

Challenges of nursing professionals in health promotion in the prison system

Desafios dos profissionais de enfermagem na promoção da saúde no sistema prisional

Desafíos de los profesionales de enfermería en la promoción de la salud en el sistema penitenciario

Abstract

Objective: to reflect on the challenges of nursing professionals in promoting health actions in prison units. **Method:** theoretical and reflective essay about the challenges that nursing faces to act in health promotion in the Brazilian prison system. Guiding points/categories were elaborated to support the theoretical essay and reflection of the study, namely: the Brazilian prison system and health conditions, health promotion actions in the prison system and nursing challenges for health promotion in prisons. **Results:** the challenges that most appear in the work of the nursing team in the prison system are related to the structural, organizational and relational issues. **Conclusion:** there is a need for greater training so that these professionals can manage ethical issues, maintain their identity and autonomy and develop more skills in the prison context. **Keywords:** Nursing; Correctional establishments; Health promotion; Occupational health.

Resumo

Objetivo: refletir sobre os desafios dos profissionais de enfermagem na promoção de ações de saúde em unidades prisionais. **Método:** ensaio teórico e reflexivo acerca dos desafios que a enfermagem enfrenta para atuar na promoção da saúde no sistema prisional brasileiro. Foram elaborados pontos norteadores/categorias para apoiar o ensaio teórico e a reflexão do estudo, sendo eles: o sistema prisional brasileiro e as condições de saúde, ações de promoção da saúde no sistema prisional e desafios da enfermagem para promoção da saúde nos presídios. **Resultados:** os desafios que mais aparecem no trabalho da equipe de enfermagem no sistema prisional estão relacionados à questão estrutural, organizacional e relacional. **Conclusão:** há a necessidade de maior formação e treinamento para que esses profissionais consigam gerenciar questões éticas, manter sua identidade e autonomia e desenvolver mais habilidades no contexto prisional.

Descritores: Enfermagem; Estabelecimentos correccionais; Promoção da saúde; Saúde do trabalhador.

Resumen

Objetivo: reflexionar sobre los desafíos de los profesionales de enfermería en la promoción de acciones de salud en centros penitenciarios. **Método:** ensayo teórico y reflexivo sobre los desafíos que enfrenta la enfermería para trabajar la promoción de la salud en el sistema penitenciario brasileño. Se establecieron las siguientes cuestiones orientadoras/categorías en la fundamentación del ensayo teórico y la reflexión del estudio: el sistema penitenciario brasileño y las condiciones sanitarias, las acciones de promoción de la salud en el sistema penitenciario y los desafíos de enfermería para la promoción de la salud en las cárceles. **Resultado:** los desafíos que más aparecen en el trabajo del equipo de enfermería en el sistema penitenciario están relacionados con cuestiones estructurales, organizativas y relacionales. **Conclusión:** son necesarios más formación y entrenamiento para que los profesionales de enfermería puedan gestionar cuestiones éticas, mantener su identidad y autonomía y desarrollar mayores habilidades en el contexto penitenciario.

Descriptores: Enfermería; Instalaciones correccionales; Promoción de la salud; Salud del trabajador.

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INTRODUCTION

The Brazilian prison system can be characterized as a place of incarceration and overcrowding, where individuals deprived of liberty have difficult access to humanization and resocialization actions, as well as to health care. The world history of these places of incarceration is described in documents from antiquity to the present day. Foucault is one of the authors who studies the birth of prisons as part of the power relations established from the late eighteenth to the nineteenth century⁽¹⁾.

Each epoch produced its punitive and coercive means, from Classical Antiquity through the Middle Ages to Modernity. When a crime was committed, corporal punishment was a public form of punishment and proof of the power of the supreme representative. At this time, crimes were seen as an offense to society and especially to the figure of the ruler⁽¹⁾.

Sentences began to be given in the form of forced labor, and imprisonment began to mean the deprivation of the individual's freedom, being combined with punishments such as food reduction, sexual deprivation, physical remission, isolation in the dungeon, among others⁽¹⁾. Thus, the State assumed the responsibility of combating crimes, isolating the criminal from society, through imprisonment; deprived of his freedom, this individual ceases to be a risk to society⁽²⁾.

Since then, prison units have been destined to serve sentences, but the unhealthy conditions and precariousness of the places in which the guarded are disposed must be highlighted. In addition, there is also overcrowding, lack of medical care and personal hygiene, which contribute to the occurrence of diseases⁽²⁾. The high prevalence rates of infectious diseases in the incarceration scenario, with an epidemiological predominance of cases of syphilis, hepatitis B and tuberculosis, give the prison system the status of a potential public health problem⁽³⁾.

The realization of health in Brazil's prisons is increasingly challenging because it is a

space destined for security. There is limited access to health since before the confinement and the worsening of the situation in prisons, especially in relation to tuberculosis, human immunodeficiency virus (HIV) infection and mental disorders⁽⁴⁾.

According to the Federal Constitution, in its article 196, health is everyone's right and the duty of the State, that is, regardless of the prison situation, the right to health is guaranteed through social and economic policies and universal and equal access. In the case of custodians, this right is evidenced in Criminal Enforcement Law (CEL) number 7.210, of July 11, 1984. The guarantee of health in CEL is preventive and curative. For this assistance to be carried out, it is necessary that penal establishments are equipped to offer basic health care to all those in custody or to refer them to other health establishments in cases of medium and high complexity and when there is no adequate structure for care⁽⁵⁾.

Assistance for this population ends up being based on the curative model, on the demands presented and on the care decision that first passes through the criminal police, due to safety, giving priority to emergency situations or specialized consultation. Thus, health professionals are faced with a two-way street, as they have to decide between the primary duty and the institution, in relation to safety aspects⁽⁴⁾.

Nursing, in this context, has been adapting to the scenarios in which its presence is required, classified as a fundamental axis for the promotion, prevention and recovery of health during deprivation of liberty. It is a profession committed to the life cycle, health, education and safety and that aims at the well-being of people without taking into account the condition in which they are⁽⁶⁾.

Professionals of the nursing team, therefore, have an essential role in guaranteeing health promotion, recognized in the specificities of their work process, preserving ethical conduct and complying with the principles that govern the profession. However, these professionals find difficulties in performing their work in the prison

system, considering that in these institutions security actions are a priority⁽³⁾.

Nursing professionals are part of the prison primary care team, as described in the 2014 National Policy for Integral Health Care for People Deprived of Liberty in the Prison System (PNAISP), and work in prisons following primary care protocols. They are essential professionals in the actions of health promotion and prevention of the most prevalent diseases, and also ensure that the treatment offered by the Unified Health System (SUS) and comprehensive care reach people deprived of liberty.

Aiming at this production of comprehensive care, nursing occupies a differentiated position, evidenced by its code of professional ethics, which characterizes ideal practice as endowed with autonomy, in line with ethics and legality, and based on technical-scientific and theoretical-philosophical knowledge. Thus, nursing tends to exercise competencies through its own knowledge of the profession, using interfaces such as the human and social sciences, culminating in the satisfactory exercise of care, management, teaching and research⁽⁷⁾.

Indeed, the complexity of the prison environment poses challenges for access to health, but allows the advancement of the independence of professionals, focusing on quality of care⁽⁴⁾. In this sense, this study aims to understand the work process of the nursing team in prisons, in order to assess the challenges faced by them to ensure health promotion in the correctional environment. The guiding question of this study was: What are the difficulties that nursing professionals face in promoting health in prison units? Thus, the objective of this study is to reflect on the challenges of nursing professionals in working to promote health actions in prison units.

METHODS

To meet the study proposal, the theoretical and reflective test method was adopted about the challenges that the nursing team faces to

act in health promotion in the Brazilian prison system. The theoretical essay is based on a logical and reflective presentation, with detailed argumentation, in addition to a high level of interpretation and personal criticism⁽⁸⁾.

For a greater interaction, reflection and discussion of the theme, articles were searched in Portuguese and English using the descriptors “nursing care” and “correctional facilities”, extracted from the Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH).

The search took place in the databases Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed.

For the construction of this article, contents based on legislation were also used, such as Interministerial Ordinance number 1, of January 2, 2014, which deals with PNAISP, and materials from the United Nations (UN), the World Health Organization (WHO) and the American Nurses Association (ANA).

After the definition of the selected studies and the theoretical reflection on the theme, the text was constructed. This construction occurred after a thorough reading of the articles and texts found, in order to identify the contents that corresponded to the attributes researched and related to that theme.

Subsequently, the subjects were organized in a thematic manner, with the selection of information regarding the challenges of nursing to act in the promotion of health in the Brazilian prison system. Thus, guiding points/categories were elaborated to support the theoretical essay and the reflection of the study. These points/categories were called “the Brazilian prison system and health conditions”; “health promotion actions in the prison system”; and “nursing challenges for health promotion in prisons”. It is worth mentioning that, due to the characteristic of the study, there was no need for appreciation by a research ethics committee.

RESULTS AND DISCUSSION

The prison system and health conditions

The prison system is intended for the protection of individuals deprived of liberty to comply with the appropriate penalties. In Brazil, the legislation provides for the recovery of the convicted, striving for respect for human dignity, the foundation of the democratic rule of law, in addition to not admitting cruel or degrading treatment, such as physical punishment, and unhealthy prisons⁽⁹⁾.

However, the cells where people deprived of liberty are usually have little ventilation and lighting, which, in addition to the prison situation itself, contribute to the emergence of possible health problems. The welfare of prisoners is influenced by the correctional environment itself, deprivation of liberty, and regulatory and legal actions. In this sense, the provision of health care in penal establishments is carried out by public health professionals, that is, professionals who have a high level of expertise in a number of the most prevalent pathologies within prisons and who need to be treated in a specific environment⁽¹⁰⁾.

Regarding prison health, the UN emphasizes that the epidemiological profile of the population deprived of liberty is composed of communicable diseases – such as influenza, rubella, tetanus, diphtheria, diseases caused by ectoparasites, tuberculosis, HIV/AIDS, sexually transmitted infections, viral hepatitis and leprosy – and non-communicable diseases and health problems, including violence and mental illness. Such epidemiological characteristics, such as the high rates of dissemination of infectious diseases and mental health problems observed in the prison population, may be correlated with the stress caused by the confinement situation and due to the unhealthy conditions to which prisoners are exposed, such as malnutrition, overcrowding of cells,

social marginalization, dependence on illicit drugs and the low socioeconomic level of prisoners and their families⁽¹¹⁾.

It is noted that the standards of health care needs are significantly higher among people deprived of liberty than in the general population. Thus, as previously described, the most evident diseases in the prison environment are infectious diseases such as tuberculosis, HIV, hepatitis, syphilis and other sexually transmitted infections, in addition to mental illnesses and the abuse of illicit substances⁽¹²⁾.

In a study carried out in three prison complexes, it was identified that, in relation to health promotion, the prison units did not have sufficient structure for the health care of prisoners. Although there were mandatory vaccination campaigns sponsored by the Ministry of Health (MH) and other initiatives aimed at controlling infectious diseases, care for the most serious situations was practically limited to emergencies, as in the case of victims of beatings⁽⁹⁾.

In addition to the social vulnerability prior to imprisonment, other aspects that potentiate illness are overcrowding, inadequate sanitary conditions, insufficient food and exposure to stress and violence, sometimes requiring hospital care, since health promotion and protection actions have shown little resoluteness in the prison system⁽⁷⁾. It is also described how health promotion actions are aimed at the prison population, which brings together a series of health conditions, but still show the factors derived from extreme situations, such as: self-harm, ingestion of foreign body, hunger strike, riots and revolts⁽¹⁰⁾. In the United States, correctional systems in several states have partnered with academic medical centers to provide medical care to imprisoned people, which certainly minimizes the aforementioned health problems⁽¹³⁾.

Health promotion actions in the prison system

Thinking about the epidemiological profile evidenced by highlighting the diseases that most affect the prison population, it is essential to maintain health promotion actions in the prison system. To this end, it is necessary to highlight the need for a multidisciplinary team composed of health professionals who will be responsible for providing qualified assistance aimed at promoting health actions and preventing injuries within the scope of Primary Care in the prison system.

According to the WHO, persons deprived of liberty have the same right to health care as any other individual. Thus, prison administrations have a responsibility to ensure that prisoners receive adequate health care and that prisons promote the well-being of the entire prison community⁽¹⁴⁾.

In Brazil, in order to guarantee the access of people deprived of liberty in the prison system to comprehensive care in the SUS, Interministerial Ordinance number 1, of January 2, 2014, which deals with PNAISP⁽¹⁵⁾, is instituted. The PNAISP establishes that care will be ensured through health care actions carried out by a prison health team composed of at least by nurse, physician, dentist, nursing technician and dental office assistant⁽¹⁶⁾.

The nursing professionals who are part of the prison health team have a unique characteristic, as they work in a meeting of public health, emergencies, collective health, occupational health and health care provision at the primary care level. In addition, they care for people with very complex health problems and perform activities such as evaluation of the individual deprived of liberty and providing care, drug delivery, health treatment, crisis management and education⁽¹⁷⁾.

In relation to the practices developed, screening and listening, often pointed out as

actions carried out by nursing, are understood as essential and innovative tools that involve dialogue, bonding and welcoming, based on the use of light technologies and that value the experiences and needs of people in their daily lives. In addition to these actions, nursing must ensure that the health care of persons deprived of liberty is carried out in a humanized manner, using the principles that form this qualified listening, in order to reduce vulnerabilities and other health problems, following the ethical precepts of its profession⁽¹¹⁾.

Regarding the health actions developed by nursing, it is understood that most of them are intended for clinical practices (42.85%), followed by screening and qualified listening (28.57%), the performance of admission examinations of people deprived of liberty when they enter the prison system (19.04%), visits to prisons (4.76%) and actions aimed at health promotion (4.76%)⁽¹¹⁾.

Nursing is responsible for acting in the prevention of communicable diseases, in the management of mental disorders and chronic diseases in an inadequate context, in addition to maintaining integration with other professionals and with health care networks, in order to provide continuity of care⁽¹²⁾. In addition, it performs admission examinations, which contribute to the early detection of cases of illness among prisoners, allowing the reduction of contagion rates within penal establishments, which are often high due to overcrowding and inappropriate facilities⁽¹¹⁾.

Nursing care in prisons includes the treatment of a wide range of pathologies, and, therefore, professionals who develop their functions in this context must have adequate knowledge of primary health care, for example, of chronic diseases such as diabetes, hypertension, coronary heart disease, heart failure and lung disease; and also use tools and resources to act in this unique scenario that is prison. The prevalence of certain diseases in the prison

environment is what will determine the guidelines and health programs to be carried out⁽¹⁰⁾.

Among these programs, the most present and necessary in prisons are rehabilitation for drug users, aiming at their integration into society, in addition to programs to prevent communicable diseases such as HIV/AIDS, viral hepatitis and tuberculosis. HIV and tuberculosis, highly contagious diseases, are major public health problems in prisons. The environmental conditions often encountered, such as overcrowding and poor ventilation, are conducive to the spread of tuberculosis in particular. The control of diseases such as tuberculosis, which is a disease very present in prison, is based mainly on educational activities carried out by nurses, as well as on the active search for diagnosis of suspected cases, on the control of adherence to treatment and on conducting research that includes the search for potential contacts⁽¹⁰⁾.

In the case of sexually transmitted infections, prevention through educational campaigns and rapid testing contribute to controlling the number of cases in prison units. The management of hepatitis B, for example, requires nurses to acquire and update knowledge of the indicated therapies, in addition to the management of education, counseling, adherence to treatment and identification of side effects⁽¹⁰⁾.

These health actions require training, especially from the nursing team that is in charge of these actions, so that it is possible to plan, supervise and encourage adherence to treatments for the most prevalent health problems among prisoners. In this sense, it is important that nursing has the appropriate knowledge to work in the prison system, aiming to work with comprehensive and continuous care for prisoners and putting into practice the health actions proposed by primary health care.

Challenges of nursing for health promotion in prisons

The organization of prison work is commonly portrayed in a derogatory and stigmatizing way,

and is also considered risky and stressful. Thus, the work of health professionals in this place requires a lot of attention, due to the prejudices, difficulties and work limitations resulting from the closed work environment itself⁽¹⁸⁾.

Nursing staff working in penal establishments has a specialty that encompasses a wide range of aspects, not only from the health dimension, but also from the prison context, placing professionals between custody and care. That said, nursing develops its activities with patients in a state of total helplessness, complex health problems and borderline situations, in a hostile place under legal or regulatory influences⁽¹⁰⁾.

In this context, prison health nurses have the role of evidencing, planning, intervening and evaluating nursing care, keeping in mind to promote, maintain and improve the health of individuals deprived of liberty and prevent the diseases and disabilities of these people, with the use of skills developed and regulated in the field of prison health⁽¹⁹⁾. However, to be able to develop these important skills, it is necessary to learn them during academic studies. However, in Brazil, the existence of disciplines offered to nursing undergraduates whose content is focused on nursing care in prisons is unknown.

A study carried out in the United Kingdom showed that clinical approaches within prison offer nursing students the opportunity to challenge negative attitudes towards these specific populations, which are diverse and marginalized, making them socialized into the profession. The experience, knowledge and willingness of nurses to support nursing students are essential to enable their learning in this non-traditional clinical internship that can be developed within prisons⁽²⁰⁾.

In the United States, another study showed that nurses need to be prepared, with a different and broad knowledge and skills base; they must be competent, and able to carry out their practice, from health promotion and disease prevention,

aimed at patients who have health problems and conditions that persist over decades and/or lives. The clinical insertion of students in prison units is a challenge that has allowed the change of clinical policies within a traditionally established academic culture and promoted creative thinking about how and where to educate clinically and prepare nurses with bachelor's degrees for a new culture of health and well-being⁽²¹⁾.

Nursing care represents, then, the willingness to negotiate the boundaries between the cultures of custody and care demands. This circumstance entails complex challenges and includes a series of limitations regarding the therapeutic relationship between individuals deprived of liberty, as patients, and the nurses⁽²²⁾. In view of this, nurses who work in prison environments may have problems related to quality of life at work, with organizational commitment and professional performance⁽²³⁾.

With this in mind, it is essential to reflect on the difficulties experienced and the obstacles that are presented in the work carried out inside prisons, such as the organization of prison units, the inadequate physical structure and the culture that stigmatizes people deprived of liberty⁽¹¹⁾. The challenges that most appear in the work of the nursing team in the prison system are related to the structural (distance and isolation, logistics and lack of care), organizational (insufficient staff, heavy workload, limited professional autonomy and resource restriction) and relational issues (absence of continuing education and conflicts with individuals deprived of liberty, with the health team and with prison agents)⁽¹²⁾.

With regard to the structural issue, the organization of prisons and the inadequacy of security protocols make it difficult for individuals deprived of liberty to access health services, both in the care network and in the unit present within the prison. Another aggravating factor is the lack of infrastructure in these units, evidenced by the deficiency in sanitation, ventilation, access to drinking water and the absence

of adequate medical offices and equipment for care⁽¹¹⁾.

This way of promoting health is a challenge. To overcome this, it is essential to reflect on the nursing work process and health in the prison environment, to recognize the right to assistance, organize services and base them on the principles of comprehensiveness, universality and equity. In this context, nurses who work in the prison system are challenged to carry out health promotion actions for inpatients and to do so in a limited relationship of care that will allow the treatment and cure of diseases^(3,24).

This experience of providing nursing care in prisons can be considered different from the experience lived in other health promotion and care facilities due to the limits established by the prison system. Therefore, these professionals who care for prisoners must negotiate between two different cultures, that of custody and that of care, being a complex challenge with numerous frustrations and substantial limitations.

In accordance with the organizational issue, the difficulties that nursing professionals face are linked to professional development, for example, low job satisfaction, lack of training and specific skills, which triggers conflicts with the ethical principles of the profession⁽¹⁹⁾. In this context, to better understand this conflict, the concept of moral suffering needs to be considered. This consists of an emotional and psychological sensation that may appear when the nurses are aware of what to do, according to what is morally appropriate, but cannot do so due to institutional and legal obstacles and limits, such as autonomy restrictions in various scenarios or lack of managerial support⁽¹⁹⁾.

One study also reports that organizational work arrangements in custody settings prioritize safety issues over health promotion issues. This leads professionals in charge of care to routinely experience ethical questions, since their work practice is very limited⁽¹⁸⁾.

Prison facilities have a culture of order and disciplinary control that overshadows prisoners' health concerns. There is a greater proportion of time devoted to maintaining safety rather than health promotion or disease control⁽¹²⁾. This reality was confirmed in a North American study in which medical scholars outlined an institutional culture of low prioritization and neglect that dominated the learning environment in the prison hospital, resulting in the treatment of the imprisoned individuals as second-class patients. Delays in care were pointed out, both in the prison hospital and in the health system, where less priority was given to diagnostic, laboratory and medical procedures provided to imprisoned patients compared to free patients; and prejudice was found in clinical decision-making and concerns about patient autonomy⁽¹³⁾.

Care for people deprived of liberty involves services with compromised assistance, lack of specific qualifications and deficiencies in training courses, so that these professionals do not have training, skills and competencies to promote health to the population deprived of liberty⁽²⁵⁾. In this sense, nursing practice in prison environments involves significant ethical challenges related to dilemmas for which existing ethical standards are unclear or even contradictory. In particular, nurses working in prisons strive to meet the health needs of people deprived of liberty and are often called upon to use their clinical experience for control or punishment purposes⁽¹²⁾.

The health information of persons deprived of liberty must be confidential and may not be shared with correctional officers unless there is a justifiable reason. Among the ethical problems faced by nurses in prison settings are: maintaining confidentiality; using chemical containment for security purposes rather than medical purposes; working with low-skilled personnel; providing care outside their scope of practice; caring for prisoners who are drug users; caring for prisoners mentally ill; caring

for imprisoned mothers and their newborns; and dealing with violence⁽¹²⁾.

Nurses work in work environments where safety is a constant concern. These professionals often report to a director rather than a health administrator, facing difficult negotiations of care practices. In addition, personal freedom is restricted in the workplace; there is insufficient nursing staff, which increases workload and reduces opportunities for rest; and there is still little recognition of the specialized competence needed to practice in prison settings^(10,12).

Another problem faced is the absence of the medical professional, which hinders the dynamics of the health sector and directly affects nurses, due to greater exposure to questions and the demands of prisoners, resulting in overload of requests and demands. The lack of systematization and routine of the tasks makes the work acquire an improvisational character, which implies both difficulties in its execution and exposure to criticism and/or reprisals by prisoners, people from other sectors or even the professionals themselves^(13,18).

Another issue is the interpersonal relationship between nursing and prison agents, which is critical, as it is a constant struggle with custody. If guards valued care, nurses feel autonomous and supported in their clinical judgments. Otherwise, nurses do not feel supported in their practice⁽²⁴⁾. As barriers to the provision of good care, safety requirements seem to limit the specialized professional autonomy of nurses, that is, nurses are not recognized as professionals, but as mere treatment providers without any autonomous thinking⁽¹²⁾.

One study reported that low control over work makes it difficult to achieve formally prescribed care goals. In the prison context, the actors involved with the commitment to guarantee access to health face the lack of autonomy and dependence on the functioning of security, causing their practice to often be reduced to complementary roles, which makes

decisions impossible, makes freedom of action unfeasible and prevents the control of tasks by the nurses, thus being able to take them to the disease process⁽¹⁸⁾.

Thus, care can be compromised by relationships with prison officers, who tend not to recognize the health needs of prisoners. The conduct and movements within the prison are intermediated by a prison agent, including the execution of health services. In this sense, nursing workers depend on the safety area to be able to perform their work⁽¹⁸⁾. In the meantime, interdisciplinarity is presented as a response to diversity, complexity and dynamics in a context of care in prison, which is limited by borderline issues and challenges for both nursing professionals and other workers in fulfilling their role in the institution⁽²⁶⁾.

In addition, the conduct of health workers within the prison environment must be of attention with regard to their technical procedures, since this implies the readaptation of their professional practices to make them more appropriate to the environment. Finally, one of the most difficult challenges to be overcome is to set aside the custody history of the individuals deprived of liberty and carry out care actions without reservations and with knowledge, in addition to welcoming these prisoners as human beings^(18,24).

FINAL CONSIDERATIONS

This study presents the numerous challenges that Brazilian nursing faces when working in correctional facilities, such as: work environment, lack of professionals and resources, lack of professional autonomy, ethical issues, adverse relationship in safety spaces, among others.

The direct impact, in view of the challenges presented in the work of nursing professionals, stems from frustration at work and the feeling of powerlessness. However, the work of nursing in prison environments is still little analyzed in

the literature, which makes it difficult to carry out a broader and more complex research.

Considering the issues presented, there is a need for greater training so that nursing professionals working in prison environments can manage ethical issues, maintain their identity and autonomy at work, develop more skills in the prison context to act more effectively. Thus, nurses will be able to assess the health needs of individuals deprived of liberty and develop health promotion and disease prevention actions, through technical-scientific knowledge, autonomy and humanization of care, gaining more space and recognition within prisons.

Thus, the implementation of comprehensive care as well as health promotion and disease prevention actions guaranteed by SUS can favor the maintenance of the health of the prison population. In addition, they can reduce unnecessary expenses with medication and external escorts to health care networks, contributing to the maintenance of the health of a community and to the practice of nursing care with quality and autonomy in the prison system.

The main contribution that this study brings to nursing is the scientific knowledge of the difficulties that these workers encounter in the prison system to promote the health of prisoners. Thus, nursing professionals will have more knowledge for the planning and organization of health actions for this population, even in the face of difficulties.

The small number of publications regarding the performance of nursing in the prison system was a limitation for this study. There is still little research developed on the performance of nursing in this area. Even so, it was possible to describe the main challenges that health professionals face in developing their work in prisons with prisoners.

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