

Development of the professional identity of nurses to work in the prison system

Formação da identidade profissional de enfermeiros para o trabalho no sistema prisional

Formación de la identidad profesional de los enfermeros para trabajar en el sistema penitenciario

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ABSTRACT

Objective: to analyze elements that motivate the construction of the professional identity of nurses in the prison system. **Method:** historical-social, qualitative study, under the method of triangulation of oral and documental sources collected from May to December 2020, illuminated by the Foucaultian reference. Approved by the Ethics and Research Committee. **Results:** the holding of a public tender for the prison system was motivated by the acquisition of stability. The registered nurses were unprepared to take care of prisoners. The discipline and powers exercised by guards and prisoners surprised these nurses, who had to adapt to the system in a social context marked by urban violence. **Final considerations:** in the construction of the identity of these professionals, the ability to overcome fears and insecurities, exercising disciplinary Power and standardizing care for coping with daily work is highlighted. The need to train nurses in this area in professional training emerges. **Descriptors:** Nurses; History of Nursing; Social Identification; Vulnerable Populations; Correctional Facilities Personnel.

RESUMO

Objetivo: analisar elementos motivadores da construção da identidade profissional de enfermeiros do sistema prisional. **Método:** estudo histórico-social, qualitativo, sob o método de triangulação de fontes orais e documentais coletados de maio a dezembro de 2020, iluminado pelo referencial foucaultiano. Protocolo de pesquisa aprovado pelo Comitê de Ética e Pesquisa da instituição signatária. **Resultados:** a realização de concurso público para o sistema prisional foi motivada pela aquisição de estabilidade. Os enfermeiros concursados eram despreparados para cuidar de pessoas presas. A disciplina e os poderes exercidos pelos guardas e presos surpreenderam estes enfermeiros, que precisaram se adaptar ao sistema num contexto social marcado pela violência urbana. **Considerações finais:** destaca-se, na construção da identidade destes profissionais, a capacidade para contornar medos e inseguranças, exercício de poder disciplinar e normatização do cuidado para o enfrentamento do cotidiano do trabalho. Emerge a necessidade de capacitação de enfermeiros nesta área na formação profissional. **Descritores:** Enfermeiras e Enfermeiros; História da Enfermagem; Formação da Identidade Profissional; Populações Vulneráveis; Servidores Penitenciários.

RESUMEN

Objetivo: analizar elementos que motivan la construcción de la identidad profesional de las enfermeras en el sistema penitenciario. **Método:** estudio histórico-social, cualitativo, iluminado por el referente foucaultiano, que utiliza el método de triangulación de fuentes orales y documentales recolectadas de mayo a 20 de diciembre. El Comité de Ética en Investigación de la institución firmante aprobó el protocolo de investigación. **Resultados:** la realización de un concurso público para el sistema penitenciario estuvo motivada por la adquisición de estabilidad. Los enfermeros aprobados por ese concurso público no estaban preparados para cuidar a los presos. La disciplina y los poderes que ejercían los guardias y presos sorprendieron a estos enfermeros, que debieron adaptarse al sistema en un contexto social marcado por la violencia urbana. **Consideraciones finales:** en la construcción de la identidad de estos profesionales se destaca la capacidad de superación de miedos e inseguridades, ejercicio de poder disciplinario y estandarización de los cuidados para hacer frente al cotidiano del trabajo. Surge la necesidad de capacitar a enfermeros en esta área en la formación profesional. **Descriptor:** Enfermeras y Enfermeros; Historia de la Enfermería; Identificación Social; Poblaciones Vulnerables; Personal de Instituciones Correccionales.

INTRODUCTION

Brazilian jails and penitentiaries have always been overcrowded throughout history and not always fulfilled the role of resocializing those who had committed crimes. In 1980, a public security crisis in Rio de Janeiro increased the prison population, requiring reorganization of the infrastructure of prison units and expanded healthcare provision for prisoners. The situation experienced by society was an increase in urban violence due to drug trafficking with a significant increase in homicide rates^{1,2}. With the creation of the Penal Execution Law (*Lei de Execução Penal - LEP*) in 1984, it was defined that imprisoned people had their rights.

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The country's first maximum security prison appeared in 1987, Bangu 1, which promised neutralization of "organized crime bosses", seeking to weaken the command of criminal actions which had been increasing the number of homicides, intentional bodily injuries and vehicle theft in the State^{3,4}.

The 1988 constitution established new political proposals for Brazilian health considering Law No. 8080/90, the basis for creating the Unified Health System (*Sistema Único de Saúde - SUS*), and Law No. 8142/90, which brought community participation in managing this System, reorganizing intergovernmental transfers of financial resources in the health area.

There was then a paradigm shift in health which becomes a right for everyone and a duty of the State, including the entire prison system in this context. The Federal Constitution guarantees the basis of the Brazilian health system with universal and equal access⁵. Prisons in the 1980s were increasingly full and disorganized, a fact recorded in reports from the Business and Justice Department, which was influenced by foreign ideas to think about the modernization, economic and city development and population control processes⁶.

One of the concerns was the health of the prison population, since the locations chosen for building prison units often favored the spread of diseases due to precarious sanitary and hygiene facilities, as well as overcrowding⁵. At the same time, law No. 7498, dated June 25, 1986, was enacted, which regulates the practice of nursing in Brazil and outlines the needs of the profession, defining its professional identity, which immediately had repercussions in the organization of health services.

In a context of tension and fear of urban violence experienced by the entire society of Rio de Janeiro for more than a decade, the Public Notice of the Department of the Penitentiary System of Rio de Janeiro (*Departamento do Sistema Penitenciário do Rio de Janeiro - DESIPE*) was launched and published on July 27, 1998, aimed at composing a health team by opening a public entrance competition to fill vacancies in various higher-level positions (doctors, nurses, dentists, nursing assistants, psychologists and social workers). The role of these professionals would be in healthcare for the penitentiary population, in the hospital and outpatient units of *DESIPE* which houses a vulnerable population, dependent on an effective surveillance system for the early diagnosis and treatment of diseases⁷. Exposure to the prison environment measured by the length of incarceration promotes risk factors for chronic diseases, requiring investment in health promotion⁸.

The nurses who submitted themselves to the *DESIPE* entrance exam knew that they would be employees of the prison system, but they were not familiar with the reality of this disciplinary space which subjected them to different impressions about how their activities would be carried out. In this way, there was an identity formed in each professional on what it meant to be a nurse, but not necessarily in that social context.

Considering the gap in nursing scientific productions on the role of nurses in the Brazilian prison system, this study is justified by using the History of the Present Time to unravel the implications of providing care in a monitored space full of sanctions, which culminated in the creation of an identity of the nurse working in the prison system. Thus, the objective of this study was to analyze motivating elements in the construction of the professional identity of nurses working in the prison system.

METHOD

This is a historical-social qualitative study from the perspective of oral history, documents and the concept of the present time, which has great mobility and is linked to contemporary times and living generations that experience historical time⁹.

The use of oral history is recommended when there are no other sources produced on the phenomenon studied, enabling us to seek clarification of past situations in the narrative of those who experienced the events. Thus, the search for constituent elements of the professional identity of nurses in the prison system can be more complete when giving voice to the social actors themselves, which was done using the Thematic Oral History (TOH) technique¹⁰.

The setting was the prison health service of Rio de Janeiro in the time frame of 1998-2004, demarcated by the publication of the competition notice for health professionals for *DESIPE* and the end of the probationary period of the last nurse called to take office after the entrance exam. A semi-structured interview was conducted between May and December 2020 with six nurses who met the inclusion criteria: professionals approved in the first *DESIPE* entrance competition working in hospital units, with the exception of psychiatric units. The average interview time was 90 minutes.

The documentary sources were reports, minutes of meetings and books of orders and occurrences, being classified in response to the study objectives, carrying out the analysis using the methodology of triangulation of sources, a technique which confirms the validation of findings for historical research¹⁰.

The theoretical foundation chosen was the perspective of Michael Foucault, who deals with prisons as disciplinary spaces, especially considering the hierarchical view and a normalizing sanction as devices for complying with discipline.

The research protocol followed the Equator Network recommendations regarding qualitative research and was approved by the Research Ethics Committee and informed consent was obtained from all collaborators.

In order to maintain the confidentiality of information about the participants, the initial letter of the profession was used to identify employees (N for Nurse), followed by the Arabic number corresponding to the sequential order of the interviews (N1; N2; N3, N4; N5; N6).

RESULTS

Several public entrance competitions were opened for nurses in Brazil in 1998, and the 6 collaborators in this study at that time had recently graduated, and reported searching for a stable employment contract, which is why they competed for the various opportunities which arose, without a definitive option in relation to the work scenario. This was the most evident motivating element in relation to entry into the prison system:

DESIPE was another opportunity [...], at first it wasn't a question of wanting [to be a prison nurse], I wanted stability. (N2)

I was a nursing technician, so I graduated as a nurse, and I took exams [...] I went to city hall and two years later they called me to DESIPE, at the time I did everything that came my way, because I wanted a public job. (N6)

Other elements that motivate the constitution of the group identity of nurses in the prison system are feelings of insecurity and fear related to the work environment in a closed system where many of the actions are related to violence and danger.

I felt very scared, at the beginning I worked with a lot of fear. (N2)

The first thing that crossed my mind when I entered the prison system was feeling unsafe. (N4)

Stigma also appears as a defining element in the constitution of a professional identity, since prisoners find themselves socially excluded:

Even though we knew it was another structure, there was the weight of [the patient] being a prisoner, there was all this, these conflicts or this identification or these associations [...] (N1)

When I entered the prison system, I passed the exam and at first I gave up and asked to be at the end of the line, because many people, due to the stigma they identified, said: you're crazy! Going to work with prisoners! [...] Of course we have some restrictions because we deal with people deprived of liberty. (N3)

Even within the prison system, nurses had to learn to deal with the stigma in relation to providing healthcare to prisoners:

We were supposed to take care of the prisoner, but we noticed the discrimination. It was common to hear "good citizens and not good citizens" You take care of not good citizens; Why rush, nurse, if good citizens don't have this resource? Because they do evil and still manage to receive good care and I, who am a good citizen (guard), cannot! (N2)

Elements also emerged that required adaptations in nursing care practice when nurses realized the difference between the disciplinary and ethical codes that apply inside and outside the prison system with regard to the nurse-patient relationship and the health work routine:

Total difference between the care provided to the free person and the prisoner in relation to the approach, physical contact and even the examination that you can and should carry out. (N1)

The institutional discipline when they arrived to have their first shift really marked the certified nurses:

When the nurse came to introduce me, I was very scared and the guard said: you can come in. The internals were loose. I went in and one of the prisoners came up, speaking in a harsher way, kind of intimidating me. On the first day I already had contact with what the system was. The guard, who was tall, entered in front of the prisoner and I [thought]: my God! I said [to myself]: business is different here. The guard said: is this how you receive people who are coming into the system? The inmate took two steps back. She had to impose herself. Then I thought: there is this code. (N2)

In prison it is: I command and you obey. It is a command that was implicit, it is not something said, it is on a scale that that person there [guard] commands this service and you are a subordinate. In fact, you are based on a hierarchical issue. Theoretically we have no direct relationship with these people [guards]. (N1)

The results presented below indicate that incorporating new identity elements was really necessary to provide nursing care to prisoners.

I experienced one overcoming after another for simple things at DESIPE. Taking oral medication was a challenge, a bed bath was unimaginable; you had to overcome yourself, putting on a bandage was bizarre, the gauze was counted, the beds were made of masonry and you depended on the guards for everything. (N4)

It is clear that [the nurse] provides care to a population with peculiarities: the detained individual. When I say security bias, it means that he is under the custody of the state and we need security, to have the freedom to act as a nurse, free from harassment, free from embarrassment or even threats. There have been situations in prison where I have experienced both embarrassment and threat. Fear is always a component that is present, you have several professionals who are connected to the prisoner. (N5)

DISCUSSION

The first public entrance competition to provide nurses for the prison system for the State of Rio de Janeiro was a consequence of different social crises that involved different sectors: economic, public security and health. Along the same lines, there was a legal context for hiring nurses for *DESIPE*, which was the Federal Constitution and the *SUS*, guaranteeing the right to health and the provision of health services to all citizens, without any distinction. The entrance competition was unprecedented, as it was the first for the health area of the Rio de Janeiro prison system and took place in the midst of other public entrance competitions with vacancies for nurses, contributing to the entry of these professionals into the public service.

Common identity elements for nurses approved in the *DESIPE* entrance competition were discouragement and a lack of planning for the care of prisoners, configuring an economic motivation. In addition, providing care in this context was complex, requiring knowledge and professional training¹¹, greater attention regarding the temporal control of activities and uses of spaces occupied by patients in a disciplinary space. At the time, the salary paid by *DESIPE* to nurses was higher compared to other institutions, and stability was a social and economic advantage by offering a permanent salary³, creating an opportunity for more time with the family by reducing the number of jobs.

Fear was part of the care provided to the prison population, since risk and vulnerability are inherent to working in this space¹. Furthermore, facts related to crime reported by the media on a daily basis during the period caused insecurity throughout society. Although this society also functions as a disciplinary space, this scrutiny takes place in a microspace when you enter a closed and controlled institution, such as a prison, and becomes more impactful for the agents that circulate in it¹². This impact is enhanced by devices that reaffirm the disciplinary order through the ordering of spaces, constant surveillance, and sanctions when discipline is violated.

The stigma of the prisoner, always seen as a violator of laws, presented itself as another element in the constitution of nurses' identity characteristics. They began to be judged by their work environment and for providing care to a population "not deserving of quality treatment", which generated criticism, including from *DESIPE* security agents. The standards of prison units are significant due to their negative predictors of stigmatized care. The lack of specific preparation to deal with prisoners was one of the most important obstacles to better performance by the new nurses at *DESIPE*¹³. In fact, neither undergraduate courses nor the State prepare professionals for this environment, which is a serious issue to be faced.

The care practice in penitentiary health units has an organization which differs from any other due to the fact that the main characteristic in relation to the population it serves is the deprivation of liberty, and not the provision of healthcare. The nurses found themselves in conflict of authority with the security agents (guards), responsible for maintaining institutional order. The provision of nursing care to prisoners is co-dependent on the work of security agents, responsible for opening and closing the cells, so that the prisoner has access to professionals and vice versa.

The nurses' freedom of action is subordinate, limiting the exercise of power by these professionals who cannot act without authorization or security intermediation, requiring nurses to adapt to take their place as health professionals and to acquire a collective identity.

Those who respect the rules must understand the disputes for power and remain in the place designated for them. The results evidenced in this study demonstrate that certified nurses had to adapt and work according to the rules of the penitentiary system.

Thus, nurses' adaptation was subjected to normalizing sanctions and punishment, typical of disciplinary systems. Disciplinary techniques materialize in the bodies of individualized subjects, and it is only necessary that the people subjected to them know that they are monitored or potentially monitored, which is a fact included in all prison units¹⁴.

The prisoner also transmits a social identity to the entire team, a context known as identity for the other, which creates an exclusion process of this prisoner by the team and by society, as they are often judged *a priori*, lacking "new skills"¹⁵.

In this context, the prison system nurse adapted to situations which are mostly not part of the routine of other health institutions. Such situations were learned in everyday practice and forged a collective identity for this group. The identity for oneself was built through learning tasks not demonstrated during graduation/training, but assimilated in the exchange between professionals from different sectors who were there to care for the prisoner, whether in health or other areas¹⁵.

The nurses developed a common ritual for their daily work, using strategies through which they exercised disciplinary power, which was a resistance to the exercise of that same power by prisoners¹².

The penitentiary space appears hostile due to the fact that it cannot be entered with the same confidence as other spaces. This study allows us to get closer to the reality experienced by new nurses within *DESIPE*, where they became as captive as the prisoners¹⁶. Work in prison is only possible when habits, values and rules specific to this space are recognized and respected.

The stigma of working in the prison system as a healthcare space makes the team become more restrained in their professional field of action. In turn, instability in relation to the internal security of the work environment prevails, often leading the team to a certain emotional fragility.

Nursing work in the prison reality occurs under tension in the nurse-patient relationship, which makes it difficult for professionals to adapt¹⁷. Activities within health units are not exclusively based on healthcare. There are times when it is necessary for nurses to position themselves as a safety professional, maintaining rigor and discipline. In these moments, people construct and reconstruct their identity, and professionals in the prison system do not remain solely linked to health, as the security bias starts to have a very strong relationship in the attitudes of this professional and even in the viability of their stay in the setting, which is, first and foremost, a prison, not a hospital. As a result, safety standards override care standards^{18,19}.

The nurses said that they also placed themselves disciplined to the power that was already imposed by the differentiated scenario itself in order to provide direct care to inmates, maintaining the relationship of subjection and obedience to the spoken and unspoken norms of the prison system, since the Work environment constitutes an important source of tension due to frequent threats and potential attacks, which can directly affect the mental health of these workers²⁰.

The nurses' subalternity is directly linked to the discipline imposed by the feeling of fear, a strong determining factor of each subject's position in the system's disciplinary pyramid. Although the nurse is not one of the prisoners, they are subject to the established power when entering the prison system to work, which is perceived without any authority saying so. Thus, their professional autonomy, acquired through knowledge, is called into question in the name of their safety. With the fourth largest prison population in the world²¹, Brazil needs to worry about the preparation of workers in this system considering the vulnerability of its population and current public policies²².

It is noteworthy that nurses have an ethical commitment to providing healthcare without any discrimination on their part. However, they can be judged when they perform their work on behalf of people who have been convicted of committing serious crimes against others. There is something frightening in freedom restriction units which society refutes, making socialization processes difficult.

The prison system's nursing team works directly to provide care but does not deviate at any time from the circulating/parallel power in the hierarchical pyramid²¹. Thus, the exercise of power within the prison system alternates more frequently due to the function of depriving people of freedom. As criminals at that historical moment were already organized by factions that influenced the prison routine and maintained even greater latent

violence in that space, the disciplining of bodies did not occur as planned by the State, subjecting all workers, including nurses, to constant risks of suffering violence.

Study limitations

The possible limitation of this study is the lack of further documentary information due to the low number of records produced and archived about nursing in the Rio de Janeiro prison system.

FINAL CONSIDERATIONS

The results of the study extracted characteristics specific to this space when a health unit from the story told by the first registered nurses of *DESIPE* is introduced into it. Characteristics such as discrimination, exercise of disciplinary power, ability to overcome fears and insecurities stand out in constructing the identity of these professionals, which gives them resistance to face the daily work, and at the same time practice nursing care.

The peculiar discipline imposed in the prison setting had an impact on newly admitted nursing professionals who needed to revisit their identity constructed in other settings to understand what the strategies would be to be able to live and work in that space that was new and unknown to them until then.

The study reinforces the importance of preparing nurses for professional practice in their training, including in the prison health system, in order to offer technical-scientific support for their work, without which curricular issues are perpetuated, such as the one is portrayed in this work.

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