

Perception of The Nursing Team About Health Care in The Prison System

Percepção da Equipe de Enfermagem Acerca da Assistência à Saúde no Sistema Prisional

Percepción del Equipo de Enfermería Acerca de la Asistencia a la Salud en el Sistema Prisional

Júlio Cesar Batista Santana¹; Fernanda Cristina de Andrade Reis^{2*}

How to quote this article:

Santana JCB, Reis FCA. Perception of The Nursing Team About Health Care in The Prison System. Rev Fund CareOnline.2019.Oct./Dec.;11(5):1142-1147.DOI:http://dx.doi.org/10.9789/2175-5361.2019.v11i5.1142-1147

ABSTRACT

Objective: The research's purpose has been to understand how the nursing team perceives health care in the Prison System. **Methods:** This is a qualitative study, referenced by the content analysis proposed by Laurence Bardin. The investigation includes 03 nurses and 08 nursing technicians, being 03 male, working in the Prison System of the Metropolitan Region of *Belo Horizonte* city, *Minas Gerais* State. **Results:** It was demonstrated by the speech of the nursing team that the thought centered on the medico-curativist model is still present and that there are weaknesses in the processes of administrative organization. **Conclusions:** The study clarified that it is important to exist a basic administrative organization process, to improve organizational resources, to empower professionals, and thus to bring dignified health conditions to the individual deprived of liberty.

Descriptors: Prison System, Health, Nursing, Health Promotion.

¹ MSc and PhD in Bioethics by the *Centro Universitário São Camilo*, Coordinator of Lato Sensu Postgraduate Courses at the Continuing Education Institute - IEC/PUC; Intensive Care Unit (ICU) Nursing, Neonatal and Pediatric ICU Nursing, Emergency, Urgency and Trauma Nursing, Nurse of a mobile emergency care service (SAMU) at *Sete Lagoas* city, Professor at *Centro Universitário de Sete Lagoas (UNIFEMM)*, *Centro Universitário de Sete Lagoas (UNIFEMM)*, Brazil

² Nursing Graduate by the *Pontifícia Universidade Católica de Minas Gerais (PUC-MG)*, Executive Assistant of the *Secretaria de Estado de Segurança Pública de Minas Gerais (SESP-MG)* [State Secretariat of Public Security of *Minas Gerais*]. *Pontifícia Universidade Católica de Minas Gerais (PUC-MG)*, Brazil

RESUMO

Objetivo: Compreender como a equipe de enfermagem percebe a assistência da saúde no Sistema Prisional. **Métodos:** Trata-se de uma pesquisa qualitativa, referenciada pela análise de conteúdo proposto por Laurence Bardin e foram entrevistados 03 enfermeiras e 08 técnicos de enfermagem, sendo 03 do sexo masculino, atuantes no Sistema Prisional da região Metropolitana de Belo Horizonte/MG. **Resultados:** Demonstrou-se pela fala da equipe de enfermagem que o pensamento centrado no modelo médico-curativista ainda é presente, e que, existem fragilidades nos processos de organização administrativa. **Conclusão:** O estudo esclareceu que é importante que haja um processo de organização administrativa básica, para melhorar os recursos organizacionais, capacitar os profissionais, logo trazer condições de saúde dignas ao indivíduo privado de liberdade.

Descritores: Prison System, health, nursing, health promotion.

RESUMEN

Objetivo: Comprender cómo el equipo de enfermería percibe la asistencia de la salud en el Sistema Penitenciario. **Métodos:** Se trata de una investigación cualitativa, referenciada por el análisis de contenido propuesto por Laurence Bardin y fueron entrevistados a tres enfermeras y 08 técnicos de enfermería, siendo 03 del sexo masculino, actuantes en el Sistema Prisional de la región Metropolitana de Belo Horizonte / MG. **Resultados:** Se demostró por el habla del equipo de enfermería que el pensamiento centrado en el modelo medico-curativista todavía está presente, y que, existen fragilidades en los procesos de organización administrativa. **Conclusión:** El estudio aclaró que es importante que haya un proceso de organización administrativa básica, para mejorar los recursos organizacionales, capacitar a los profesionales, luego traer condiciones de salud dignas al individuo privado de libertad.

Descritores: Sistema Prisional, Salud, Enfermería, Promoción de la salud.

INTRODUCTION

Over the years, People Deprived of Liberty (PDL) in the prison system are completely disrespected in their rights. In addition to the deprivation of liberty as a criminal sanction, custodians are banned from basic human rights. Thus, they begin to suffer countless forms of punishment, consequently, they lose their personality and dignity. Contrary to this inhumane situation the Federal Constitution in its article 196 demonstrates that health is a right of all and a duty of the state.¹

As health is a basic human condition, its care is universal and egalitarian. In the case of custodians, this right is evidenced in Criminal Execution Law No. 7,210 of July 11th, 1984.²

Despite the policies, problems are difficult to address, as the implementation of a inmates assistance program faces considerable obstacles, such as expected and actual installed capacity; the characteristics of health teams regarding availability and training; and the relationship of the prison unit with the hierarchy of the Sistema Único de Saúde (SUS) [Unified Health System].³

Overcrowding facilitates disease transmissibility.

Tuberculosis is a prevalent disease in jails and one of great concern as it can contaminate family members who visit inmates and professionals. According to Andrade, for this situation to be controlled, it needs more effective strategies, policies, organizations and logistics.⁴

The reorientation in the care model is indispensable for the opportunity to access the health of the inmates, since today the problems found in the intramural walls have not been a reason to allow the individual a service based on the principles of SUS.⁵

Permission for health care is crossed by the social stereotype. Security officers' image of the custodians underlies a devaluation of their complaints about their health status. Generally perceived as incapable, lazy, and disguised, prisoners are not considered reliable. They need to provide evidence. Psychic suffering does not seem to be perceived as sufficient reason to raise health care or to affirm that something is not going well.⁶

Therefore, nursing as one of the instruments for health actions to be developed, it must participate by providing dignified living conditions to people deprived of liberty, from the biological, social, psychological and spiritual point of view, in addition to enabling an environment free from any discrimination; and thus comply and enforce ethics and bioethics, resulting in the preservation of the meaning of human existence.⁷

The professional experience, both health, and safety, within the prison units results in unsatisfactory work due to the lack of material resources and public neglect with the issues inherent to the re-socialization of the prison, succeeding in exposure to psychosocial risks, annoyances and emotional distress of the workers.⁸

Corroborating the authors, it is identified that an emphasis on administrative management and health promotion can contribute to an improvement in the health process within the units of the prison system. We still have relevant deadlocks to overcome. The number of employees concerning the demand for inmates and their families is smaller, so the work of professionals is incessant and hard, and there is no effective service.

It is perceived professionals unprepared and often disqualified for the activities they perform. Everyone, whether service providers or inmates, seems to find the solution through medications that are deliberate without any criteria.

Many professionals due to the environment that in addition to the dangerousness, high demand for work low wages and incompatible with human/professional dignity (because they share their workspace with rubbish, dirt, and animals), are demotivated and develop psychological pathologies.

Given the aforesaid context, the question arises: How is health being provided within prisons? Is it occurring effectively to the point of contributing to the resocialization

of people deprived of liberty?

This study is justified because of the lack of researches that address the issues related to the work process within prison units. In addition to bringing subsidies for new reflections, it seeks to understand through the nursing team's perception of how health is in the Prison System, whether health care is being provided in an integral, humanized and resolute manner.

METHODS

This is a case study with a qualitative approach, which seeks a content analysis, generating new knowledge on the subject investigated, to be performed with the nursing team of a maximum-security complex located in the Belo Horizonte Metropolitan Region City, Minas Gerais State, with content analysis approach proposed by Laurence Bardin.

Content analysis is a method that has as its perspective a set of communication analysis techniques that uses systematic procedures and objective description of message content⁹.

Since content analysis is a method, Bardin (2016) has three phases, pre-analysis: the exploration of the material; the treatment of the results obtained, which includes coding and inference, and interpretation of the data.

After studies on the chosen theme, interviews were conducted. Bardin (2016) comes to conceptualize interview as a specific research method. In addition, it emphasizes that the analysis of content in interviews is very complex.

Following the interview, the pre-analysis phase was initiated, where the material was organized. Hypotheses were formulated and the indicators that guided the final interpretation were elaborated. According to Bardin (2016), hypotheses are initial assumptions that can be affirmed or confronted at the end of the research.

The work was continued, outlining categories. According to Bardin (2016), category, is a thought and reflects reality. From the perspective of content analysis, categories are viewed as rubrics or classes that group certain elements together with common characteristics.

In the last phase, data interpretation was redirected to the theoretical framework, performing a meaningful interpretation, with searches to understand the use and application of a certain content⁹.

The project was approved by the Research Ethics Committee of Pontifícia Universidade Católica de Minas Gerais (PUC-MG) [Pontifical Catholic University of Minas Gerias], Certificado de Apresentação para Apreciação Ética (CAAE) [Certificate of Presentation for Ethical Appreciation] No. 2515416.3.0000.5137.

RESULTS AND DISCUSSION

The profile of the participants in this study is outlined by the following characteristics: Three female nurses, eight male nursing technicians and three male nurses working in the Prison System for over 2 years.

In response to the questionnaire, it was possible to identify and categorize the core ideas from key expressions, from the need for comprehensive care, the interaction between the nursing team and security agents, to improving jail management within prison units. Such perceptions were aligned into three categories: Need for a holistic and integral look; Training premenace for the integration of health professionals with penitentiary agents; Rethinking the health care model in the prison system.

Need for a holistic and integral look

In intramural health actions are considered of low complexity. Therefore, at this level of care, care is provided as in the Basic Health Unit, where actions to promote health protection and maintenance should be performed. However, this idealization faces some obstacles, such as the difficulty of maintaining personal hygiene due to the lack of basic hygiene items and the absence of labor for general services. Let's look at the report:

"[...] Nowadays even toilet paper is lacking, there has always been this deficiency and always will be. We as professionals we have to work our way". T 7

"[...] we have a local cleaning service which is deficient because in our unit for example with over 2000 inmates only some of them do unit cleaning because they are not required. The most they do is collect garbage from the dumpsters, in the corridors where the cells are there is a lot of rubble, dirt, food, rats ..." E1

"[...] There is also another issue, the issue of care, as we will do if we do not have proper training, we often use sunflower oil to treat all wounds, we take care of it, but what is the use of seriously infected wounds since the environment is dirty with many prisoners in a cell, we have no physical structure for that, and not to mention the lack of sterilization of the materials, if I use tweezers and then? Just wash to use in the next? ..." T1

We can see that the environment in Prison Unit (PU) is against the Política Nacional de Humanização (PNH) [National Policy of Humanization] of SUS. Among its guidelines, Ambiente stands out, for valuing the presence of healthy and welcoming spaces, perceived as a facilitating tool for the work process and health production¹⁰.

Promoting health within prisons is a challenge, as prisons are unhealthy and overcrowded, with little financial support and equipment shortages, which do not favor that legislative and regulatory provisions allow prisoners the right to health. It is necessary to implement process and

strategic planning at work, considering the characteristics of each unit¹¹.

Training preence for the integration of health professionals with penitentiary agents

The nursing team works in the interface with the penitentiary agents who are the first to hear the complaints from the inmates and decide whether to remove inmate from the cell for care or make a communication link between the deprived of liberty and the professional and/or other resolutions. Thus, there is the influence of local security in health care to the inmates as informed:

"[...] they get the medication and take it, and it masks the pathology a lot, sometimes the prisoner has another disease, but everything for them is resolved with dipyron, acetaminophen..." T9

"[...] often they hinder our service, require a certain rush to solve the problem, which is generally not that way..." E3

"[...] From the board to the agents, there is a lack of preparation about the importance of health care, the health of prisoners, as they do not see it as a primary thing. And sometimes they think we're doing too much for prisoners and we shouldn't do so much, and sometimes it's hard to get the prisoner out." T8

Under these circumstances, people deprived of their liberty enter generally healthy in prison and acquire illnesses and/or comorbidities during their stay due to poor health care¹².

Considering the aforesaid, it is clear from the reports a discontent of the nursing team regarding disrespect during their activities, so that nursing cannot exercise their profession with autonomy, thus presenting ethical and moral distortions, which can contribute to fragmented care.

Through the speeches it was possible to notice a lack of conformity between the safety staff and the health team. This fact can be explained by a historical process in which the intramural health team has recently joined, as it was previously the sole responsibility of security policies.^{13,14}

Therefore, we still have some remnants of this story, because the resocialization board, which is the sector responsible for health, is directed by safety professionals, who are generally indicated without selection criteria for the position¹⁴.

In this sense, harmony between the professions becomes imperative, since Nursing depends on the availability of security for its performance, so that both can perform their activities with respect and autonomy.

Rethinking the health care model in the prison system

Although there are many gaps for health care in the Prison System, there were no reports of health promotion of prisoners, the emphasized narratives were about the treatment of disease-related inmates. Biomedical care thinking was shown to be prevalent in the speech of professionals, as follows:

"[...] For basic care, the health of the inmates would require the permanence of a medical professional to assist us in the care and prescription of medicines" E1

"[...] It is rare for the doctor in the unit, sometimes he appears at most once a week, when he comes. It turns out that we, technicians, have to attend as doctors, try to diagnose and find a way, solve it right there since the numbers of agents are few and those who have are very nervous when we have to send to external services. Practically all prisoners are sick, one ends up passing the disease to the other. T3

"[...] We are few professionals for so many prisoners, besides having to pay attention to family members and even penitentiary agents, as much as we can do is assist the prisoner and give him the medicine he wants, which is in the very old prescriptions..." T9

"...The prisoners do not adhere well to the assistance provided, many take the medicine to sell..." T9.

"...They want to take all the medication and put it out, to do their sentence soon and get out of the way..." T7

In this context, although it is the basic health care standard for a patient to receive a daily medical evaluation, there are not enough doctors working inside the prisons. Therefore, nursing, which should have its role centered in promoting health protection and maintenance, due to the adequacy of the scenario, eventually develops a thought focused on the curative model.

It is also noticed, a lack of resoluteness in health care within the unit, requiring external support, resulting in financial expenses and inconvenience in the safety sector due to the displacement of vehicles, not to mention the dangerousness, as it cannot be foreseen what will happen along the way, making it a stressor for the security professional. There are several damages of medical-curative assistance, both for the institution, its employees, the deprived of their liberty, and their families.

Moreover, attention models addressing acute problems and immediate needs do not bring favorable health and economic outcomes. Therefore, it is necessary to recognize the importance of meeting the real needs of PDL, with attention focused on psychosocial aspects, so that nurses can perform care focused on humans and not just the disease^{16,17}.

It is observed in the speeches that the medication is so

valued within the Prison System that professionals, in their maladjustment, have no other vision than to medicate. For any type of care, the solution seems to be in medicines.

Thus, the frequent use of medicines in the Prison System ultimately influences wrong attitudes among People Deprived of their Liberty, as so-called licit drugs often serve as a “bargaining chip” so that prisoners gain some benefits or also serve in an attempt to mask idle time.

It is noted that there is a need for promotion activities specific to this scenario, such as lectures on the indiscriminate use of medication. Therefore, it is considered important to pay attention to the reorientation of the care model to enhance strategies so that the individual's needs are fully met^{13,15}.

Certainly, for a more efficient health model, professionals need to be willing to change their behavior and have their activities defined, but a priori the organization and administration of the prison unit is essential.

CONCLUSIONS

It is noted that in most of the articles studied have described overcrowding in prisons, so we found that this may be the basis of many problems experienced inside the prisons among them the public health.

The loss of freedom is one of the oldest punishments, which aims at the subject to rethink their illicit act and resume freedom to their social environment in harmony, however after entering the jail, many become worse individuals, both from a biological, social and psychological point of view.

The prison environment does not provide for the resocialization of people deprived of their liberty, it is far from it, these places are unhealthy, frequented by offenders who mostly have low education and income, come from less favored regions. This issue usually escapes the control of a nursing team composed of few professionals and with great demands, to the point of performing activities that go beyond their competence in an attempt to solve the problems of jails.

Thus, all this context generates in the people deprived of liberty certain indignation, they realize that they are a differentiated group and start to behave according to their characteristics and the place, performing activities such as drug trafficking, in exchange for sex, food or privileged sleeping space.

Considering this perspective, in addition to physical, material and human resources, professionals need to be sensitized and develop a more humanizing role within the penal units to contribute to the resocialization of PDL, a reorientation in the care model has to be done and depends on the change of thinking and behavior of the health team, these actions contribute to the reduction of public

spending, bring monitoring on the health of the individual and reduce the demand for medium and high complexity services.

The reorientation in the care model is the most logical way to minimize the intramural problems reported in this study. A more appropriate health care model is one that establishes a health system capable of meeting people's needs on time and in the best possible way, allowing for greater organization and systematization of the health care process.

Through this study, it was possible to realize the difficulty of organizing strategies for health promotion, protection, and maintenance within prison units, since the basis of the administrative organization process is weakened.

Difficulties are faced in the area of health and hygiene, an institutionalized disorder where the state contravenes all rights inherent to the human person. Since the lack of personal hygiene, to the extent that the custodians live in awkward situations contrary to the goal of resocialization of these individuals, the absence of some professionals and deficiency in the management of people, such as the lack of training and awareness of professionals leading to health care ineffective and focused on the curative model.

It is concluded that, although there are strategies for the SUS network to work so that people have decent and low-cost health care for the government, this has not been effective, especially in places where social stigma is consolidated, as in the case of prison units.

REFERENCES

1. ASSUNÇÃO, Cória Helena Vieira. A Saúde no Sistema Prisional nas Conferências e nos Planos Estaduais de Saúde do Estado de Santa Catarina. 2012. 49f. Especialização em Saúde Pública- Universidade Federal de Santa Catarina, 2012. Disponível em: < <http://spb.ufsc.br/files/2012/09/TCC-C%3%B3ria-Helena-VieiradeAssun%C3%A7%C3%A3o.pdf>> Acesso em: 30 mai. 2017
2. COSTA, Gabriela Maria Cavalcanti et al. A saúde dos detentos sob a Responsabilidade das equipes de saúde da família: realidade e possibilidades. Revista APS, Minas Gerais, v.17, n.1, p. 76-87, jan. 2014.
3. FERNANDES, Luiz Henrique et al. Necessidade de aprimoramento do atendimento à saúde no sistema carcerário. Revista Saúde Pública, São Paulo, v. 48, n.2, p. 275-283, 2014.
4. ANDRADE, Hamilton Leandro. Tuberculose nas populações prisionais de duas penitenciárias Estaduais do Rio Grande do Norte. Revista de Pesquisa: Cuidado é Fundamental On Line, Rio de Janeiro, p. 2608-15, 2001.
5. BRASIL. Ministério da Saúde. Plano Nacional de Saúde no Sistema Penitenciário. 2ª ed. Brasília. 2005. 63p. Disponível em: <http://bvsms.saude.gov.br/bvs/publicacoes/plano_nacional_saude_sistema_penitenciario_2ed.pdf>.
6. DIUANA Vilma; LHULLIER Dominique; SÁNCHEZ Alexandra Roma. Saúde em prisões: representações e práticas dos agentes de segurança penitenciária no Rio de Janeiro, v.24, n.28, Rio de Janeiro. Disponível em: <http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0102311X2008000800017> Acesso em: 04 set. 2017.
7. SOUZA, Mônica Oliveira da Silva; PASSOS, Joanir Pereira. A prática de Enfermagem no Sistema Penal: limites e possibilidades. Escola Anna Nery – Revista de Enfermagem, v.12, n.3, p. 417-23, set, 2008. Disponível em: < <http://www.scielo.br/pdf/ean/v12n3/v12n3a04.pdf>>. Acesso em 07 nov. 2016.
8. JASKOWIAK Caroline Raquel; FONTANA Rosane Terezinha. O trabalho no cárcere: reflexões acerca da saúde do agente

- penitenciário. v.68, n.2, p.235-243, 2015. Revista Brasileira de Enfermagem- REBEN.
9. BARDIN, Laurence. Análise de Conteúdo. Tradução: Luís Augusto Pinheiro. São Paulo: Edições 70, 2016.
 10. BRASIL. Ministério da Saúde. Política Nacional de Humanização. Ambiência. 2. ed. Brasília: Editora do Ministério da Saúde, 2010. 32 p.
 11. SÁNCHEZ, Alexandra; LEAL Maria do Carmo; LAROUZÉ, Bernard. Realidade e desafios da saúde nas prisões. Rio de Janeiro, Revista Ciência e Saúde Coletiva, v.21, n.7, jul.2016. Disponível em: <https://www.researchgate.net/publication/304633939_Editorial_Realidade_e_desafios_da_saude_nas_prisoas>. Acesso em: 03 nov. 2017.
 12. MELO, Wyara Ferreira, et al. Serviços de saúde à população carcerária do Brasil: uma revisão bibliográfica. Revista Brasileira de Educação e Saúde. Paraíba, v. 6, n.1, p. 14-21, Jan-Mar, 2016. Disponível em: <<http://www.gvaa.com.br/revista/index.php/REBES/article/view/4023/3626>>. Acesso em 10 nov.2017.
 13. BRASIL. Ministério da Saúde. Política Nacional de Promoção a Saúde. (Documento para discussão). Editora M.S, Brasília. Disponível em: <http://bvsm.s.saude.gov.br/bvs/publicacoes/politica_nac_prom_saude.pdf>. Acesso em 18 nov de 2017.
 14. SILVA, Leandro Ribeiro. Gestão De Pessoas E Gestão Operacional Na Penitenciária Estadual De Foz Do Iguaçu. Projeto técnico para obtenção do título de especialista em Gestão Pública. Universidade Federal do Paraná, 2011. Disponível em: <<http://acervodigital.ufpr.br/bitstream/handle/1884/38408/R%20-%20E%20-%20LEANDRO%20RIBEIRO%20DA%20SILVA.pdf?sequence=1>>. Acesso em 18 nov de 2017.
 15. COREN. Conselho Regional de Enfermagem. A atuação da enfermagem na assistência à saúde da população carcerária. Conselho Regional de Enfermagem. Brasil, 10 de fev. 2011. Disponível em: <http://proficiencia.cofen.gov.br/site/index.php?option=com_content&view=article&id=181:a-atuacao-da-enfermagem-na-assistencia-a-saude-da-populacao-carceraria-&catid=39:blog&Itemid=65>. Acesso em: 05 ago.2017.
 16. CHIANCA, Tania Couto; et al. Diagnóstico de Enfermagem Identificados em Pacientes Internados em Unidade de Terapia Intensiva Adulto. Revista Escola de Enfermagem USP. 2012; 46(5):1102-1108. Disponível em: <<http://www.scielo.br/pdf/reusp/v46n5/10.pdf>>. Acesso em 18 nov de 2017.
 17. MENDES, Eugênio Vilaça. O Cuidado das Condições Crônicas na Atenção Primária a Saúde: O Imperativo da Consolidação da Estratégia da Saúde da Família. Organização Pan-Americana de Saúde- Representação Brasil. 1ª Edição-2012. Disponível em: <http://bvsm.s.saude.gov.br/bvs/publicacoes/cuidado_condicoes_atencao_primaria_saude.pdf>. Acesso em 18 nov de 2017.

Received on: 09/28/2017
Required Reviews: 01/17/2018
Approved on: 01/17/2018
Published on: 10/05/2019

***Corresponding Author:**

Fernanda Cristina de Andrade Reis
Rua Emílio Riccaldoni, 32, 202
João Pinheiro, Belo Horizonte, Brasil
E-mail address: fernandareis13@yahoo.com.br
Telephone number: +55 31 9 8682-8607
Zip Code: 30.530-210

The authors claim to have no conflict of interest.