Original Article

TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

PEOPLE DEPRIVED OF THEIR FREEDOM: NURSING DIAGNOSES IN THE LIGHT OF HORTA'S THEORY

Wanessa Cristina Baccon[1]
Maria Aparecida Salci[1]
Lígia Carreira[1]
Francielle Renata Danielli Martins Marques[1]
Anderson da Silva Rêgo[2]
Priscila Garcia Marques[1]

[1]Universidade Estadual de Maringá, Programa de Pós-graduação em Enfermagem. Maringá, Paraná, Brasil.
[2]Escola Superior de Enfermagem de Coimbra, Unidade de Investigação em Ciências da Saúde: Enfermagem. Coimbra, Portugal.

ABSTRACT

Objective: to identify the Nursing diagnoses in men deprived of their freedom, based on the Basic Human Needs framework.
Methods: a descriptive and exploratory study with a qualitative approach conducted by means of the Theory of Basic Human Needs framework. Data collection took place from June to November 2019, with individual interviews carried out with 220 men deprived of their freedom. The data were submitted to thematic and content analysis directed to NANDA International Taxonomy II. All ethical aspects were respected.
Results:12 Nursing diagnoses belonging to the categories of health problems and potential risks were identified, grouped and interpreted according to the theoretical framework. Sedentary lifestyle, obesity, overweight, risk-prone health behavior, and ineffective health control are factors that have been related to the psychobiological needs. Involvement in recreational activities, anxiety, ineffective coping, risk of violence directed toward others, disrupted family processes, and risk of ineffective relationships were related to the psychosocial needs, while the risk of impaired religiosity was related to the psychospiritual needs.
Conclusion: the absence of Nursing diagnoses in the health promotion category signals the need for actions that provide quality of life to these people.

DESCRIPTORS: Nursing diagnosis. Nursing. Public Health Nursing. Inmates. Prisons. Nursing theory. Social vulnerability.

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PESSOAS PRIVADAS DE LIBERDADE: DIAGNÓSTICOS DE ENFERMAGEM À LUZ DA TEORIA DE HORTA

RESUMO

Objetivo: identificar os diagnósticos de enfermagem em homens privados de liberdade, com ancoragem no referencial das Necessidades Humanas Básicas.
Métodos: estudo exploratório descritivo de abordagem qualitativa conduzido pelo referencial da Teoria das Necessidades Humanas Básicas. A coleta de dados ocorreu nos meses de junho a novembro de 2019, com entrevistas individuais realizadas com 220 homens privados de liberdade. Os dados foram submetidos à análise temática e de conteúdo dirigida à taxonomia II da NANDA Internacional. Todos os aspectos éticos foram respeitados.
Resultados: foram identificados 12 diagnósticos de enfermagem pertencentes às categorias de problemas de saúde e riscos potenciais, agrupados e interpretados conforme o referencial teórico. Estilo de vida sedentário, obesidade, sobrepeso, comportamento de saúde propenso a risco e controle ineficaz da saúde são fatores que se relacionaram às necessidades psicobiológicas. Já o envolvimento em atividades de recreação diminuído, ansiedade, enfrentamento ineficaz, risco de violência direcionada a outros, processos familiares interrompidos e risco de relacionamento ineficaz se mostraram relacionados às necessidades psicossociais, ao passo que o risco de religiosidade prejudicada apresentou relação com as necessidades psicoespirituais.
Conclusão: a ausência de diagnósticos de enfermagem da categoria de promoção da saúde sinaliza a necessidade de ações que propiciem qualidade de vida a essas pessoas.

DESCRITORES: Diagnóstico de enfermagem. Enfermagem. Enfermagem em saúde pública. Prisioneiros. Prisões. Teoria de enfermagem. Vulnerabilidade social.

PERSONAS PRIVADAS DE LIBERTAD: DIAGNÓSTICO DE ENFERMERÍA A LA LUZ DE LA TEORÍA DE HORTA

RESUMEN

Objetivo: identificar diagnósticos de Enfermería en hombres privados de su libertad, sobre la base del marco referencial de las Necesidades Humanas Básicas.
Métodos: estudio exploratorio y descriptivo con enfoque cualitativo realizado de conformidad con el marco referencial de la Teoría de las Necesidades Humanas Básicas. La recolección de datos tuvo lugar entre junio y noviembre de 2019, por medio de entrevistas individuales realizadas con 220 hombres privados de su libertad. Los datos se sometieron a análisis temático y de contenido dirigido a la taxonomía II de NANDA Internacional. Se respetaron todos los aspectos éticos.
Resultados: se identificaron 12 diagnósticos de Enfermería pertenecientes a las categorías de problemas de salud y riesgos potenciales, agrupados e interpretados de acuerdo con el referencial teórico. Estilo de vida sedentario, obesidad, sobrepeso, conductas de salud propensas a riesgo y control ineficaz de la salud fueron factores que se relacionaron con las necesidades psicobiológicas. A su vez, menor participación en actividades de recreación, ansiedad, estrategias de enfrentamiento ineficaces, riesgo de violencia hacia otras personas, procesos familiares interrumpidos y riesgo de vinculación ineficaz se mostraron relacionados con las necesidades psicosociales, en tanto que el riesgo de religiosidad perjudicada presentó una relación con las necesidades psicoespirituales.
Conclusión: la ausencia de diagnósticos de Enfermería de la categoría de promoción de la salud indica la necesidad de implementar acciones que propicien la calidad de vida de estas personas.

DESCRIPTORES: Diagnóstico de Enfermería. Enfermería. Enfermería en salud pública. Prisioneros. Prisiones. Teoría de Enfermería. Vulnerabilidad social.

INTRODUCTION

It is estimated that there are more than 10 million people living in private prisons in the world, which represents a worldwide rate of 144 people deprived of their freedom (IDFs) for every 100,000 individuals[1–2]. Brazil ranks fourth in the list of the largest prison populations in the world, maintaining an accelerated growth pace of this population and of precarious conditions, despite governmental investments[3].

Prisons are considered harmful environments to health conditions. They are a space that presents a greater risk of exposure to several untreated or undetected pathologies and exposure to drug consumption. In addition to that, they are places where there is violence, overcrowded facilities and an inadequate nutritional system, circumstances that occur mainly in low- and middle-income countries such as Brazil[4].

Considering the need for a strategy to ensure health in the prison environment, the Ministry of Health launched the National Policy for Comprehensive Health Care for People Deprived of their Freedom, established by Ordinance No.1, dated January 2nd, 2014. This policy proposes to include, among other needs, the health care of IDFs, providing for the insertion of nurses as members of an interdisciplinary health team[5–6].

Nurses are the professionals responsible for the science of care and perform the Nursing consultation in a way that is centered on the person's needs. In addition, they direct and improve care quality with actions based on critical-reflexive knowledge[7] and work in different scenarios. They are professionals considered as a fundamental axis for actions to promote, maintain and recover health during deprivation of freedom[8].

The Nursing consultation, which is a nurse's exclusive duty, consists of five mandatory stages: 1) collection, systematic and organized data analysis; 2) identification of people's needs; 3) planning; 4) implementation; and 5) assessment of the assistance provided[9]. Completion of the second stage (classification of the needs/conditions identified) must be supported by taxonomies of the Nursing Diagnoses (ND), such as NANDA-I[10].

The dynamics of the Nursing consultation allows the nurse to accommodate people's needs and their Basic Human Needs (BHNs). With this, the professional is able to carry out interventions based on the health conditions, on the process or on vulnerabilities in the personal, family and community spheres in a systematic way and guided by theoretical models that help them understand the practice[9].

Considering that literary productions on the prison context are reduced and that research related to the identification of NDs in IDFs was carried out with the female population[7,11] (only one study[12] portrayed the NDs found in male IDFs), the originality and relevance of this study stands out to identify NDs in the male prison population, in the light of the Theory of Basic Human Needs framework[9]. In addition to that, studies that investigate Nursing care encourage professionals to conduct the Nursing Process in its entirety. In this case, the NDs are evidenced, which are the basis to implement the entire sequence of the care process.

Given the above, this study aimed at identifying Nursing diagnoses in men deprived of their freedom, based on the Basic Human Needs framework.

METHOD

This research is characterized as an exploratory and descriptive study with a qualitative approach. The Theory of Basic Human Needs was adopted as the theoretical framework[9]; thematic analysis was employed for the methodological procedures[13], with the use of directed content analysis[14] in its interpretive stage, based on NANDA-I taxonomy II.

A total of 220 people who met the following inclusion criteria participated in the study: age 18 years or older and incarceration time of more than 25 days on a provisional basis. Individuals who had any psychiatric disorder or cognitive limitation that hindered carrying out the interview were excluded. No person invited refused to participate in the research.

The research scenario was a Maximum Security Prison Institution located in the municipality of Maringá-PR, Brazil. The purpose of this institution is to house only provisional prisoners, that is, those without a criminal conviction but who are awaiting trial[15]. However, due to the shortage of vacancies in the state penitentiary located in the municipality, there were also convicted inmates at the time of the research.

Data collection took place from June to November 2019. During this period, a room was provided in the prison institution so that data collection could be carried out, preserving confidentiality of the information and the participants' privacy. These moments were carried out through prior organization and scheduling, with the support of the local technical manager.

As a collection instrument, individual interviews were carried out, which were conducted by means of a guide with systematized questions. This guide was conceived after a literature review in light of the theoretical model of the Theory of Basic Human Needs, dealing with psychobiological, psychosocial and psychospiritual aspects. The guide consisted of topics related to anamnesis and physical examination [age, marital status, ethnicity, schooling, income, religion, children, incarceration time, type of crime, Body Mass Index (BMI), physical activity and use frequency of tobacco and drugs of abuse].

To assess the questions related to physical activity, the *International Physical Activity Questionnaire* (IPAQ) was used[16], validated in 12 countries, including Brazil. For the questions referring to the use frequency of drugs of abuse, the ASSIST-OMS instrument was used[17], translated and validated in Brazil. This instrument addresses the use frequency of drugs of abuse throughout life and in the last three months prior to its application.

The guide underwent face and content validation[18], which was performed by eight members of the Study and Research Group on Chronic Conditions (*Grupo de Estudo e Pesquisas em Condições Crônicas*, GEPECRON). For validation to proceed, the following stages were carried out: deepening on the theme; apparent analysis, related to the semantics and clarity of the questions; and theoretical analysis of each item in terms of content and pertinence[13].

At a first moment, the researcher introduced herself to the participants and explained the importance and reasons for participating in the research. Subsequently, the individual interviews were carried out, with a mean duration of 40 minutes. They were carried out by a single researcher, who is a nurse linked to the Graduate Program in Nursing, with 13 years of professional experience with IDFs and knowledge of the technique used for data collection.

For data organization and systematization, the pre-analysis, analysis and interpretation stages included in the Thematic Analysis technique were carried out[13]. Directed content analysis[14] was also performed to support the choices, code decisions and study categories. For the data analysis moment, the participants were two researchers who met the following criteria: being linked to the Graduate Program in Nursing; having experience with care work; and having experience in applying NDs.

The pre-analysis[13] corresponded to the floating reading of the data from the interviews, having identified health conditions, process or vulnerability, originating the main clippings that made up the registration units. Subsequently, the clippings were coded and gave rise to units of meaning, categorized into problems, potential risks and health promotion status, comprising the analysis stage[13]. In the interpretation[13], a clinical judgment was made about the health condition, process or vulnerability of an individual, family, group or community[10], originating the NDs. At that moment, directed content analysis[14] based on NANDA-I taxonomy II[10] was used to standardize the NDs obtained.

Scientific knowledge and the researchers' experiences with the diverse information obtained through the interviews allowed for the process of identifying the NDs to be established by clinical reasoning[19]. The problems, potential risks or health promotion status identified were grouped by similarity, considering the "title", "domain" and "defining characteristics" components. Subsequently, the NDs were correlated with the theoretical framework[9] and linked to the psychobiological, psychosocial and psychospiritual needs, which were interpreted from critical-reflexive inferences[13].

After obtaining the product of the analysis, the accuracy of the NDs was verified, which are validated when the nurse can clearly identify the defining characteristics of the related factors and/or risk factors found in the assessment of the individual, the family, the patient, the group or the community[10]. Thus, the consensus validation technique[20] was applied in order to establish a unanimous opinion on the pertinence and relevance of each ND. For validation[20], three specialists who met the following criteria were selected: being linked to the Graduate Program in Nursing and having experience with care work and application of NDs. Disagreement of one or more experts conditioned non-validation of the respective ND[20].

The pre-analysis, analysis and interpretation stages[13] were conducted with the aid of the MAXQDA® software, version 20.0.8, reference 230594870. After validating the NDs, a tree was created with the self-reported health conditions, process or vulnerability, and the relationships with the defining characteristics expressed by each ND were pointed out.

All ethical and legal precepts regulated by Resolutions No. 466/2012 and No. 510/16 of the National Health Council were respected. This research obtained a favorable opinion from the Permanent Commission for Project Evaluation and from the Permanent Committee on Ethics in Research with Human Beings. The subjects consented to participating in the study by signing the Free and Informed Consent Form (FICF).

RESULTS

The study participants were 220 IDFs, with the following predominance: people aged between 18 and 29 years old; single; with non-white self-reported ethnicity; up to eight years of schooling; with an income of one to three minimum wages; Christians; with children; incarceration time of more than six months; and crime related to drug trafficking. Such information is systematized in Table 1.

Table 1 – Sociodemographic and economic characterization of men deprived of their freedom in a maximum security prison institution. Maringá, PR, Brazil, 2019. (N=220)

Variable	n (%)	Mean	Standard Deviation
Age		30.82	10.28
18 - 29	114 (51.8)		
30 - 39	64 (29.1)		
40 - 49	26 (11.8)		
50 - 59	11 (5.0)		
60 - 69	5 (2.3)		
Marital status		–	–
No partner	111 (50.5)		
With a partner	109 (49.5)		
Race/Skin color		–	–
Brown	100 (45.3)		
Black	33 (15.0)		
White	84 (38.2)		
Asian	3 (1.4)		

Table 1 – Cont.

Variable	n (%)	Mean	Standard Deviation
Schooling			
Illiterate	1 (0.5)		
Incomplete Elementary School	114 (51.8		
Complete Elementary School	18 (8.2)		
Incomplete High School	42 (19.1)		
Complete High School	32 (14.5)		
Complete Higher Education	1 (0.5)		
Incomplete Higher Education	10 (4.5)		
Graduate studies	1 (0.5)		
Technical education	1 (0.5)		
Income		–	–
No income	15 (6.8)		
< 1	11 (5.0)		
1 - 3	157 (71.4)		
> 3	37 (16.8)		
Religion		–	–
Evangelical	99 (45.0)		
Catholic	90 (40.9)		
None	12 (5.5)		
Candomblé	2 (0.9)		
Spiritism	1 (0.5)		
Islam	1 (0.5)		
Agnosticism	1 (0.5)		
Buddhism	1 (0.5)		
Children		–	–
Yes	145 (65.9)		
No	75 (34.1)		
Incarceration time		283.78	204.04
Up to 6 months	88 (40.0)		
More than 6 months	132 (60.0)		
Type of crime		–	–
Trafficking	82 (37.3)		
Assault/Theft	51 (23.2)		
Homicide	38 (17.3)		
Others	49 (22.3)		

*The calculation was based on the last update of the minimum wage base for 2019.

In relation to the clinical and anthropometric results, most of the participants presented changes in their BMI, where only 1 (0.5%) was underweight, 105 (47.7%) had normal weight, 87 (39.5%) were overweight and 27 (12.3%) were obese. The mean was 25.41 with a standard deviation of 4.61 for the overweight and obesity conditions.

Regarding the practice of physical activity, that of walking for at least 10 minutes in the last week presented a mean and standard deviation of 1.75 ± 2.47, respectively. However, the total time spent walking per day varied between 46.96 ± 52.42 minutes. The means time of moderate activities

performed per week was 2.40 ± 2.53 days. The time spent on these activities varied between 46.93 ± 52.42 minutes. For vigorous activities, the mean was 0.36 ± 1.03 days, and the time spent was 22.59 ± 54.11 minutes.

In relation to the time spent without physical activity, that is, sitting, lying down or watching TV, the mean was 13.47 ± 2.70 hours per day. Most of the interviewees reported that their level of physical activity was below what they practiced when they were free: 185 (84.9%).

The current use frequency of drugs of abuse or during the last three months revealed alcohol as the main substance used daily. With regard to illicit drugs, marijuana was consumed with the highest daily frequency (Table 2).

Table 2 – Distribution of the use frequency of drugs of abuse in life, screened by ASSIST 3.1 in 220 people deprived of their freedom, Maringá, PR, Brazil, 2021.

Substance	n (%)
Alcohol	214 (97.3)
Tobacco	175 (79.5)
Marijuana	159 (72.3)
Crack	130 (59.1)
Inhalants	92 (41.8)
Hallucinogens	78 (35.5)
Hip/Sedatives	71 (32.3)
Cocaine	69 (31.4)
Amphetamines	69 (31.4)

Based on the social, economic, demographic and clinical conditions, the health conditions, process or vulnerabilities were listed, which corresponded to the identification of 12 NDs, grouped and interpreted according to NANDA-I taxonomy II[10], and related to the BHNs[9]. The results of this process are presented in Chart 1.

Chart 1 – Nursing Diagnoses, according to NANDA-I taxonomy II, in people deprived from their freedom, based on the health conditions, process or vulnerability identified. Maringá, PR, Brazil, 2019.

Psychobiological Needs		
Nursing diagnoses, according to NANDA-I	**Domain/Class, according to NANDA-I**	**Health conditions, process or vulnerability identified from the defining characteristics presented by the IDFs**
Sedentary lifestyle	Health promotion/ Health perception	Insufficient motivation; Insufficient resources for physical activity.
Obesity	Nutrition/Intake	Energy expenditure below energy intake; Sedentary behavior.
Risk-prone health behavior	Health promotion/ Health control	Substance abuse; Failure to act to prevent health problems.
Ineffective health control	Health promotion/ Health control	Ineffective daily life choices to achieve health goals; Failure to include treatment regimen in daily life.
Overweight	Nutrition/Intake	Energy expenditure below energy intake; Sedentary behavior.

Chart 1 – Cont.

Psychosocial Needs		
Nursing diagnoses, according to NANDA-I	**Domain/Class, according to NANDA-I**	**Health conditions, process or vulnerability identified from the defining characteristics presented by the IDFs**
Decreased involvement in recreational activities	Health promotion/ Health perception	Insufficient motivation; Prolonged institutionalization; Insufficient recreational activity.
Anxiety	Coping or stress tolerance/ Coping responses	Substance abuse; Stressors; Important change.
Ineffective coping	Coping or stress tolerance/ Coping responses	Destructive behavior towards oneself; Substance abuse; Insufficient social support.
Risk of violence directed at others	Security and protection/ Violence	History of substance abuse.
Interrupted family processes	Roles and relationships/ Family relationships	Power exchanges between family members; Changing roles in the family.
Ineffective relationship risk	Roles and relationships/ Role performance	Stressors; Incarceration of a partner.
Psychospiritual needs		
Nursing diagnoses, according to NANDA-I	**Domain/Class, according to NANDA-I**	**Health conditions, process or vulnerability identified from the defining characteristics presented by the IDFs**
Risk of impaired religiosity	Life principles/ Coherence between values/ beliefs/acts	Insufficient social support; Environmental barrier to profess a religion.

Regarding the categories of the NDs proposed by NANDA-I, nine corresponded to health problems and three were related to potential risks (Chart 2). No ND belonged to the health promotion category, related to motivation and to the desire to improve well-being.

Chart 2 – Nursing Diagnoses, according to NANDA-I taxonomy II, in people deprived of their freedom, focusing on the problem, on the risk and on health promotion. Maringá, PR, Brazil, 2019.

Nursing diagnoses focused on the problem	Risk Nursing diagnoses
Sedentary lifestyle	Ineffective relationship risk
Obesity	Risk of violence directed at others
Overweight	Risk of impaired religiosity
Decreased involvement in recreational activities	
Risk-prone health behavior	
Ineffective health control	
Interrupted family processes	
Anxiety	
Ineffective coping	

DISCUSSION

In Nursing, the act of diagnosing is the result of the nurse's clinical reasoning, which, based on inherent critical-reflexive thoughts, leads to effective, efficient, safe and patient-centered decision-making, providing the recognition of Nursing as a science[21]. The Nursing Process provides IDFs with care based on biological needs, being able to cover other care dimensions[9].

Considering its particular structural conditions for the provision of care, the context of the prison environment is understood as a traumatic experience that causes changes in the social, family, work and leisure routines[11]. In this sense, the construction of Nursing care based on the theoretical framework of the BHNs allows for the planning of care directed to the psychobiological, psychosocial and psychospiritual issues[9].

In relation to the psychobiological BHNs, the *sedentary lifestyle, obesity, overweight, risk-prone health behavior* and *ineffective health control* NDs were identified. The participants' reports revealed that they do not follow the health team's recommendations, choose inappropriate choices and make use of licit and illicit harmful substances. Such findings were also evidenced in several international studies[1,22–23].

It is a consensus in the scientific literature that sedentary lifestyle is one of the main reasons for weight gain, and that the absence of a suitable place for physical activity in the prison system can contribute to obesity and overweight in this population[24–25]. IDFs from a prison environment in Italy presented 66-9% prevalence of overweight and obesity[25]. As a strategy to improve the practice of physical activity in the prison environment, it is recommended to implement public health promotion policies that provide an adequate space for such practice, as well as sufficient time for IDFs to exercise[24–26].

A relevant aspect that contributes to sedentary lifestyle and overweight is the decrease in the interest to participate in recreational and leisure activities offered in the prison environment. The *decreased involvement in recreational activities* ND, a component of the psychosocial BHNs, is also a common feature in IDFs in the UK.[1] In the Brazilian prison system, overcrowding and precarious physical space contribute to the scarcity of physical or leisure activities[11].

The prison system by itself can be considered a risk factor for the use of licit and illicit drugs, as indicated by the significant number of IDFs who reported starting or increasing drug use after being arrested[22]. In order for the prison environment not to be a driving factor for using harmful substances, prison institutions can offer activities that fill out the free time and favor the resocialization of IDFs, such as work, educational and social activities[7,23].

NDs such as, *anxiety* and *ineffective coping* can be related to the stressful environment and to the abuse of harmful substances. These characteristics converge with the condition of confinement in unhealthy situations, dependence on licit and illicit drugs and low socioeconomic level of the prisoners and their family members[8]. The incarceration experience can also affect IDFs' mental health, with onset or worsening of mental disorders. Deprivation of freedom brings about psychological consequences due to social isolation, broken family ties, sleep disruption and inadequate diet, contributing to increased mortality[26].

Preservation of the IDF's mental health is an important public health challenge in several prison systems around the world. General anxiety disorders, associated with suicidal ideation, reach 37% of the IDFs in the United States and United Kingdom and 36.1% in Ethiopia, configuring a higher prevalence when compared to the general population[27]. Incarceration can increase the predisposition to suicidal ideation, due to the weakening of the social support system and to the precariousness of the prison environment, which favors the onset of symptoms such as anxiety, stress, depression and self-injurious thoughts[28].

The IDFs' quality of life was the object of interest of a study[29] that associated the participants' mental health with exposure to violence. It was identified that a prison system that invests in IDFs' mental health and quality of life concentrates lower levels of violence, which makes the environment more tolerable for everyone and less harmful for the employees[29]. In this study, the "risk of violence related to others" ND was associated with a history of substance abuse, again correlating the use of licit or illicit substances with other behaviors that bring about psychosocial risks to this population.

The Nursing consultation allows understanding the NDs related to the family processes. In this study, the *interrupted family processes* and *risk of ineffective relationships* NDs were identified in the IDFs. The theoretical framework[9] allowed analyzing the participants in all their dimensions, including the family domain and the impact that the incarceration of one of the relatives represents for the family. In order to minimize weakening of the affective bonds, Penal Execution Law No.7,210/1984[5] provides to the detainee the visit of the spouse, partner, relatives and friends on certain days, aiming at preserving contact with the reality outside the walls, contributing to their return to society and family life.

In relation to the psychospiritual BHNs, the *risk of impaired religiosity* ND was identified. It is understood that spirituality can help to face stressful events more effectively. Beliefs play an important role in overcoming the difficulties experienced by IDFs, giving meaning to life and promoting inner peace[30]. However, the lack of social support from the prison system and the absence of a proper site for the religious practices were elements that supported the identification of this ND as a potential risk in this study.

In relation to the categories described by NANDA-I[10], there is lack of NDs pertaining to health promotion. In this domain, the defining characteristics must express the person's desire to improve their current health status or the nurse's recognition of signs that represent motivation and willingness to achieve their well-being[10]. Prisons are unhealthy environments, with violent practices, precarious physical space and lack of care for the health needs[15]. Despite the existence of health and social policies aimed at IDFs, there is still much to be done to make these rights effective.

It is understood that the Theory of the BHNs[9] as theoretical support to systematize the assistance provided by nurses who work in the prison environment allows providing care focused on the IDFs' individual needs. The identification of problems and subsequent interventions contemplate the person as a whole.

The results of this research contribute to encouraging systematic Nursing actions in the prison setting, especially so that the use of NDs in light of the BHN framework can propose safe and effective interventions focused on the IDFs' individual needs. It is hoped that the findings presented may contribute to the practice of nurses working in the prison system, as well as to university professors, fostering discussions about the importance of approaching this topic in academic education.

As a study limitation, the construction of results in a single context and with male participants may not portray the reality of other scenarios. Issues related to gender and sexuality were not addressed in data collection, as the theoretical framework does not include such specification.

CONCLUSION

Identifying the NDs in men deprived from their freedom based on the theoretical framework of the BHNs allowed verifying the predominance of problems related to the psychosocial component, which suggests the fragility of the IDFs' mental health. The continuous exposure to stressors resulting from the condition of imprisonment and the use of drugs of abuse combined with the precariousness of activities that promote socialization, teaching and leisure contribute to a hostile prison environment, which can hinder the process of future resocialization.

The study pointed out the absence of NDs focused on health promotion, which can indicate inexpressiveness of actions that provide quality of life for IDFs. This result is relevant because it

considers the importance of nurses working with a focus on health promotion and disease prevention, seeking strategies to carry out actions that meet the needs of this population. The nurse who works in the prison environment needs to evaluate the biological, psychological, social and spiritual conditions that influence the care process of IDFs. Using the BHNs in this context made it possible to know the psychobiological, psychosocial and psychospiritual factors that interfere with the IDFs' quality of life, which makes this reference contemporary to the concept of promoting nursing care in all its dimensions.

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NOTES

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CONTRIBUTION OF AUTHORITY

Study design: Baccon WC, Marques PG.
Data collection: Baccon WC.
Data analysis and interpretation: Marques FRDM.
Discussion of the results: Marques FRDM, Rêgo AS.
Writing and/or critical review of the content: Salci MA.
Review and final approval of the final version: Carreira L.

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There is no conflict of interests.

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CORRESPONDING AUTHOR

Francielle Renata Danielli Martins Marques Marques
franrenata.martins@gmail.com