



NURSES IN URGENT CARE IN PRISONS: EXPLORING REASONS FOR THE CALL AND PLACE OF ASSISTANCE¹

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ABSTRACT

Objective: to analyze the perceptions of nurses from the Mobile Emergency Care Service (SAMU) in care provided in penitentiaries regarding the reasons for the calls and the place where care is provided. **Method:** this is an exploratory and descriptive study with a qualitative approach. Individual and audio-recorded interviews were carried out from August to December 2017 following a semi-structured script with 91 nurses who worked in the SAMU in cities in the state of Paraíba, Brazil. The methodological framework of Content Analysis proposed by Bardin was applied to categorize the data obtained. **Results:** the presence of difficulties emerged from the analysis of the speeches of the participants. They included calls for reasons not relevant to the service, inadequate place for assistance, lack of privacy during consultations, and lack of escort for transport when necessary. **Final considerations:** the reported problems highlight the need to establish strategies to improve the conditions of care provision so as to enhance the service's ability to solve problems that cannot be solved in a single visit by SAMU professionals in the prison environment, which guarantees the continuity of assistance in other services articulated to it, making strong intersectoral links necessary.

Palavras-chave: Emergency Relief. Emergency Medical Services. Prisons. Emergency Nursing.

INTRODUCTION

The Mobile Emergency Care Service (SAMU) is an important component of the Brazilian Policy for Urgent Care and Emergencies instituted by Ordinance number 1,864 in 2003⁽¹⁾. The service is accessed via the toll-free number 192, used throughout the national territory and directed to a Medical Regulation Center, a structure containing physicians, telephone operators and radio operators who receive the call, provide health guidance or, depending on the severity of the situation described by the informant, send vehicles with health professionals to the place where the person in need of care is^(1,2).

In this place, the user is carefully evaluated and interventions are carried out. If necessary, depending on the clinical condition of the patient, he/she is transferred to specialized care according to the availability of beds in the available services. The SAMU is, therefore, an important intermediary link between primary

health care and the network with the greater technological complexity⁽³⁾.

To work in the SAMU, nurses are required to have scientific knowledge for immediate decision-making, initiative, self-control, attention to carry out actions guided by telemedicine, physical and mental capacity, ease of communication, and team coordination^(2,4,5). These skills require constant preparation to face challenging situations not found in other scenarios of professional practice, because the assistance is provided in any place, as for examples in homes, public roads or penitentiaries^(5,6).

It is known that penitentiaries house a set of insalubrities in the country. Brazil has the fourth largest prison population in the world, exceeding 700 thousand prisoners, that grows in a continuous, accelerated and precarious rhythm, with overcrowding, structural problems, deficient food and hygiene, and exposure to licit and illicit drugs and violence. These are determining factors for the occurrence of

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emergencies due to the emergence of diseases or aggravation of preexisting conditions, which were already part of the individual's life context before imprisonment^(7,8).

In view of the characteristics that may be present in these prison scenarios and the important role played by nurses in pre-hospital care, who through their actions are able to stop unfavorable prognoses facing the vulnerabilities of the place where care is provided, this study was designed to analyze the perceptions of SAMU nurses regarding the care provided in penitentiaries in view of the reasons for the demands and the place of assistance.

Considering the above and the innovative character of the proposal, it is important for nurses to be familiar with the specific needs of the clientele and the characteristics of the scenarios of deprivation of liberty, since they are essential aspects for the scientific bases that support the practice of nursing in emergency care be solidified in the prison system and to determine ways of coping with identified phenomena in order to minimize them.

METHODS

Exploratory and descriptive study with a qualitative approach carried out in cities of the state of Paraíba, located in the Northeast region of Brazil. Cities that had SAMU with Emergency Medical Regulation Centers were selected to compose the study scenarios. They were the municipalities of João Pessoa, Campina Grande, Patos and Cajazeiras.

The study included nurses of both sexes who had worked in the service for at least six months and who had already provided care to individuals deprived of liberty in prisons. Professionals who were away from their activities due to medical certificates or licenses at the time of data collection were excluded. Therefore, of the 106 professionals who worked in the services located in the selected cities, 91 met the inclusion criteria and agreed to participate in the study.

For data collection, audio-recorded interviews were carried out by one of the researchers between the months of August and December 2017. To facilitate contact, a monthly schedule of professionals was provided and they

were contacted in the SAMU bases individually, in reserved places, at times previously defined with the managers of the services and in moments when the participants were available. It is worth noting that the participation of nurses in the research was voluntary and it was necessary to sign the Informed Consent Term and an Authorization Term for Voice Recording.

All interviews were carried out by the first author – a nurse – during her master's work. A semi-structured script with questions covering sex, age, and length of professional practice, knowledge and previous experiences in care in prisons was used during the interviews. The interviews lasted 30 minutes to 1 hour and the dialogues were transcribed right after the end, and then numbered in ascending ordinal sequence (1st, 2nd, 3rd, 4th...). The cities received a code (letters of the alphabet - A, B, C, D) to guarantee the confidentiality of the information collected.

Data were categorized and analyzed according to the Content Analysis proposed by Laurence Bardin, following three phases: pre-analysis; material exploration; treatment of results, inference and interpretation⁽⁹⁾.

In the first phase, the material was prepared to facilitate the manipulation of the corpus of analysis and organization through readings. In the second phase, the identification of record units were followed, which were grouped into categories. Finally, with the systematization of ideas, interpretations and inferences were established. In the present study, two of the four categories that emerged were discussed: a) "Reasons for urgent care in penitentiaries"; and b) "Place for assistance of the SAMU team".

The research complied with the ethical recommendations of Resolution 466, of December 12, 2012, of the National Health Council of the Ministry of Health and was submitted to the Research Ethics Committee, being analyzed and approved by means of opinion 2,195,668. The data discussed in this article were obtained from a larger master's thesis study.

RESULTS AND DISCUSSION

Of the 91 nurses who agreed to be interviewed and composed the sample of this

study, 70.3% (64) were female and 29.7% (27) were male, aged between 25 and 45 years. With regard to time working in the service, 7.69% (7) had been working for at least 6 months, 64.84% (59) for 1 to 5 years, 21.98% (20) for 6 to 10 years, and 5.49% (5) for more than 10 years.

Reasons for urgent care in penitentiaries

In the penitentiaries' environment, the most common reasons for calling the SAMU mentioned by the participants were the absence of health professionals inside the prisons to evaluate the victim with the implementation of interventions and situations in which there is no way to guarantee the necessary health support to the patient in the institution itself:

When there is a lack of professionals or a really urgent situation like a convulsive crisis or something that cannot be solved, they call the SAMU. (01-B)

Generally they only request it when there is no health professional there. There is during the week, it works like a Basic Family Health Unit, some days there is no work there, depending on the prison, or the professional is absent, or is already out of office hours. (16-C)

In the morning they have assistance, so we are usually called at night or we are called for some type of assistance that they are not able to give inside the prison. (22-C)

We are called, many times, by the penitentiary agents (prison police) with the intention of attending to the inmate inside or taking him to the hospital. (29-C)

It is worth noting that, of the 16 penitentiaries distributed in the cities selected as the scenario of this study, only 9 had a care team within the prison unit and, of these, none works full-time.

The care provided by health professionals in prisons require a pact and follow the norms of the National Policy for Integral Care of People Deprived of Liberty in the Prison System regulated by the Interministerial Ordinance number 1, January 2, 2014, which provides for the operation of health services in prisons, classified into three ranges: in the case of prison units with up to 100 prisoners, each professional will work six hours per week; from 101 to 500, the minimum workload will be 20 hours per week; and from 501 to 1.200, the minimum

workload will be 30 hours per week⁽¹⁰⁾.

In this way, when there is no health professional at the time of an emergency, as highlighted by interviewees, when an unexpected health problem with or without potential risk of death happens, the SAMU can be called in order to assist victims of health problems of clinical, surgical, obstetric or psychiatric nature^(2,11,12,13).

In penitentiaries, the request for care is made by the health team or by professionals from the prison guards, under the responsibility of the managers of the penitentiary who identify signs and symptoms that require urgent care. However, not all calls are really relevant or occur properly as reported by the following participants:

They make up situations, they pretend, they fake a convulsive crisis, they pretend to have a severe pain and as the prison female prisoners is outside the city, they end up taking us out of here for an unnecessary occurrence. (04-A)

Sometimes the patient pretends to have something and at the time of the exam we see he is faking it. (08-B)

Often they call for a clinical case, which has no need at all, and they quick to call, and other times they delay to call and the situation is very serious. (30-C)

They call because they are supported, because let's suppose, if something happened, then there will be that negligence. Why didn't you call? Why didn't you asked for help? (15-D)

This type of demand that is not relevant to the purpose of the service causes problems, because when the regulatory physician sends a team to a call that is not an emergency, the service fails to respond to situations that really need attention. As a result of the unavailability, other users start to access more complex services by their own means, without prior evaluation by a trained professional who could bring a solution to the problem presented and consequently reduce waiting lines for emergency care in specialized services^(14,15).

Time waste comes also from traveling to the penitentiary, since most are located far from urban centers, in addition to the time spent to access the interior of the prison environment due to the need for police inspection, causing the

incorrect use of financial resources resulting from of these unnecessary services.

The study revealed that one of the main difficulties of working in SAMU is the misunderstanding of the role of the service by those who call it, causing inconvenience with erroneous information and an increased demand for the service. Most of the times, the SAMU is called to assist clinical cases that should be resolved in primary care services⁽¹⁶⁾.

Therefore, one should reflect on the creation and implementation of strategies to avoid incorrect calls. For example, requests should be made with prior evaluation by a health professional to carry out the risk classification or investments should be directed to the training of the prison staff to identify situations which are really urgent in order to adequately meet the user needs in a timely manner and avoid the negative impacts of these calls.

On the other hand, it is revealed in the speech of one interviewee that the decision-making by professionals of the criminal police or even of the health teams of the penitentiaries for calling external services in case of a situation perceived as urgent is influenced by the fear of generating a situation of negligence or even insecurity.

A study shows that the relevance of the need for care when evaluated by persons who are not technically qualified generates a judgment guided by subjectivity, which can be influenced by feelings such as fear, considering the characteristics of the environment, generally perceived as hostile, unstable and complex⁽¹⁷⁾. Other studies with nursing workers in the penitentiary system reveal a mixture of feelings in the daily routine which make the care process difficult due to the insecurity, fear of violence, and the tension generated by the constant surveillance state^(7,8, 18).

In such circumstances, the people who call the service leave to the medical regulation sector the decision to send the SAMU team to the prison. In this scenario, the calls are not linked to the understanding of the role of the service or to the lack of health professionals in the prison environment, with divergences in terms of reasons for asking for care depending on the experiences of the nurses.

Place for assistance of the SAMU team

Once the team arrives at the penitentiary, it is taken to the patient, and the place where they perform care activities varies, as described by the interviewees. Care may be provided in reserved spaces or in the prison cells, always accompanied by the police:

Like a reception, you know, he was handcuffed and there were a lot of people, there were prison officers {prison police} accompanying him. (13-B)

Many times it is in the cell itself and as few prisons have infirmaries, we provide care in a reserved corner, even in the cell or in the yard. (25-D)

Most of the time, the services are solved right there in the cell or in another cell that is reserved to provide this assistance to the person in need. (35-C)

Prison cells do not favor the activities of the professionals due to lack of structure and exposure, since, in these places, the human crowding makes service difficult⁽¹⁸⁾. In addition, the insistence of a space exposes everyone involved, generating feelings such as fear and insecurity on the part of the health professional who could provide better care if there was a place with minimal structural support for the team to plan/implement care measures and, depending on the degree of severity, refer the patient for observation until clinical stabilization.

It is noteworthy that Resolution number 14 of November 11, 1994, of the National Council for Criminal and Penitentiary Policy (CNPCCP), provides that, in order to provide health care to prisoners, prisons must have a infirmary with a bed, clinical material, adequate instruments and pharmaceutical products for urgent medical or dental interventions, as well as places for psychiatric care, drug addiction care, and isolation units⁽¹⁰⁾.

Resolution number 6 of May 9, 2006, adds that the physical structure of the health unit in prisons should have waiting cells, space for the stay of prisoners awaiting care and observation cells^(19,20), being the responsibility of the federative entities to offer support for the construction, expansion, adaptation of physical spaces and provision of equipment for a proper

environment for the work of health services in the prison system and use of the SAMU team when needed, following the rules, regulations and recommendations of the SUS, the CNPCP and the National Policy of Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) under the SUS⁽¹⁰⁾.

In the statements of the interviewees, it is clear that there is a lack of adequate places legally provided for the assistance of individuals deprived of liberty, which may justify the occurrence of care in the aforementioned places and the difficulty during care provision:

There is no appropriate environment to perform this care, because from my point of view there should be an infirmary, even if small, so that the patient could stay either sitting or lying down, because many patients need to remain under observation after they are medicated. (15-B)

The assistance is always performed in an inappropriate place! Because the times I went to the prison there was no specific place, there was no infirmary. (20-B)

You have to do the puncture, the venoclysis and someone has to hold the saline solution, the light from there in the cell is not good; you end up puncturing the patient more than once, because you end up making a mistake with the technique, for not having an appropriate environment. (22-C)

If there was a room, minimal preparation, the individual would stay there, there is no need for running the risk of letting him escape, the expense of all the logistics to move this individual to the hospital unit to treat a simple thing! Sometimes the person is stomach sick, sometimes it is nausea, it is an isolated episode of vomiting, which could be treated in the prison environment. (12-D)

The working conditions and structure for any activity, whether health or not, are fundamental for a good work^(19,21,22), because if they do not exist, there may be risks for service users^(23, 24) due to errors in routine procedures in emergency care, creating unusual situations for professionals, who may need to improvise, even in places that could provide adequate ambience.

Besides generating impacts at other points in the health care network due to transfers, which could be avoided if there were facilities for observation as recommended by the CNPCP⁽¹⁰⁾, these cases contribute to the overcrowding of emergency services. A study carried out in a

hospital in Colombia on subjective assessment of overcrowding describes that this event creates a risky environment for users, an increase in the rate of untreated demand, errors by professionals, and risk of death during hospitalization and after receiving care in these places⁽²⁵⁾.

Regarding the transport of the users, it can be seen in the statements of the interviewees that the transfers may not occur due to the unavailability of the police escort, even with the identification of the need for referral:

Due to the insufficient staff of penitentiary agents {prison police} they even requested that, if possible, we should not take him to the hospital, because there would be no way to escort him. (05-B)

Medication and care were provided on the spot, even because there was no escort, if necessary, the police could not take the prisoner out. (23-C)

They often have difficulty even with their team to make this transfer from the penitentiary to the hospital, but then unfortunately if we don't have an escort, even if the patient really needs it, we cannot do it, we are actually not allowed to carry out this removal to the hospital, first it is our safety and that of the team. (07-D)

The operational difficulties in the transfer are described in studies^(7,17) as one of the points of greatest complaint of subjects deprived of their liberty in prison establishments.

The presence of prison officers is essential for the removal to take place. When it is not possible, there is no way to continue the assistance due to the vulnerability of the team to the danger imposed by the convict. This collaborates to worsen the health conditions and potentially increase the risk of serious complications and deaths. This is contrary to the recommendations of the PNAISP that establishes that, if the facilities of the prison system are not sufficiently equipped to provide the necessary medical care to the patient, he may be transferred to another sector of the municipal care network, when a thorough evaluation is required through examinations and implementation of specific therapies^(1,10,19).

On the other hand, the constant presence of the prison police generates a lack of privacy, an aspect highlighted in the following statements:

The patient's anamnesis often has things that concern him alone, so you have to think about the patient's privacy as well, you cannot ask questions that will expose him, because he won't want to answer. (20-B)

Due to the presence of the security agents themselves, they are intimidated to talk, to open up, to really say the reason, what is happening! (07-C)

You are assisting one here and next to him there is a convict, there is another who is coming and there is another. So it's everyone, everyone free like that, it's everyone being part of the assistance that should actually be a private thing. (14-D)

The situations described illustrate an obstacle that hinders the assistance of nurses, as users may prefer to be alone with the professional to talk about their health situation. A study reveals that respondents from the medical clinical sector of a hospital in Rio Grande do Norte, Brazil, preferred to be alone in situations of exposure⁽²⁵⁾. Another study with users admitted to a hospital unit identified that, when exposing their intimacy, the interviewees prefer to be alone with someone from the professional team or with a trusted member of their family⁽²⁶⁾.

Such considerations and the interviewees' reports indicate that some users of health services may be uncomfortable due to the presence of other people in the same space to expose intimate situations, symptoms or previous illnesses, as well as other individual aspects necessary to systematize the nursing care, making the care incomplete or incapable of meeting the real needs presented by the users in penitentiaries, since the collection of information about the history and health status is what will guide the actions. In this context, it is up to the

nurses, during the care, to establish strategic measures to minimize this problem, making the users realize their importance in the chain of care.

The limitation of this study is related to its external validity, as it was carried out in only one Brazilian state, and it is necessary to be careful when comparing different care contexts in units of the prison system, far from generalizations. The study sought to understand the reality of the researched scenario, from the perspective of experiences with emergency care in penitentiaries mentioned by nurses.

FINAL CONSIDERATIONS

It is noticed that the nurses involved with the commitment to guarantee access to health care in the context of emergencies face difficulties since the call for the service up to the effective provision of care to the user in the prison unit.

The inadequacy in the infrastructure of the penitentiaries that received assistance from SAMU teams was also highlighted in the reports, besides impediments related to the presence of the police, necessary for the safety of the pre-hospital care team, but which affects the privacy of the users. When privacy is not offered, the continuation of care through transfer to other health services becomes unfeasible.

The experiences reported by nurses reveal the need to include issues related to prison health in the training of professionals who deal with the assistance to the state's prison population. This aims to intervene in conditions prior to illness, avoiding the aggravation of risks to life, complications and sequelae for users, negative repercussions for family members and society.

ENFERMEIROS NO ATENDIMENTO DE URGÊNCIA EM PRESÍDIOS: EXPLORANDO RAZÕES DO CHAMADO E LOCAL DA ASSISTÊNCIA

RESUMO

Objetivo: analisar as percepções dos enfermeiros do Serviço de Atendimento Móvel de Urgência (SAMU) em atendimentos realizados em penitenciárias perante as razões das demandas e o local da assistência. **Método:** trata-se de um estudo exploratório e descritivo de abordagem qualitativa. Realizaram-se entrevistas nos meses de agosto a dezembro de 2017, individuais e audiogravadas, seguindo roteiro semiestruturado com 91 enfermeiros que atuavam no SAMU de cidades do estado da Paraíba, Brasil. Aplicou-se o referencial metodológico da Análise de Conteúdo proposta por Bardin para categorização dos dados obtidos. **Resultados:** das análises das falas dos participantes emergiu a presença de dificuldades como demandas não pertinentes ao serviço, local inadequado para assistência, falta de privacidade durante os atendimentos e de escolta para transporte quando necessário. **Considerações finais:** os problemas relatados evidenciam a necessidade do estabelecimento de estratégias para melhorar as condições da assistência potencializando a capacidade de resolutividade do serviço e para problemas que não podem ser resolvidos

em uma única visita de profissionais do SAMU no ambiente prisional, que seja garantido a continuidade da assistência em outros serviços articulados a ele e para isso são necessários fortes laços intersetoriais.

Palavras-chave: Socorro de Urgência. Serviços Médicos de Emergência. Prisões. Enfermagem em Emergência.

ENFERMERAS EN ATENCIÓN DE URGENCIA EN CÁRCELES: EXPLORANDO RAZONES DE LA LLAMADA Y LOCAL DE LA ASISTENCIA

RESUMEN

Objetivo: analizar las percepciones de los enfermeros del Servicio de Atención Móvil de Urgencia (SAMU) en atenciones realizadas en prisiones ante las razones de las demandas y el lugar de la asistencia. **Método:** se trata de un estudio exploratorio y descriptivo de enfoque cualitativo. Se realizaron entrevistas en los meses de agosto a diciembre de 2017, individuales y audiograbadas, siguiendo guion semiestructurado con 91 enfermeros que actuaban en el SAMU de ciudades del estado de Paraíba, Brasil. Se aplicó el referencial metodológico del Análisis de Contenido propuesto por Bardin para categorización de los datos obtenidos. **Resultados:** de los análisis de los relatos de los participantes surgió la presencia de dificultades como demandas no pertinentes al servicio, local inadecuado para asistencia, falta de privacidad durante las atenciones y de escolta para transporte cuando necesario. **Consideraciones finales:** los problemas relatados evidencian la necesidad de que se establezcan estrategias para mejorar las condiciones de la asistencia, perfeccionando la capacidad de resolución del servicio y para problemas que no pueden ser resueltos en una sola visita de profesionales del SAMU en el ambiente carcelario, que se garantice la continuidad de la asistencia en otros servicios articulados a él y para ello son necesarios fuertes lazos intersectoriales.

Palabras clave: Servicio de Urgencias. Servicios Médicos de Emergencia. Cárceles. Enfermería en Urgencias.

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