience, because it's sickening to work my whole life in this way, in this psychological pressure, distrust and suspicion. But, our profession has this, Nursing is a mixture of love and hate.* (N1).

> *We are suspicious all the time, whoever is in this working environment is suspicious, since inside the cells there may be a lot of drugs and cell phones.* (NT2).

Pressure and restraints also emerged in other statements:

> *The service here sucks you in and my fear is a rebellion, a riot, being held hostage. These devices* [referring to cell phones] *that they find inside the galleries are a difficult problem. We must always be alert, active. The team may meet the prisoner, who might think it was not appropriate and ask someone to to do justice, outside the prison.* (N3).

> *I'm afraid, because we don't know people and their nature. If an inmate does not agree with the service I provided, I may even be beaten, morally or physically, outside. Inside, we have to treat well, with education, with professionalism so we don't have this type of problem in our personal lives. I like to work here, but my biggest frustration is the lack of structure and the omission with the prison system. I have love and I like the profession. But we have to be strong, we take everything here and those who aren't strong enough leave.* (N4).

The results showed the perception of a professional health care below the recommended, much due to the difficulties highlighted and the feelings experienced. Positive points and advantages of the work in prison were listed, mainly those related to humanization. The recognition and appreciation were evaluated only by the detainees' view. Despite the emotions experienced of fear, pressure and distrust, the participants realize gains in the knowledge competence.

Discussion

The health care provided to inmates were not perceived as executed properly and in accordance with the recommended by the rules and regulations of the profession, despite the recognition of the effort to occur as they wish to be proper and legal. In fact, the complexity of the environment is emerging challenges for access to health care in prisons, a model that cannot be isolated from national and regional care systems and that enables the advancement of the independence of professionals in prisons, with a view to care quality[7,13]. The look for the health of this population is still based on the curative model, based on complaints, whose decision to send the inmante to the call is, first of all, by prison guards in function of the security issue[8,19], as evidenced by the care focused on the demands of an emergency or specialized care.

However, the Nursing team reported providing health care the best way they can, considering that all those deprived of freedom are humans with rights of citizens. Even so, the statements reveal the feeling of powerlessness in the face of what is necessary but unavailable, resulting from recognized limitations. A study of temporal trends, with secondary data of prisons in Brazil between 2007 and 2014, confirms high rates of diseases in prisons, data that demand government actions in the health and justice fields[7]. Even with difficulties, the professionals strive in their everyday life and, therefore, are exposed to all kinds of pressure, which requires interventions to promote quality of life at work and affect positively the organizational commitment, with a view to improving the health care of persons deprived of freedom[8,20]. Importantly, the supposed autonomy reported, even in dimensions below the necessary or possible, denotes the opposite, that is, the lack of autonomy to make decisions about health care in prison, even in view of the Law of Nursing Professional Exercise, which ensures that performance.

The qualitative and quantitative aspects of inputs, equipment and human resources, indicated as inappropriate or scarce, are factors that generate high levels of stress in the professionals and reduce the quality of care provided. Likewise, they influence the safety of workers that identify or associate them to risks to their integrity[19]. Thus, the adequacy of existing legislation is essential for the implementation of effective and safe actions[21]. The results also pointed out the absence of protocols and specific guidelines that govern the Nursing professional practice, in scenarios of deprivation of freedom. There is the yearning for directing the daily work, which in turn could result in feelings of invisibility and mistrust. The team needs to discuss on what bases they can and want to take care, if it is possible to systematize their actions and define the supporting theoretical assumptions. Such perspective should not be invisible to professionals and, even less, to the managers of the institution that proposes to recover people who transgressed laws and social norms.

In the analyzed context, the decision for a call outside the prison and the unavailability of escorts for the transport of detainees were observed as external factors which negatively

incisively affect the Nursing care. The literature shows that, in urgent cases, the delay in service, in any situations, may compromise the expected outcome[19]. Similarly, the cooperation between the health and secutiry teams comprises the ethical aspects necessary to ensure the care, respecting the different professional roles, but facing the same direction[13]. These are the difficulties of normative, operational, administrative and structural nature, recognized by the nursing professionals, that need to be considered by managers, since they imply directly on the quality, efficiency and effectiveness of the care provided and the guarantee of security of persons deprived of freedom and of the workers themselves.

Despite the teamwork, the deponents made clear their perception of invisibility in the prison system, despite the constant gaze of surveillance and interference during the Nursing procedures. This is another form of invisibility, which refers to the professionalism, the consideration of labor, the importance of each element in the context. Studies emphasize that the devaluation of personal skills leads to negative feelings, such as impotence and discouragement, when unable to assist the needy[22], in addition to demotivation and the possibility of development of psychopathologies[8]. Furthermore, health professionals in prison systems should be considered and heard during the elaboration of strategies that reduce disparities, as well as trained to deal with the peculiarities and specificities of health in prisons[7]. The participants revealed, sometimes, the desire not to stay in the institution for a long period.

The coping strategies and daily conflicts, even if deaf, influence the daily practice, when going against the ethical dimension of Nursing care that supports the relations and decision-making. Hence the need to take care of those who care and promote continuing education.

Even in the face of the mooring lines to care, workers pointed to be essential to ensure the appropriate and wide assistance, which begins in primary care and in health education. In fact, the official reports in several countries indicate part of the custodial costs related to primary health care[12]. Studies argue that health care with persons deprived of freedom should be directed to the primary level, which identifies problems, performs diagnostic, plans and implements the assistance. Nursing can also contribute by providing autonomous and non-fragmented care, comfort and well-being, in addition to retrieving the meaning of human existence and reducing discrimination and/or prejudices[8,19,23]. The results pointed out that simple and punctual procedures solve part of the problems faced when the delay to the call or the external call is evident by administrative or invisibility problems, but verbalized as security issues. The desire for improvements in care raises points of reflection on the act of all institutional teams, which, in turn, require the keen eye of prison and public managers.

In this context, positive and negative feelings and emotions emerged, experienced in the contact with detainees, which include mistrust, pressure and fear. Study on the perspective of Nursing workers exposes a mixture of feelings in the routine of professionals in prisons, whether by their own emotion aroused by profession or by the type of person and/or the environment in which their work occurs. This can trigger facilitating or complicating elements in the health care process[19]. Moreover, when the environment is characterized by overcrowding, the morale of the professionals may be affected, as well as the concerns with controls and security[2]. Nonetheless, not all detainees establish immediate threats and risks to the Nursing team. Since there is difficulty to establish differences, the professional often remains in a state of defense and liveliness, which translates into environmental stress[14], widely highlighted by the participants in the various situations reported. Nevertheless, there is need to question when coping paths would be discussed, both in the institutional framework and in the context of public policies, so that the phenomena identified as harmful may be

processed or minimized. Otherwise, only the emotions and difficulties will continue to be published in scientific communications.

Indeed, in the prison environment, almost everything represents possibility of emotion generally called as fear of something. In this scenario, the pressure, violence and constant vigilance experienced are factors that affect professionals' mental health[22,24]. Experiencing contrasts between the care and the care with custody secutiry greatly influences the way the Nursing care occurs[14]. On the other hand, there were no suggestions for improvement in relation to the factors generating fear and insecurity, which points to the absence of discussing the matter in the Nursing team and with other teams, especially security team, generating attitudes that promote fear, according to the professionals.

Despite all the complicating factors and the feelings exposed by the deponents and corroborated by literature, the experience of positive emotions also emerged, which could not fail to be presented. Gratitude and recognition are highlighted, depending on the possibility of meeting the needs and help marginalised people. Another fact mentioned relates to the unique learning, a consequence of the diversity of clinical and existing pathologies in prison. This result is highlighted by authors who sought to find meaning in difficult circumstances, in a study conducted with health professionals in prisons, which pointed out the variety of diseases treated as one of the positive attributes. In fact, meaningful work and feelings of support, claimed by the deponents, are dimensions that need to be considered in the restoration of the relevance of health care of persons deprived of freedom[25]. However, there was no mention of groups of clinical discussion to update the knowledge about the pathologies in prison. Furthermore, professionals did not mention the individual or collective search for update of new cases, which leads to the inference of non-perception of the need for continuing education.

The study presents limitations, such as having been carried out in only a prison unit, with reduced number of Nursing professionals. Nevertheless, far from inferences to generalize the results found, this study sought to understand the everyday practices of Nursing care in the reality of the researched scenario.

Conclusion

The survey allowed understanding the experiences of the Nursing team in the prison system, under the perspective of the professionals involved in health care. The routine lived by the Nursing team next to persons deprived of freedom showed the perception that improvements in the system would qualify and meet the regulations aimed at the assistance in the context of prisons.

The results highlighted the effort to achieve human and holistic dimensions, in spite of the difficulties identified that relate to inadequate physical structure, devices and provisioning of medical-hospital items necessary for health care, as well as the dimensioning, higher availability and training of human resources.

Public policies must consider implementing more concrete actions, focused on health promotion and disease prevention, early detection of the main diseases arising from incarceration. Other necessary referrals would be a clear definition of professional roles in prisons, the permanent education, clinical meetings, teamwork and the efficient management. Thus, the professionals involved would be appreciated and with the most comprehensive look about the persons deprived of freedom in a hostile scenario, which may not represent hostility in the everyday doing.

Collaborations

1 – conception, design, analysis and interpretation of data: Ana Amélia Melo Soares, Gabriela Miranda de Oliveira Castro, Isabelle Elias Monteiro de Almeida, Luciana Alves Silveira Monteiro and Lilian Machado Torres;

2 – writing of the article and relevant critical review of the intellectual content: Luciana Alves Silveira Monteiro and Lilian Machado Torres;

3 – final approval of the version to be published: Luciana Alves Silveira Monteiro and Lilian Machado Torres.

References

1. Walmsley R. World prison population list [Internet]. 11a ed. London: Institute for Criminal Policy Research; 2016 [cited 2020 Mar 4]. Available from: http://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_11th_edition_0.pdf

2. MacDonald M. Overcrowding and its impact on prison conditions and health. Int J Prison Health. 2018;14(2):65-8. DOI: 10.1108/IJPH-04-2018-0014

3. Brasil. Ministério da Justiça e Segurança Pública. Levantamento Nacional de Informações Penitenciárias (IFOPEN). Atualização de Junho de 2016 (Internet). Brasília (DF); 2017 [cited 2020 Mar 4]. Available from: http://depen.gov.br/DEPEN/noticias-1/noticias/infopen-levantamento-nacional-de-informacoes-penitenciarias-2016/relatorio_2016_22111.pdf

4. Ribeiro AP. Prisons viewed from an interdisciplinary standpoint. Ciênc saúde coletiva. 2017;22(2):663-4. DOI: 10.1590/1413-81232017222.23942015

5. Cordeiro EL, Silva TM, Silva LSR, Pereira CEA, Patrício FB, Silva CM. Epidemiological profile of carceraries: notified pathologies. Av enferm. 2018;36(2):170-8. DOI: 10.15446/av.enferm.v36n2.68705

6. Minayo MCS, Gualhano L. Saúde nas prisões: avaliações, políticas e práticas. Ciênc saúde coletiva [Internet]. 2016 Jul [cited 2020 Mar 4];21(7). Available from: http://www.scielo.br/scielo.php?script=sci_arttext_pr&pid=S1413-81232016010800001&lng=en&nrm=iso&tlng=pt

7. Job Neto F, Miranda RB, Coelho RA, Gonçalves CP, Zandonade E, Miranda AE. Health morbidity in Brazilian prisons: a time trends study from national databases. BMJ Open. 2019;9:e026853. DOI: 10.1136/ bmjopen-2018-026853

8. Santana JCB, Reis FCA. Perception of The Nursing Team About Health Care in The Prison System. J res: fundam care online. 2019 Oct/Dec;11(5):1142-7. DOI: 10.9789/2175-5361.2019.v11i5.1142-1147

9. Mabud TS, Alves MLD, Ko AI, Basu S, Walter KS, Cohen T, et al. Evaluating strategies for control of tuberculosis in prisons and prevention of spillover into communities: An observational and modeling study from Brazil. PLoS Med. 2019;16(3):e1002764. DOI: 10.1371/journal.pmed.1002764

10. Brasil. Ministério da Saúde. Guia sobre gênero, HIV/AIDS, coinfecções no sistema prisional [Internet]. Brasília (DF); 2012 [cited 2020 Mar 4]. Available from: https://www.unodc.org/documents/lpo-brazil/Topics_aids/Publicacoes/GUIA_SOBRE_GENERO_HIV_em_prisoes_2012.pdf

11. Baranyi G, Scholl C, Fazel S, Patel V, Priebe S, Mundt AP. Severe mental illness andsubstance use disorders in prisoners in low-income and middle-income countries: a systematic review and meta-analysis of prevalence studies. Lancet Glob Health. 2019;7(4):e461-e471. DOI: 10.1016/S2214-109X(18)30539-4

12. Sridhar S, Cornish R, Fazel S. The Costs of Healthcare in Prison and Custody: Systematic Review of Current Estimates and Proposed Guidelines for Future Reporting. Front Psychiatry. 2018;9:716. DOI: 10.3389/fpsyt.2018.00716

13. Pont J, Enggist S, Stöver H, Williams B, Greifinger R, Wolff H. Prison Health Care Governance: Guaranteeing Clinical Independence. Am J Public Health. 2018;108(4):472-6. DOI: 10.2105/AJPH.2017.304248

14. Santos FS, Cavalcanti Valente GS, Souza LMC, Caldeira dos Santos MLS, Silva dos Santos I, Schwartz MP. Cuidados de enfermería en situación de cárcel según Waldow: entre lo profesional y lo expresivo. Enferm glob. 2013;12(31):290-315. DOI: 10.6018/eglobal.12.3.149531

15. Barbosa ML, Medeiros SG, Chiavone FBT, Atanásio LLM, Costa GMC, Santos VEP. Ações de enfermagem para as pessoas privadas de liberdade: uma *scoping review*. Esc Anna Nery 2019;23(3):e20190098. DOI: 10.1590/2177-9465-EAN-2019-0098

16. Wong I, Wright E, Santomauro D, How R, Leary C, Harris M. Implementing two nurse practitioner models of service at an Australian male prison: A quality assurance study. J Clin Nurs. 2018;27(1-2):e287-e300. DOI: 10.1111/jocn.13935

17. Minayo MCS. Análise qualitativa: teoria, passos, fidedignidade. Ciênc saúde coletiva. 2012;17(3): 621-6. DOI: 10.1590/S1413-81232012000300007

18. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32 item checklist for interviews and focus groups. Ins J Qual Health Care. 2007;19(6):349-57. DOI: 10.1093/intqhc/mzm042

19. Santos FJ, Cardoso DSA, Brêda MZ, Costa LMC. Salud en las Prisiones: lo que hablan los trabajadores de enfermería. Cul Cuid. 2015;19(41):114-25. DOI: 10.14198/cuid.2015.41.14

20. Karaaslan A, Aslan M. The Relationship Between the Quality of Work and Organizational Commitment of Prison Nurses. J Nurs Res. 2019 Jun;27(3):e25. DOI: 10.1097/jnr.0000000000000286

21. Barbosa ML, Celino SDM, Oliveira LV, Pedraza DF, Costa GMC. Primary health care of convicts in the penitentiary system: subsides for nursing performance. Esc. Anna Nery. 2014 Dec;18(4):586-92. DOI: 10.5935/1414-8145.20140083

22. Barbosa ML, Menezes TN, Santos SR, Olinda RA, Costa GMC. The quality of life of health professionals working in the prison system. Ciênc saúde coletiva. 2018;23(4):1293-302. DOI: 10.1590/1413-81232018234.09292016

23. Silva AAS, Sousa KAA, Araújo TME. Nursing assistance systematization in a prison unit underpinned by Orem Theory. Rev enferm UFSM. 2017;7(4):725-35. DOI: 10.5902/2179769222076

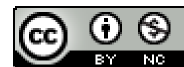
24. Santiago E, Zanola PC, Hisamura Junior RS, Silva IYM. The feeling of fear in daily work in prison surveillance and its impact on the subjectivity of penitentiary agents. Cad psicol soc trab. 2016;19(2):161-75. DOI: 10.11606/issn.1981-0490.v19i1p161-175

25. Stephenson AL, Bell N. Finding meaningful work in difficult circumstances: A study of prison healthcare workers. Health Serv Manage Res. 2019;32(2):69-77. DOI: 10.1177/0951484818787698

Received: December 7, 2019

Approved: February 27, 2020

Published: April 2, 2020



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribuition -NonComercial 4.0 International.
https://creativecommons.org/licenses/by-nc/4.0/

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC).
This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.