

REVIEW | REVISÃO



Nursing actions for liberty deprived people: a scoping review

Ações de enfermagem para as pessoas privadas de liberdade: uma scoping review Acciones de enfermería para las personas privadas de libertad: una scoping review

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ABSTRACT

Objective: To identify and map the care practices carried out by the nursing team for the Liberty Deprived People. Method: Scoping review according to the JBI Institute Reviewer's Manual. In the initial search we used MESH: Nursing, Delivery of Health Care and Prisoners, to delimit the final search strategy, made up by a combination of twelve keywords, performed in scientific and gray databases, with no temporal limit. Information about publication year, country of origin, objective, aspects of the method, results and conclusions related to the scoping review, were extracted. Results: 59.310 texts were found, after reading the title and abstract, 55 were read in full and 15 articles composed the final selection. Among nursing actions there is preponderance of clinical practices, screening and qualified listening, which contribute to improving the health conditions of liberty deprived people and their families. Conclusions and implications for practice: The nursing actions carried out in prisons contribute to health for liberty deprived people. This paper elucidates the role of nursing in the penitentiaries, informing on the actions that this professional class performs, in order to highlight the gaps that are still perceived and contributing to the training of nurses for acting in the prison system health teams.

Keywords: Prisoners; Forensic Nursing; Nursing care; Prisons; Delivery of Health Care.

RESUMO

Objetivo: Identificar e mapear as práticas assistenciais exercidas pela equipe de enfermagem para as Pessoas Privadas de Liberdade. Método: Scoping review segundo o JBI Institute Reviewer's Manual. Na busca inicial foram utilizados os MESH: Nursing, Delivery of Health Care e Prisoners, para delimitar a estratégia final de busca, composta por uma combinação de doze palavas-chaves, realizada em bases de dados científicas e cinzentas, sem limite temporal. Foram extraídas informações sobre o ano, país de origem, objetivo da publicação, aspectos do método, resultados e conclusões relacionados a scoping review. Resultados: Foram encontrados 59.310 textos, após a leitura de título e resumo, 55 foram lidos na íntegra e 15 artigos compuseram a seleção final. Entre as ações de enfermagem há preponderância de práticas direcionadas para doenças infectocontagiosas e saúde mental, com ações clínicas, triagem e escuta qualificada, que melhoram as condições de saúde nos presídios. Conclusões e implicações para a prática: As ações de enfermagem nos presídios contribuem para o acesso à saúde entre privados de liberdade. Este trabalho elucida o papel da enfermagem nas penitenciárias, informa sobre as ações desempenhadas e contribui para a formação de enfermeiros para a atuação no sistema prisional.

Palavras-chave: Prisioneiros; Enfermagem forense; Cuidados de Enfermagem; Prisões; Atenção à saúde.

RESUMEN

Objetivo: Identificar y mapear las prácticas asistenciales ejercidas por un equipo de enfermería para las Personas Privadas de Libertad. Método: Scoping review según el JBI Institute Reviewer's Manual. En la búsqueda inicial se utilizaron los MESH: Nursing, Delivery of Health Care y Prisoners, para delimitar la estrategia final de búsqueda, compuesta por una combinación de doce palabras claves, realizada en bases de datos científicas y grises, sin límite temporal. Se extrajeron informaciones sobre el año de publicación, el país de origen, el objetivo, los aspectos del método, los resultados y las conclusiones relacionados con la scoping review. Resultados: Se encontraron 59.310 textos, después de la lectura de títulos y resúmenes, de los cuales se leyeron 55 en su totalidad y 15 artículos compusieron la selección final. Entre las acciones de enfermería hay preponderancia de las prácticas clínicas, la selección y la escucha cualificada, que contribuyen a una mejora de las condiciones de la salud de las PPL y sus familias. Conclusiones e implicaciones para la práctica: Las acciones de enfermería realizadas en las cárceles han sido resolutivas y equiparadas a aquella suministrada extramuros. Este trabajo aclara el papel de la enfermería en las cárceles, informa sobre las acciones llevadas a cabo, y contribuye a la formación de enfermeros para su desempeño en el sistema penitenciario.

Palabras clave: Prisioneros; Enfermería Forense; Atención de Enfermería; Cárceles; Atención a la Salud.

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INTRODUCTION

The practices performed for health care are productive acts of the professionals, aiming to produce changes and effects in the life of the community, for that, they must be based on scientific knowledge and built based on social needs. Thus, the activities carried out by the nursing team should be guided by the perception of the demands that emerge from the patients in line with current public policies.

Similarly, health care implemented in the prison system should be designed to meet the health needs perceived among Liberty Deprived People (LDP). The United Nations Organization states in its publication on Prison Health that the epidemiological profile of the liberty deprived population is made up by transmittable diseases, such as influenza, rubella, tetanus, diphtheria, ectoparasites, tuberculosis, HIV/AIDS, sexually transmitted infections, viral hepatitis, syphilis, leprosy; and non-communicable diseases and health problems, including: violence and mental illnesses.²

Given this scenario, some principles are considered for health actions to succeed in their development, among which: the guarantee on respect for the individuality of the LDP, the development of integral actions based on providing primary care, provision of adequate food and physical activities, maintenance of ties with family and friends and the possibility for future life, departing from the re-socialization.²

Thus, the health care provided in the prison system must be based on transversal and integral actions, considering the diverse range of diseases and health problems affecting the population confined in prisons.³

With nursing in developing care as a social practice, it has in its praxis the commitment to offer integral care in the most diverse spaces of health, in order to reduce the iniquities experienced by specific groups.⁴ To such an effect, have nursing and other professional categories as the structuring axis for delivering the primary health care model in the prisons.

In addition to the performed actions, the nursing should be able to ensure that health care in the LDP is carried out in a humanized way, using the principles that form the qualified listener, in order to reduce the vulnerabilities and other perceived health problems , following the ethical precepts of their profession. 5

Considering nursing as a fundamental part of the health team working in prisons and the need to know the actions that are already carried out in this field, this study aimed at identifying and map the care practices carried out by the nursing team for the Liberty Deprived People (LDP).

METHODS

This is a *scoping review* guided by the recommendations of the *JBI Institute Reviewer's Manual*, according to the theoretical

framework proposed by Arksey and O'Malley.⁶ The review was registered with the Open Science Framework (https://osf.io/fc28g) and followed the PRISMA checklist for scoping revisions.⁷

The study population was made up by scientific studies and other relevant productions available in the gray literature referring to the nursing practices carried out by the nursing team with the LP.

Initially, a search for similar *scoping reviews* was carried out in the following databases: JBI COnNECT+, Center for Reviews and Dissemination (CRD), The Cochrane Library and International prospective register of systematic reviews (PROSPERO) and no similar researches were located. Thus, for continuing this review, the question used to perform the search in the literature was formulated based on the PCC strategy, as it is following more ahead: **P** (*Population*) - Nursing; **C** (*Concept*) - Assistance practices and **C** (*Context*) - Liberty Deprived People (LDP). Thus, the guiding question was "What are the nursing care practices carried out by the nursing in caring for the Liberty Deprived People (LDP)?

After this step, the following MeSHs were used, corresponding to the PCC strategy: *Nursing, Delivery of Health Care* and *Prisoners*, in portal U.S. National Library of Medicine (PubMed) and in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database. The objective is to form the final strategy used for the *scoping review,* from the use of the present descriptors of the texts selected in this phase, related to the PCC strategy, according to the objective of this review (Table 1).

The search was carried out in the period of October 2018, in the following databases: U. S. National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, Scopus, Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Cochrane CENTRAL, PsychINFO and Education Resources Information Center (ERIC). And in the gray literature: Thesis and Dissertation Portal of the Higher Education Personnel Improvement Coordination (CAPES), The National Library of Australia's Trobe, Academic Archive Online, DART-Europe E-Theses Portal, Electronic Theses Online Service, Scientific Repository of Open Access of Portugal (RCAAP), National Electronic Theses and Dissertations Portal e Theses Canada.

Full published researches were included in the Portuguese, Spanish, English or French language, whose purpose was to investigate the nursing practices carried out by nursing professionals with LDP. And, excluding editorials, reports of experience, theoretical essays, reflection studies and reviews; surveys that do not have *abstract* and online *text* in full; there was no temporal delimitation.

All bibliographic references with complete abstracts being available and identified in the databases were exported to a bibliographic reference manager: *EndNote Web*.

Table 1. Descriptors and keywords used in the search, Brazil, Natal, RN, 2019.

PCC	MESH		KEYWORDS	
	Nursing		Nurses	
		OR	OR	
P - Population			Psychiatric Nursing	
			OR	
			Correctional Health Nursing	
AND				
	Delivery of Health Care	OR	Antiretroviral therapy	
C - Concept			OR	
			Health care	
AND				
	Prisoners	OR	Prison	
			OR	
			Female inmates	
C - Context			OR	
			Correctional Health Services	
			OR	
			Correctional Facilities	

The elected publications were retrieved in full and data were extracted to identify: type of study, year of publication, country of origin, purpose, population and study sample, study method and results and conclusions related to the objective of the *scoping review*. Data were synthesized in a descriptive way (n e %), using tables, charts and graphs, when pertinent.

RESULTS

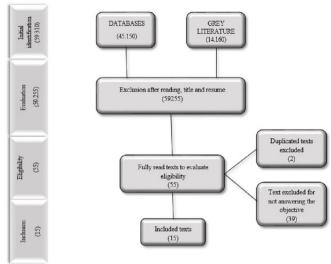
During the initial selection 59,310 texts had the titles and summaries read, of which 55 were selected for reading in full. After this step, 40 texts were excluded (38 did not respond to the objective and 2 were duplicated). Thus, the final selection was made up of 15 articles, according to Figure 1.

Among the 15 texts in this study, it can be seen that there has been a growth in the number of researches carried out on penitentiary health over the years and that approach the work done by nurses in health teams attending the LDP (Table 2).

The growth in the number of studies that approach the nursing practices in the penitentiary system over the years is observed. And it is still important to highlight the large number (53.3%) of researches carried out in the United States of America and in European countries (33.3%)

Table 3 characterizes the publications according to objective and cares related to nursing care, in the prison system of the studies included in the *scoping review*.

Figure 1. Flowchart of search for the scoping review, Brazil, Natal, RN, 2019.



It is noticed that 33.33% of the studies approach actions directed to the infectious and/or contagious diseases, with emphasis for HIV; 26.66% describe the services and experiences that emerge from the health team and nurses; 20% treat the healthcare directed to the mental health, the others reveal palliative care (6.66%), health needs (6.66%) and others (6.66%).

In relation to the health actions developed by the nursing, it is understood that most of them are aimed at clinical practices (42.85%), followed by screening and qualified listening (28.57%), by performing admission examinations of the LDP when they entered the Prison System (19.04%), visits to prisons (4.76%), and actions intended to promote health (4.76%).

Table 4 addresses the characterization of the implications related to nursing care in the prison system.

According to Table 4, it can be concluded that the nursing practices in the penitentiary system have implied in improving health care in the prison environment, since that one perceives the greater dynamism regarding access and resolution related capability in the services. Also, the efficiency of actions for LDP that are about to be released, regarding the planning for treatment of diseases after compliance with the sentence. However, it is important to realize partnerships between the prison system and other organizations, and also to review the nursing work process.

DISCUSSION

The increase in the number of production on prison health has been observed in the world literature, especially after the 1990s, 8,9 due to the attention of the World Health Organization (WHO) in relation to the theme, with the realization of project and publications in the area.2

Table 2. Characterizing the publications according to title, year of publication, country of origin and database of studies included in the *scoping review* (n=15). Natal, Rio Grande do Norte, Brazil.

ID	TITLE	YEAR	COUNTRY	BASE
E1	Incarcerated Adolescents in Washington State: Health Services and Utilization	1998	USA	SCOPUS
E2	Prison Experiences and the Reintegration of Male Parolees	2009	USA	PUBMED
E3	Factors Influencing Adherence to Antiretroviral Therapy for HIV-Infected Female Inmates	2009	USA	PUBMED
E4	Nursing care of prisoners: staff views and experiences	2010	England	CINAHL
E5	Intensive Case Management Before and After Prison Release is No More Effective Than Comprehensive Pre-Release Discharge Planning in Linking HIV-Infected Prisoners to Care: A Randomized Trial		USA	PUBMED
E6	Recidivism after Release from a Prison Nursery Program	2013	USA	PUBMED
E7	Opioid substitution treatment in pretrial prison detention: a case study from Geneva, Switzerland	2013	Switzerland	PUBMED
E8	Care and companionship in an isolating environment: Inmates attending to dying peers	2013	USA	PUBMED
E9	Violence and the perceived risks of taking antiretroviral therapy in US jails and prisons	2014	USA	PUBMED
E10	Analyzing the implementation of the Tuberculosis Control Program in prison units in Brazil	2015	Brazil	PUBMED
E11	Opt-out HIV testing in prison: Informed and voluntary?	2015	USA	PUBMED
E12	Disease profiles of detainees in the Canton of Vaud in Switzerland: gender and age differences in substance abuse, mental health and chronic health conditions	2015	Switzerland	PUBMED
E13	Key successes and challenges in providing mental health care in an urban male remand prison: a qualitative study	2016	England	PUBMED
E14	Mental health consultations in a prison population: a descriptive study	2016	Norway	PUBMED
E15	From positive screen to engagement in treatment: a preliminary study of the impact of a new model of care for prisoners with serious mental illness	2016	New Zealand	PUBMED

Table 3. Characterizing the publications according to objective and care/practices related to nursing care in the prison system of the studies included in the *scoping review* (n=15). Natal, Rio Grande do Norte, Brazil.

ID	OBJECTIVE	CARES/PRACTICES
E1	Describe the health services for incarcerated adolescents in Washington State and their use	The nurses conduct admission examinations and visits to the detention centers, with emphasis on emergency, pregnancy, STD, trauma and urologic treatment cases. And, there is still a visit from the public health nurse
E2	Describe how the policy of <i>opt-out</i> volunteer for HIV test	The nurses should review the prisoners' medical histories and read aloud a general consent statement for medical cares, including HIV/syphilis tests. After the general consent, the nurse completed the necessary forms and collected the biological material
E3	Examine the impact of the probationary experiences of parolees on their reintegration efforts	The nurses took part in clinical practice

Continuation Table 3.

ID	OBJECTIVE	CARES/PRACTICES
E4	Describe the views and experiences of nurses and other health professionals and their roles and the nursing care they provide to prisoners	Nursing identifies health needs at admission to LDP They perform the health care to meet the needs of individuals with regard to medications, minor illnesses and injuries, mental health, health maintenance, and healthy living.
E5	Examine the values, beliefs and End Of Life (EOL) perceptions for cares held by prisoners caring for peers approaching end of life	The nurses perform supervision and personal care for inmates who are housed in the prison unit ward
E6	Evaluate the degree for implanting the PCT in prison units of two Brazilian states	The examination of the prisoner that entered the prison system was done by the doctor or nurse. The latter still carried out the initial care of the inmate in the prison, in order to decide for referral to the medical consultation, if deemed necessary. In all the studied prison units, routine follow-up for the treatment was done by nursing professionals
E7	Analyze the re-incidence of three years after the release from a prison nursery, a safe unit that allows incarcerated women to care for their babies	The nurses provide the majority of health cares within jails and prisons
E8	Describe the health of prison inmates in terms of substance abuse problems and mental and somatic health conditions, and compare them by gender and age	All new prisoners get health assessment by a nurse in order to manage emergency situations and ensure care continuity
E9	Describe the STD program in this pre-trial jail, and the involved patients	All detainees admitted to the facility have a health assessment done by primary health care nurses within the first eight hours of admission
E10	Describe the results of an exploratory study examining men's perceptions and experiences as for HIV treatment and antiretroviral treatment (ART) during incarceration	Nursing performs directly observed treatment for HIV treatment
E11	Describe the implementation of a screening tool for mental illness in a prison	The initial screening is performed by the correctional primary health team, who forwards the inmates with positive results to the prison mental health services, where a mental health nurse performs the screening
E12	Describe the non-pharmacological interventions provided by the psychiatric health services to a stratified sample of prisoners	The nurses take part in individual and group therapy with the inmates
E13	Describe the working mode of an urban male pre-trial mental health service exploring the main challenges and successes, levels of integration and collaboration with other services	A mental health nurse screens all new prisoners in order to ensure referrals to the health service
E14	Evaluate prison-managed care for discharge planning program by the inmates with HIV	The nurse performs the care plan for HIV treatment and a plan for discharge at the time as for the inmate health in the penitentiary
E15	Analyze an existing set of qualitative interviews with HIV-infected incarcerated women	The nurse takes part in the directly observed dose for the HIV treatment, as well as facilitates the distribution of medications and makes qualified listening between the LDP

Table 4. Characterization of the implications related to nursing care in the prison system of the studies included in the *scoping review*. Natal, Rio Grande do Norte, Brazil.

IMPLICATIONS

An important success for mental health care was the adoption of an open referral system and a psychiatric nurse performing screening evaluations at the reception

Nursing screening was important for caring of mental health inmates, since that there was greater involvement in the initial assessments in prisons after the introduction of the care model and this allowed more time for other professionals to provide other services, such as treatment and planning

The intensive case management intervention covering the incarceration and release periods of HIV-infected individuals was as effective for released prisoners as a comprehensive high pre-release planning program, in terms of access to medical care

The work of psychiatric nurses in the prison primary health services ensures that the health service works well

The nurses can partner with criminal justice organizations to develop, implement, and evaluate programs to ensure that the health needs of those involved in criminal justice and their families are met.

To effectively address the complex problems of probationers, the health care system and, therein, nursing professionals, must begin to integrate the influence of long-term involvement in corrective and criminal life in the assessment and treatment of those individuals.

New ways of nurse working inside the prison began to create better services for the prisoners.

The USA is located among the countries that stand out for text production, that describes the health practices developed by the nursing in the prison system. This country has the highest LDP number, surpassing 2.3 million people.8 Thus, in order to promote development and reduce health inequities, it is possible to consider that more research is produced and directed at the health needs of these people.

Regarding the theme of research and its objectives, the focus is on the incidence and prevalence of infectious and/ or contagious diseases and aspects related to mental health, followed by reflections on the actions directed to supply the various health needs. The trend for the largest number of publications on this subject is related to the higher prevalence of infectious diseases in the prison environment, with emphasis on sexually-transmitted infections, tuberculosis and hepatitis; mental and reproductive diseases.⁹

Such epidemiological characteristics - with high rates of dissemination of infectious and/or contagious diseases and mental health related diseases among LDP - may be associated with the stress caused by the confinement situation and the unhealthy conditions to which they are exposed, such as malnutrition, overcrowding in the cells , social marginalization, dependence on illicit drugs and the low socioeconomic status of prisoners and family members.⁸

For the mental health needs, recurrent illness in the prison system, the nursing has taken part in the evaluations and treatment in the health services inside the prison walls, carried out qualified listening, with the objective of apprehending about the necessities and thus realizing the integral care, with views in maintaining health and healthy living.

However, there is still a need for greater involvement among the LDP and health professionals inside and outside prisons, to ensure adjustment between those in custody and health care offered in order to reduce the numbers of complications related to this condition. ¹⁰

Thus, it is essential that investments be made in the training of nurses and other health and safety professionals so that they may contribute to reducing the gaps that still exist in relation to mental health treatment in the prison environment.

Other activities developed by nursing were palliative care, which is understood by the WHO as a strategy and tool that aims to promote better quality of life for the patients and their families, through preventing and relieving the suffering, given the diseases that make it impossible to carry on life.¹¹

Thus, it is important that the nurse and all the health team working in the prison units should articulate their assistance actions so that there may be an early identification, classification and intervention on pain and other physical, psychosocial and spiritual problems that are outside of therapeutic possibilities of cure.

In relation to the practices developed, screening and listening, often referred to as actions carried out by nursing, are understood as essential and innovative tools, involving dialogue, bonding, welcoming, using light technologies and valuing experiences and needs of people in their daily lives.¹²

In addition, these activities can contribute to the agility in the referral of the LDP to other health network services, and thus, to increase access and resolution related capability in health. This fact represents an advance for the integral care among the people who are in penitentiaries, since in many cases these referrals were realized by penitentiary security agents, and such a worker does not show ability and competence for this purpose. ¹³ Thus, the insertion of the nurses in the prisons minimizes the silence imposed on the LDP.

The nurses also develop clinical activities that have been shown in the routine follow-up of the treatment, with an emphasis on tuberculosis, whose intention is to maximize the possibility for cure and rehabilitation, since it is stated - in many cases - that the consultation with the medical professional was performed, especially at the beginning of treatment and at the time of patient's discharge in the penitentiary system.¹³

In addition to the clinical activities, the confinement situation should be used as a unique opportunity for the development of health promotion actions, not developed by the nursing in this context, when considering the possible public interest and availability for such assistance and also the lack of knowledge, since that they generally have less access to health care when they are outside the prison walls. However, it is essential to emphasize that, even when given the user's availability for health care, it is a primordial condition to respect their free will for taking part or not in care actions.

Moreover, nursing examinations contribute to the early detection of illness cases among the prison population, and thus reduce infection rates within prisons, which are often high as a result of overcrowding and improper facilities, that hinder air circulation.² Thus, it is necessary for the directions of the prison units to create opportunities for the nursing team to perform screening and listening in order to identify health needs and act in respect to the uniqueness of the people.

In the case of infectious and/or contagious diseases, the admission examinations must be carried out in a systematic way and articulated as to the guidelines on the symptoms, epidemiological investigation supported by radiological exams, smear microscopy and tuberculin tests and drug treatment.¹⁴

It is also necessary for the health team to extend its attention and the active search for infectious and/or contagious diseases also to visitors and other professionals of the penitentiary sector, aiming to reducing the possibilities for transmission between the LDP and the other individuals that visit or work in these environments.

This way of doing health is a challenge that, to be overcome, it is fundamental to reflect on the work process in the prison environment, which the geographical limits were defined bureaucratically - prison unit - and it is up to the team to extend and understand that territory as a social environment in continuous transformation.

In addition, it is imperative to understand that this social environment is made up by heterogeneous people in social, educational and health conditions, therefore, it is necessary to rethink the work process of the health teams, in order to recognize the right to assistance, ¹⁵ to organize services and base them on principles such as integrality, universality and equality.

The good performance of the health actions developed by the nursing verified in the studies included in the *scoping review*

demonstrates the importance of this profession for integral care and quality. To do so, it is necessary to have adequate physical structure and able to contribute to the clinical and health promotion practices developed by the nursing and health team, as well as professionals qualified for such practice. ¹⁶

Therefore, it is necessary to carry out local planning and programming of actions and strategies oriented to the most prevalent problems in each prison unit. And, organize the work process based on the health needs of the population, in the specific scenarios, because it favors the effective monitoring and evaluation of the practiced actions.¹⁷

This ensures compliance with the legal recommendation that refers to the guarantee of participation and social control by the community, herein understood as liberty deprived individuals, in the management of services.

Thus, case management, indicated as a nursing action, also contributes to the LDP health care being integral and resolution oriented and can be guided by the implementation of care protocols, organized-based on diagnostic evidence, procedures, intervention, guidelines for adopting healthy lifestyles and individual monitoring and, 18 still, to promote long-term involvement of the nurse in the correctional and criminal life.

The creation of partnerships, be they with private or public initiative, is an important alternative to solve obstacles related to the practices of the health teams in the penitentiary area, for example, the lack of human and material resources and inputs to carry out assistance-related activities. Also, the implementation of partnerships with the LDP themselves, from training prisoners to act as health promoters, with the purpose of improving health care in the prison system.¹⁹

Although the results of this research expose the actions carried out by nursing in prison and their implications, it is fundamental to reflect on the problems experienced and the obstacles that are contrasted with the assistance practices carried out in the interiors of the prisons, whether they go through fundamental axes, such as the organization of the prison units, the inadequate physical structure and the stigmatizing culture regarding the LDP.

The organization of the prisons and the inadequacy of the security protocols influence the access of the LDP to health services, in the care network or installed in the prison unit. It can be seen that in maximum security prisons, where there is greater rigidity in the safety protocols for hosting convicted people with higher dangerousness levels, the care network is less demanded outside the prison walls.²⁰

Another aggravating factor evidenced everywhere is the physical structure of the prison units, since that the deficiencies in sanitation, ventilation and access to drinking water and the lack of adequate and equipped offices for health care constitute barriers for the access of this population to health services.^{21,22}

Moreover, the stigmatizing culture that emerges from the population and health professionals may contribute to the inferiority conception of the LDP in relation to the general population, so that people in deprivation of liberty should not have access to basic rights such as health and survival-worthy conditions.²³

Finally, although the study intends to evaluate most of the existing literature, limitations may occur, as there may be researches published in other languages and databases that are not included in this study.

CONCLUSIONS

The increase in scientific production on penitentiary health is a reality observed in the health literature and is certainly due to the attention directed to the integral health of the liberty-deprived individual everywhere, associated to the growing number of this population, a phenomenon mainly observed in countries of the Americas.

Nursing care practices for the LDP, the subject of the research analysis, were related to the macro context of care management and, in the micro context, to the care practices. These are evidenced in accomplishing screening and listening, admission exams, palliative care, directed, mainly, focusing on infectious and/or contagious and mental diseases.

The results show that nursing care has been found to be resolution oriented, integral and equivalent to that provided in different scenarios. However, in the prison context, what seems to defy full care, although all care is performed based on the health needs of the population, is the constant referral to intervention in other levels of clinical and sanitary responsibility. In this way, reflecting on the obstacles of the health care network helps to overcome the fragmentation of assistance and the reduction of actions.

With regard to health promotion actions, studies have pointed out to the relevance of institutional partnerships and the urgency of (re)dimensioning the work process.

The results of this work are useful for future research in the prison scenario, for the training of skills and competencies in the training of nurses and health professionals, with a view to elucidating the health actions with this population and contributing to the promotion of visibility and scientific relevance to the theme and nursing practices in prison health teams.

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