



THE CELL DOES NOT OPEN AT THE MOMENT OF PAIN: NURSING CARE IN PRISONS FOR MEN

A CELA NÃO SE ABRE NO MOMENTO DA DOR: ASSISTÊNCIA DE ENFERMAGEM EM PENITENCIÁRIAS MASCULINAS

LA PRISIÓN NO SE ABRE EN EL MOMENTO DE DOLOR: ASISTENCIA DE ENFERMERÍA EN PRISIONES MASCULINAS

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ABSTRACT

Objective: raise knowledge on the nursing care in prisons for men. **Method:** descriptive study of qualitative approach, carried out in two prisons in the metropolitan area of Fortaleza, Brazil, with 13 nursing professionals. Data was produced between April and June of 2013 through semi-structured interview, organized and presented by the content analysis technique, in the modality thematic analysis. The project was approved by the Research Ethics Committee, CAAE 12657213.5.0000.5037. **Results:** three categories emerged as result of the comprehensive reading of the speeches << Nursing actions in the penal system >>, << Difficulties that limit nursing activities in the penal system >> and << Needs for improvement of nursing actions >>. **Conclusion:** despite limitations, the nursing action was guided by ethical and legal principles of the profession, seeking quality of life of detainees, with a view to health integrated care, respect for life and dignity. **Descriptors:** Nursing Care; Prisons; Vulnerable populations.

RESUMO

Objetivo: conhecer a assistência de enfermagem em penitenciárias masculinas. **Método:** estudo descritivo, de abordagem qualitativa, realizado em duas penitenciárias da região metropolitana de Fortaleza-CE, Brasil, com 13 profissionais de enfermagem. Os dados foram produzidos entre abril e junho de 2013, por meio de entrevista semiestruturada, organizados e apresentados pela Técnica de Análise de Conteúdo, na modalidade análise temática. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 12657213.5.0000.5037. **Resultados:** a partir da leitura compreensiva das falas, emergiram três categorias << Ações de enfermagem no sistema penal >>, << Dificuldades que limitam a atuação de enfermagem no sistema penal >> e << Necessidades para melhorias das ações de enfermagem >>. **Conclusão:** apesar das limitações, a atuação da enfermagem esteve pautada nos princípios éticos e legais da profissão, buscando qualidade de vida dos detentos, com vistas à atenção integral à saúde, respeito à vida e dignidade. **Descritores:** Cuidados de Enfermagem; Prisões; Populações Vulneráveis.

RESUMEN

Objetivo: conocer la asistencia de enfermería en prisiones masculinas. **Método:** estudio descriptivo, de enfoque cualitativo, realizado en dos prisiones de la región metropolitana de Fortaleza-CE, Brasil, con 13 profesionales de enfermería. Los datos fueron producidos entre abril y junio de 2013, por medio de entrevista semi-estructurada, organizados y presentados por la Técnica de Análisis de Contenido, en la modalidad análisis temático. El proyecto fue aprobado por el Comité de Ética en Investigación, CAAE 12657213.5.0000.5037. **Resultados:** a partir de la lectura comprensiva de los discursos, surgieron tres categorías << Acciones de la enfermería en el sistema penal >>, << Dificultades que limitan la actuación de enfermería en el sistema penal >> y << Necesidades para mejoras de las acciones de enfermería >>. **Conclusión:** a pesar de las limitaciones, la actuación de la enfermería estuvo pautada en los principios éticos y legales de la profesión, buscando calidad de vida de los detenidos, para la atención integral a la salud, respecto a la vida y dignidad. **Descritores:** Cuidados de Enfermería; Prisiones; Poblaciones Vulnerables.

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INTRODUCTION

The Brazilian prison system now holds thousands of prisoners who live in precarious conditions and that require treatment in all areas of human care. The prospect is one of a congested prison system, which means worse conditions of human survival, increasing segregation, difficulty to offer health care and thus, spread of diseases.¹ Given this situation, there is a need to assist and care for these individuals, as prisoners, despite losing freedom, must have their respect for physical moral integrity preserved.²

For a long time, health in the prison system has been forgotten. Although contemplated by the law since 1984, attention to health of institutionalized individuals consecrated only after 2003, with the creation of the National Health Plan in the Prison System (NHPPS), a partnership between the Ministry of Health, National Penitentiary Department and the Ministry of Justice in an attempt to organize health activities in the prison system, so that these were to be organized and directed based on the principles of the Unified Public Health System Unified Health System (*Sistema Único de Saúde* - SUS).³

The NHPPS subsidizes actions aimed at assisting convicted persons, not including those found in public prisons or police stations. Such attention is justified by the length of stay of these individuals in closed and overcrowded spaces, being, therefore, more vulnerable to various illnesses, maintaining high prevalence rates of diseases such as HIV/AIDS, tuberculosis, hepatitis and other infectious diseases.⁴

Prisoners constitute a population poorly cared not only concerning infectious diseases, which impact is more evidently perceived, but also in relation to drug abuse, risk of violence and various mental disorders that affect the prison population, whose personality and behavior disorders seem to predominate.^{5,6}

The abovementioned reality justifies the presence of health professionals in prison units, specifically the nurse, in order to attend the prison population and aiming at health promotion, prevention and rehabilitation.

The health team, to specifically assist prisons, must be composed, according to the resolution CNPCP No. 07 of April 14, 2003, of at least one clinician doctor, one psychiatrist doctor, one dentist, one social assistant, one psychologist, two nursing assistants and one dental assistant with a minimum work load of 20 hours/week.³

Even though the nurse is not mentioned among the professionals listed in the Resolution, the Law of Professional Practice No. 7498 establishes that nursing activities performed by mid-level professionals must be carried out under supervision of the professional nurse. Many private health actions are also competence of the nurse, actions such as organization and direction of nursing services in public or private institutions, as well as planning, organization and evaluation of nursing services.⁷ In this sense, the presence of a nurse in prisons reinforces the full implementation of nursing care, meeting this way the health care precepts directed to the prison population.

It is noteworthy that part of nursing actions is often indirectly delegated to other professionals, usually prison guards who are in contact with the detainee. However, such professionals do not have adequate training to identify symptoms of various diseases occurring in the environment, as it is the case of tuberculosis. Such care also includes other diseases with less expressive signs and symptoms that are not noticed by agents and often not even stated by detainees.⁸

Given the above, nursing practice is acknowledged as fundamental in preventive or curative perspective, in order to minimize the prevalence of contagious and infectious diseases and to ensure the care recommended by the NHPPS toward this population.

Thus, the present study purposed to reunite knowledge on nursing care in prisons for men.

METHOD

Article drawn from the Monograph << Nursing care in prisons for men>> presented to the undergraduate program of the Metropolitan College of Grande Fortaleza. Fortaleza (CE), Brazil/2013.

Descriptive study of qualitative approach carried out in two prisons in the metropolitan area of Fortaleza, Brazil. Nursing team of professionals of prisons (nurses, technicians and nursing assistants) participated in the study, totaling 13 professionals. Data was produced from April to June 2013 through semi-structured interviews that sought to understand the nursing actions within the prison health unit.

Prisons were provided with health care facilities similar to a Basic Health Unit and relied on a structured professional staff composed of a physician, a nurse and nursing technicians and assistants. These professionals are responsible for technical assistance and

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they have different schedules organized in a manner to maintain at least one professional available at every turn, seeking to offer full-time coverage.

Interviews with professionals were held by previous appointment settled by the prison director and the nursing leader. Hence, two visits to the first prison and three visits to the second were necessary because some professionals rotate scales.

Interviews were transcribed, thereby fulfilling the *corpus* of the study. We used the thematic analysis to organize and present the results. This analysis allows for conceptually significant themes arising out of the comprehensive reading of the statements and that may develop into data categories.⁹ Data was organized into three categories: nursing actions in the penal system, difficulties that limit nursing activities in the penal system, and needs for improvement of nursing actions.

Due to the need for confidentiality of respondents, the lines were identified by the Penitentiary number and the letter corresponding to the function of the professional (if Nurse or Nursing Technician). Prisons were identified by numbers one or two. Each had a nurse, which was identified by the letter N. The nursing technicians were identified by letters NT, followed by the interview number, wherein ranged from one to six in the first prison unit and one to five in the second.

The ethical and legal principles of research with human beings were respected, according to Resolution 466/12 of the National Health Council, with approval by the Ethics Committee of the Public Health School of Ceará with CAAE: 12657213.5.0000.5037 and Opinion 218.393, ensuring the principles of bioethics with regard to autonomy, non-maleficence, beneficence and justice. Participants signed the Informed Consent Form, ensuring the will to contribute and stay.¹⁰

RESULTS AND DISCUSSION

• Nursing actions in the penal system

Nursing recognizes the need for a differentiated care in the penal system, ranging from listening to the basic life support in cases of urgency and emergency care, as the lines of the following respondents reflect:

[...] We, the ones of the nursing area, we make the difference, we do care, we take care of that inmate, we provide solutions to those problems. (P1N)

It is essential for the inmates. If you have something there, something more serious, I

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mean, in quotes, something we can solve, if nursing is part of the system, the occurrence is handled more quickly, within the prison. Instead of taking it to the hospital, when it is possible to solve here, and then it is easier for the system when there is a nurse on duty to perform the procedures. (P1NT2)

Care, typical of nursing, makes the difference for both the detainees and for the system itself, and presents solving capacity of problems that occur within the unit, in order to bring convenience to the inmate.

In a study conducted in the prison system of Paraíba, inmates acknowledged the importance of nursing care and reported that in the absence of these professionals; their care was not ensured, often requiring a transference to external units.¹¹

In addition, nursing becomes important to establish the link between detainees and other health professionals, as identified mainly in the reports of technical professionals:

[...] I think they come at first seeking care, they look for us. (P1NT3)

It's very important. Because the only help they have when they are sick is us. The only way they can appeal to get to the doctor is through us. (P1NT2)

If we can solve, we solve. If you cannot solve, it is forwarded to the doctor. (P1NT2)

We are thus a gateway for health to reach him. (P1NT5)

The nursing technician accompanies the daily experiences and hears complaints of detainees, assessing the degree of need for care of the internal, solving or leading the case for other professionals, following a hierarchy in solving each case.

It is important the agility to pass on the information in order to solve the need for health, since, in such conditions, the detainee has no freedom to leave in search of his care, thus depending exclusively on the actions of nursing professionals to make this link, identifying the real needs of each detainee.¹²

Developed actions must be similar to those of any other health establishment, considering the peculiarities of the penal system. It is required the same performance in terms of knowledge, skill and attitude of the professional attending the general population.

As a nurse, I actually develop the whole bureaucratic part and, in addition, also all programs. This is because we run here as a basic health unit. So, we have all programs, including the health of men as well. (P2N)

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Actions range from consultation, really, personalized, to a more direct assistance, in the case of dressings, the patient transfer. (P2N)

Follow-up of hypertensive, diabetic patient, patient with STD, patient with AIDS and also, if present, patient with leprosy. (P1NT2)

Feed SISPEN which is a system where we have of detainees' identification. There, all medical or nursing care, all he goes through, any care that he receives, must be registered in the SISPEN. Not only in SISPEN, but also in written medical records. (P1NT3)

Actions should primarily be compatible with the primary care level, and, in cases of urgency and emergency, attempts to provide immediate care, but most of the time, the unit does not have adequate support for such situations, so, the internal should be transferred to a health care facility that meets their necessities.¹¹

The good development of actions contributes to improving the quality of life of inmates, reducing care provided outside the unit, consultations that are troublesome, and this strengthens the inmate's bond of trust towards the professional, for it is there where they expect help.

[...] It is extremely important, because it is with these actions that we can minimize the problems they have within the health unit. (P1N)

Detainees see it as a link, because in reality, we, in a sense, we are a connection they have with the doctor, they long to see us, for us to take the name to bring to the doctor, to the dentist. We put their name on the doctor's list and they feel even safer in passing that name to us. (P1NT6)

This interrelation with other professionals is important for the proper functioning of internal and external activities, facilitating professional contact with the detainee on possible health actions, thereby solving cases.

In addition, empathy between professionals and inmates is also important to reduce the negative image that these can have regarding prisoners, reducing labeling and thereby promoting therapeutic alliances.¹³

Care actions bring comfort to a population that is marginalized of society, incarcerated, but that has not lost the right to have a humanized care, which is critical to the direction of nursing care.¹⁴

The importance of nursing care is notable, as well as the observations on the health status of this population and the intervention in risk factors for a better quality of life of

these people. In a hostile environment, such as prisons, where other sectors must display authority toward the detainee, nursing can make the difference with its humanized view that can confer autonomy to the inmate in face of their health situation, as well as host their health needs.

• Difficulties that limit nursing activities in the Penal System

Because the prison is a poor structured and public environment, in a different situation of that experienced in the external reality, there are many difficulties that permeate nursing practice and one of them is the overcrowding of units, hindering dialogue.

Difficulties are many. I think there are many, many detainees, one person listening about 20 others speaking the same things. Some 20 people feeling the same things every day. (P1NT2)

The strongest difficulty I think it is to dialogue with them. Because whenever you're talking to one person, there are four people talking right next to you, there, all the time, all the time, loud, several things. It's a totally different matter that I'm talking to one here, then the other starts with something else. So, for me, the main difficulty is the dialogue I have with them. (P1NT5)

They talk all at the same time. Sometimes I get a little stressed, asking a few: oh, please, let me first hear him here. But they do not understand. (P1NT6)

The lack of professionals create difficulty in qualified hearing and touch, because everyone wants to be heard and they know that the professional will not be able to be there for a long time and this can sometimes generate turmoil and inefficiency of the service.

The reception and the practice of health education, proper of the care performed in primary attention, are not developed effectively, although the professional knows that it is a necessary action.

The person downstairs, in the accommodations, they come to us with a complaint, we arrive, in a sense, it is not a reception, as it should be done, because it is a bit rushed. (P1NT6)

[...] We see the need, or even explain to him the importance of that given medicine for that treatment that we know of that disease he has and then, this is compromised. (P1NT6)

The difficulty in this reception is also a reflection of the work overload and stress caused by the turmoil the detainees themselves in cells. Overloading, work and emotional distress are factors that directly

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influence the quality of care from nursing workers.¹⁵

In some units, the amount of agents is insufficient and the dependence of realization of nursing actions in monitoring of prison guards ends up just generating delay in nursing service and putting in risk the lives of the professional, as scored the professionals.

Sometimes, there are four agents to three hundred and something, so in that sense, the difficulty would be greater. (P2N)

[...] The person who is there with us at the time of consultation is all the time hurried for us to end service to come down with the prisoner, because he already has something else to do. (P1NT6)

Often, we need to go to one sector, enter into a sector and sometimes they do not want to accompany us, putting people's lives at risk. (P1NT3)

[...] Often, we are doing the service, when we look, there's no one else to provide our safety. (P1N)

Security of the professional is essential when it comes to prisons. There is a reliance on prison guards to do so, and then, in the case of reduced contingent of these professionals, the quality of care is compromised or safety for the professional is insufficient or reduced. Most often, the professionals themselves do not evaluate this risk by daily contact with the detainee, but not without fear in carrying out their daily activities, fearing, as well, for their safety.¹⁶

The difficulty in quantitative agents does not happen only inside the prison unit, but mainly at the moment inmates need to go out to other healthcare facilities and need police escort and car available for the transport.¹¹

It is very hard people to get an escort to accompany this inmate. So he spends sometimes a month, two or more waiting for an appointment. This query is scheduled and, on the day of consultation, everything is ready, except the escort, and then he cannot go. Then, it is necessary to re-schedule this consultation. (P2N)

It must be considered that the appointments by the SUS is also troublesome and that, beyond all hopes, given the need for health, there must be an attempt to reschedule because of an administrative obstacle. There is also the prejudice that exists in relation to the care of a prisoner.¹²

The lack of coverage by some professional was also identified as difficulty for some nursing technicians, as cases of emergency falls on them, and some procedures demand they to make decisions that are not within their competence.

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Other difficulty is that the doctor is not present here every day, like us. This turn things very difficult because sometimes we should have the help of the doctor, who could guide us and if he is not present, it becomes difficult, for we do not know what to do and everyone is there waiting for you to have an attitude, even if it is not for you to do that. Then it makes it very difficult for us. (P1NT2)

Sometimes the prisoner is injured there and I have, we have to know exactly what he needs. (P2NT1)

The respondent points out the need for a doctor in daily basis in the unit in order to guide them on the procedures and perform care actions proper of this category. Likewise, it is indispensable the nurse to be present in the unit 24 hours, assuming the most complex technical decisions that are appropriate to each moment.¹¹ It appears that the private nursing function often ends up being performed by nursing technicians, as, in this case, each unit has only one nurse 20h per week.

In addition to the issues mentioned, the units face problems common to almost all health facilities, such as lack of some necessary materials and conditions to provide good care.

[...] Lack of material conditions to offer better care, because unfortunately, as in health care locals, drugs are missing also here. (P1NT6)

[...] Which leaves thus really wanting in this aspect, the lack of material, because we feel, well, pretty much useless, when we know that the internal is in need of special care and at that moment you will not be able to assist, as we should, because of the lack material, of equipment. (P2NT5)

The lack of suitable materials is one of the variables that is directly related to motivation at work by nursing professionals.¹⁷

• Needs for improvement of nursing actions

The diagnosis of the problems from the experience of professionals enables the vision of a reality faced during service in prisons and the search for solutions to improve such assistance. The increase in the number of professionals to meet the demand and the working conditions were suggestions.

I think it is necessary to hire more health care professionals so that we become able to assist them better. This must include also prison guards, the whole system, because health alone does not work, we depend a good deal on them, the ones in the direction of the prison. (P1NT5)

I work alone. In the period when the doctor is not present and the head nurse goes

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away, after his duty, I'm alone. If I had yet another person, another nursing technician who could work along with me., because only one person, I think is not enough. (P2NT1)

The proposal arises from the difficulties previously mentioned. There is need to increase the number of prison guards to improve security and the quantity and quality of care, greater availability of transportation and escort to the external procedures in order to meet the demand for consultations and external examinations, materials available from according to the needs of inmates, and increasing the number of health professionals.¹¹

However, when suggestions to improve nursing care were request from health professionals, important questions that would influence or improve the care within the penal system were diagnosed. One of the points was about the labor link, in which participants suggested the holding of civil service exams rather than outsourcing.

I think this should be considered a more serious matter; there should be an exam for this. (P1NT2)

Such modality of employment link could make the professional more appreciated and valued within the unit, considering that this would be an employment relationship equal to that of prison officers and it would turn labor relations horizontals.¹⁸ Another issue is the possibility of improvement in the salary, since most professional respondents held other jobs to ensure higher income, considering the low pay received for work in the penal system.

[...] to pay a salary a little higher, because our wages are outdated and are not up to the work we perform here. (P1N)

The wage figures as well as a positive component motivating the nursing team.¹⁷

Qualification and training of professionals were also scored as possible improvements to the quality of service, given the specificity of the environment and the public with which they work.

People should be trained not only pick one person and throw in there, as it was the case when I arrived here. I just did not know not where to begin with. And no one tells you what to do or not, you have to learn by yourself. (P1NT2)

Both from me, I would have to receive training to learn and to pass better things to this inmate, such as security person himself. In order to learn, to humanize the thing, really. (P1NT6)

A professional trained in emergency care, as it is the case with some colleagues. (P2NT5)

In addition to the need for training in safety, as some prisons host inmates of considerable danger and, in case of rebellion or risk actions, the professional must know how to act or avoid risky situations.

Lack of specific training to work in the criminal justice system is one of the points that reinforce the insecurity for the nursing staff, which is not prepared for specific situations such as breakouts or riots if they burst.¹⁹ It is important to develop an educational protocol to the development of educational practices together with nursing professionals working in differentiated contexts.²⁰

The learning process has many dimensions. In this process, one can demystify human need, encourage the development of care strategies and encourage listening and dialogue, as well as enable the development of workers and, hence, of the institutions.²¹

The nursing staff also acknowledged that interventions should happen not only on professional level of health and agents, but managers must also be sensitized on the importance of health for inmates, in order to be helpful when seeking improvements, in addition to narrowing linkages with other sectors of the Prison Unit, creating an internal intersectional approach that would improve the work flow.

[...] First the issue of sensitization of directors themselves, those responsible for the prison. The awareness and recognition of the importance of health within a prison unit, because when you have knowledge, you fight for what you believe. (P2N)

There must be a great harmony between all sectors of the unit. Like, an inmate comes out in license, then those responsible have to go for health staff, and health staff dismisses that patient. If doing TB treatment, health staff will contact the social service so that medication can monitor the inmate and this can continue the treatment also outside the prison. (P2N)

Because of the large administrative dependence, a bond of trust and collaboration with health actions is necessary, believing they are also fundamental to the proper functioning of the establishment as a whole.

Communication leads to organization. It is the organizational conversation that every form of organization arises. Conversation has the role of allowing the meaning of circumstances in which members of an organization meet and of changing members of a collection of individuals into a collective actor, capable of handling the situation, as defined interactively for them.²²

Taking into account the abovementioned, there is a need for integration of all sectors in identifying problems and searching for adequate and permanent solutions, as continuity of service depends on the organizational conversation, with a view to a collective act on behalf of detainees.

Another addressed issue was the privacy in assisting this detainee. Throughout the service, a prison guard must be present to provide security to the professional, compromising the confidential nature of the assistance and, in most cases, the space is not adequate or it is shared with other inmates, which compromises even nursing guidelines.

It would be interesting to bring that person to a place where a better dialogue would be possible. A place where we can better explain to that person the importance of the drug. Because this happens very often, in general. Even with people who are not imprisoned, if they are in trouble, an infection, he starts using an antibiotic, take it two or three days, improved a little bit, and that's it. He thinks he is well, and quit the treatment. Imagine them down there, they really quit. (P1NT6)

Here we see through the gate, everyone is looking, no privacy, I think that has to improve. (P2NT2)

Privacy at consultations does not only bring a significant individuality to inmates, but also improves the impact of nursing actions that could be better directed. The lack of privacy can hinder the provision of information by the detainee, thereby causing injury data collection that will direct the plan of care for that individual.

Regardless of the condition of being reclusive or free, the exposure causes embarrassment, discomfort, worry, insecurity and psychological stress. The action in search of privacy and rights of the person "was reported as a virtue that can be achieved by action based on ethical principles"^{23: 684}

It is observed that the professionals are sure about the proposals that favor the improvement of care, but are limited by conditions related to the management and they cannot intervene in their own working conditions.

FINAL REMARKS

The importance of nursing activities is clear for imprisoned men, a population that is vulnerable to health problems and needy of care that goes beyond the physical diseases, through a more humanized look, a qualified hearing care and returned to their needs.

Health care is directed basically to primary care, but the team should also be prepared

for emergency room visits that may occur, under the conditions that the prison unit offers.

It is noteworthy that health care in the penal system has its own characteristics and has many limitations, such as lack of security for the professional; the difficulty in accessing certain services and procedures, especially in those performed outside the unit, which are important for the continuity of the internal service; the lack of privacy that hinders contact with the inmate; and the lack of material resources.

The study contributed to the knowledge of nursing practice in the penal system, an environment not thought of during training process and that, in general, does not arise interest of nursing professionals, being an unknown and therefore undervalued practice.

A situational diagnosis was also presented here, despite minimal, based on the view of the professionals who are also actors in the process and experience these limitations.

From these limitations, a few suggestions to improve the quality of such assistance can be scored, suggestions which go beyond the resolution of the aforementioned issues, such as sensitization of managers about the importance of health in the penal system, through improved salaries of professionals and training for act in such environments, given its peculiarity.

Further studies are recommended on the penal system for diagnosis of the limitations of each sector of the Prison Units in order to detect the limitations of each unit and draw action plans for the improvement of care in health of detainees, considering the need of interdependence between sectors.

Despite limitations, nursing activities are guided by ethical and legal principles of the profession, seeking quality of life of detainees, with a view to comprehensive health care, respect for life and for dignity.

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