







ORIGINAL ARTICLE

Nursing activities in the prison units of Minas Gerais: parameter for quantifying nursing staff

HIGHLIGHTS

1. Nursing activities carried out in the prison system.
2. Need to prioritize the prevention of harm and health promotion.
3. Noticed the overload of nurses.

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ABSTRACT

Objective: To identify the nursing activities in the State of Minas Gerais Prison System. **Method:** A cross-sectional, descriptive quantitative approach study was conducted with nursing professionals from the Prison System of Minas Gerais, Brazil, through data collection via an online questionnaire. The data was extracted, organized, and analyzed in statistical software, performing a simple descriptive statistical analysis. **Results:** Of the services performed by the nursing team, the preparation, delivery, and administration of medication stand out, with health education being the least relevant data. When analyzing the differences between the work of nurses and technicians, quantitative changes in relation to the techniques are evident, in which the work is divided among the team. **Conclusion:** It was possible to see that there is a need for adjustments in the work process, so priority actions are in preventing harm and promoting health and not just in curative practice.

KEYWORDS: Workload; Human Resources in Nursing; Prisons; Nursing Care; Nursing.

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INTRODUCTION

In Brazil, the emergence of prisons occurred in the 19th century to repress the violent instincts of the individual and punish him with the total absence of his freedom¹. In 2022, Brazil had one of the largest prison populations in the world, reaching approximately 832,295 people². Based on the size of this population, it is necessary that their health demands also be part of the Brazilian health agendas. Among the main health issues affecting the prison population are those related to violence, the abusive use of drugs, and high rates of mental, infectious, and chronic diseases³.

This scenario demonstrates that holistic assistance based on preventive measures and health promotion for individuals deprived of liberty is essential, thus contributing to a better quality of life and the possibility of resocialization. A study⁴, regarding the experience of deprivation of liberty, showed that unsanitary conditions create insecurity among detainees, as well as a perception of vulnerability to diseases and a denial of the right to health in the prison environment. This context contributes to the increase in morbidity and mortality and requires the provision of care by family members. Thus, nursing assistance in comprehensive and humanized health is necessary, with professional teams sensitive to the experience of deprivation of liberty, aiming to meet the needs of Persons Deprived of Liberty (PPL) and their families.

In this context of expressiveness of the prison population in the national scenario, regarding the right to health of the incarcerated population, their health care has been guaranteed since the creation of Federal Law No. 7,201, of July 11, 1984, which established the Penal Execution Law (LEP), in which it defined that assistance to the prisoner is a duty of the State⁵. In that same year, after the implementation of the LEP, the difficulties experienced by the PPL were recognized, such as inadequate health care, the precariousness of the physical space, and the context of violence⁶. From these difficulties and the LEP, the National Health Plan in the Penitentiary System (PNSSP) was established through the Interministerial Ordinance No. 1,777, dated September 9, 2003. This reinforced the importance of the right to health for the prison population in the Unified Health System (SUS), based on the guarantee of a minimum set of practices aimed at preventing health damage and promoting health and assistance in health facilities within the prison system at the primary care level and also at the medium complexity level, in addition to complementary initiatives⁷.

Between 2003 and 2013, the PNSSP achieved positive results by gaining the adherence of 26 out of 27 federal states. However, despite the success, this plan had limited access to medical assistance, which was ensured through the basic health units in prisons, which were available only to convicted inmates. This scenario did not follow the principles of universality, comprehensiveness, and equity that guide the Unified Health System (SUS)⁷⁻⁸.

Such conditions led to discussions that culminated in establishing the National Policy for Comprehensive Health Care for People Deprived of Liberty in the Prison System (PNAISP) through the Interministerial Ordinance No. 1 of January 2, 2014⁹. The PNAISP aims to ensure PPL access to comprehensive care in the SUS through the recognition of health services in prison units as points of care integrated into the Health Care Network (RAS)¹⁰. Services must remain registered in the National Health Establishments System (CNES) and provide multidisciplinary assistance to PPL⁹.

The PNAISP established the types of teams, working hours, and composition of professionals based on the number of detainees and epidemiological profile, being

able to organize into four modalities: Prison Primary Care Team (EAPP), which among the professionals has only one nurse in its composition with a workload shared with the Family Health Team (ESF) working 6 hours a week, Essential EAPP which among the professionals has a nurse of 20 or 30 hours a week, Expanded EAPP and Expanded Psychosocial Complementary Primary Care Team that allow for the hiring of a second nurse of 20 or 30 hours a week¹¹.

The role of nursing involves actions of a biopsychosocial nature, prevention, early diagnosis, health promotion and education, and case management¹². In addition, the nurse supervises the nursing team activities and develops the care plan for individuals, families, and the community.

In this context, for the purposes of professional regulation and ethical-legal support for nursing, the Federal Nursing Council (Cofen) prepared the Technical Chamber Opinion No. 0002/2021/CTLN/COFEN, which addresses the responsibilities of nursing professionals within the prison system, duly based on Federal Law No. 7498/1986 and Regulatory Decree No. 94406/1987 regarding the professional practice of nursing and in accordance with the Ministry of Health Ordinance No. 2046/2017 on health teams. Also, in the regulatory scope, it is reiterated that the need to observe the provisions of Cofen Resolution No. 564/2017, which establishes as the duty of the nursing professional the provision of assistance free from harm resulting from incompetence, negligence, or recklessness, and, at the same time, the right to practice nursing with freedom, technical, scientific, and environmental safety.

Like other Brazilian Nursing Councils, the Nursing Council of Minas Gerais (Coren-MG) also contributed to regulating the work of nursing professionals in the prison system. This was due to the actions of the Technical Chamber of Coren-MG, which reinforced the technical, ethical, and legal competencies of the nursing team for the delivery of medications in the pavilions, cells, or detention facilities to prisoners or to individuals deprived of liberty in the prison system through activities and socio-educational visits. Technical opinions were also made regarding the participation of nursing professionals in the Disciplinary Councils and regarding the creation of the national SUS card, aiming to guide and support nursing professionals on some of the activities carried out in this type of service¹³.

Notably, the Regulations and Procedures Standards of the Prison System of Minas Gerais (ReNP) of 2016 describe the nursing procedures commonly performed by nurses and nursing technicians in the prison units. However, identifying nursing activities carried out in prisons means determining what nursing activities are performed in those institutions, which have been little studied and not validated by standardized taxonomy that legitimizes the scientific practice of nursing, which justifies the conduct of this study⁶.

This study aims to identify the nursing activities carried out in the Prison System in the State of Minas Gerais.

METHOD

This is a cross-sectional, descriptive study with a quantitative approach, conducted with nursing professionals from the 174 units of the prison system of the State of Minas Gerais—Brazil. These units comprise approximately 418 nursing professionals (193

nurses and 225 nursing technicians), distributed across 19 Integrated Public Security Regions (RISP).

A convenience sample was employed, obtaining 199 professionals (96 nurses and 103 nursing technicians) from 92 prison units. The professionals who chose not to participate in the study were not formalized as refusing. It is also noteworthy that no nursing assistants work in the Minas Gerais prison system.

The data collection was carried out through an online questionnaire created by the authors using the Google Forms platform, and it was disseminated through contact with the penal establishments via the Electronic Information System (SEI) of the Penitentiary Department of Minas Gerais - DEPEN-MG, through a Circular Memorandum, to all nursing professionals in the prison units.

For the initial survey of nursing activities, the "Standard Operating Procedures Manual for Nursing in the Prison System of the State of Minas Gerais," published in SEI, was used as a reference. The manual consists of four sections: introduction, objective, assignments of nursing professionals in prison units, and standard operating procedures in which 40 nursing activities to be performed in the services are listed.

Based on these listed activities, a pilot test of an electronic questionnaire was conducted to identify the frequency of these activities performed by nursing professionals. The data was collected throughout June 2021 through the completion of Google Forms® by the professionals themselves at the end of each shift, voluntarily and individually.

The pilot test highlighted the need to adjust the data collection instrument and refine the prior instructions for respondents based on the inconsistencies observed in the collected data. After the adjustments, the revised data collection instrument, which contained 56 questions and one open item for notes, was applied over 15 days, from 05/15/2022 to 05/30/2022. The reported activities were didactically grouped into 12 groups to facilitate analysis.

In addition to the data regarding the activities, additional data was collected for the categorization of respondents (email, acceptance of the Informed Consent Form - IC, gender, age, professional category they work in the prison system, length of time working in the prison unit, time to complete their degree (in the case of Nurses) and technical course (in the case of Nursing Technicians), whether they have any specialization and which one, daily workload, and weekly workload).

The data were extracted from Google Forms, organized in Microsoft Excel, and managed in the statistical software Stata. They were then analyzed using simple descriptive statistical techniques and compared with the existing scientific literature on the subject.

The Research Ethics Committee of the Universidade Federal de Minas Gerais (UFMG) approved the research under Substantive Opinion No. 4.245.434 on March 17, 2021.

RESULTS

Table 1 presents the profile of the study participants. It is noted that the majority of participants were female (82.5%), aged between 36 and 40 (28.1%), with 11 to 20 years of education (63.8%), 6 to 10 years of experience (30.7%), and with a weekly workload in the prison system of 31 to 40 hours (76.9%).

Table 1 – Characterization of participants in the research. Belo Horizonte, MG, Brazil, 2023
(continue)

Variables	Nurse n (%)		Nursing technician n (%)		Total n (%)	
Sex						
Female	78	(81,8)	85	(82,5)	163	(82,5)
Male	18	(18,2)	18	(17,5)	36	(17,5)
Total	96	(100,0)	103	(100,0)	199	(100,0)
Age						
Up to 25 years	2	(2,08)	5	(4,9)	7	(3,5)
26 to 30 years	6	(6,25)	12	(11,7)	18	(9,1)
31 to 35 years	25	(26,0)	17	(16,5)	42	(21,11)
36 to 40 years	33	(34,4)	23	(22,3)	56	(28,1)
41 to 45 years	16	(16,7)	25	(24,3)	41	(20,6)
46 to 50 years	9	(9,38)	12	(11,7)	21	(11,0)
51 to 55 years	3	(3,13)	4	(3,9)	7	(3,5)
58 to 60 years	2	(2,08)	4	(3,9)	6	(3,0)
Error or not informed	0	(0,0)	1	(1,0)	1	(0,5)
Total	96	(100,0)	103	(100,0)	199	(100,0)
Formation time						
Less than 2 years	2	(2,1)	1	(1,0)	3	(1,5)
2 to 5 years	4	(4,2)	8	(7,8)	12	(6,0)
6 to 10 years	16	(16,7)	19	(18,4)	35	(17,6)
11 to 20 years	66	(68,8)	61	(59,2)	127	(63,8)
21 to 30 years	4	(4,2)	11	(10,7)	15	(7,5)
31 to 40 years	0	(0,0)	0	(0,0)	0	(0,0)
Error or not informed	4	(4,2)	3	(2,9)	7	(3,5)
Total	96	(100,0)	103	(100,0)	199	(100,0)

Table 1 – Characterization of participants in the research. Belo Horizonte, MG, Brazil, 2023
(conclusion)

Variables	Nurse n (%)		Nursing technician n (%)		Total n (%)	
Experience time in SP						
Less than 2 years	30	(31,3)	29	(28,2)	59	(29,6)
2 to 5 years	19	(19,8)	23	(22,3)	42	(21,1)
6 to 10 years	32	(33,3)	29	(28,2)	61	(30,7)
11 to 20 years	12	(12,5)	22	(21,4)	34	(17,1)
21 to 30 years	1	(1,0)	0	(0,0)	1	(0,5)
31 to 40 years	0	(0,0)	0	(0,0)	0	(0,0)
Error or not informed	2	(2,1)	0	(0,0)	2	(1,0)
Total	96	(100,0)	103	(100,0)	199	(100,0)
Weekly workload in SP						
Less than 10 hours	0	(0,0)	1	(1,0)	1	(0,5)
16 to 20 hours	13	(13,5)	4	(3,9)	17	(8,5)
21 to 30 hours	9	(9,4)	5	(4,9)	14	(7,0)
31 to 40 hours	71	(74,0)	82	(79,6)	153	(76,9)
41 to 60 hours	3	(3,1)	10	(9,7)	13	(6,5)
Error or not informed	0	(0,0)	1	(1,0)	1	(0,5)
Total	96	(100,0)	103	(100,0)	199	(100,0)

Caption: SP - Prison System

Source: The authors (2023)

Regarding the nursing activities carried out in the SP in the State of Minas Gerais, it was identified that, as shown in Table 2, nursing technicians participate more in preparation activities (68.28%), delivery (71.30%), medication administration (69.94%), external services (51.17%), cleaning, disinfection, and sterilization (60.40%), nursing procedures (53.09%), and educational campaigns (70.75%).

Nurses participate more actively in immunization (52.66%), data collection and anthropometric measurements (55.26%), nursing care (51.11%), administrative activities (60.10%), and other activities (52.79%). Of the total activities carried out in this study, 33.76% are performed by nurses, and 66.24% are performed by nursing technicians (Table 2).

Table 2 – Nursing activities performed in the SP in the State of Minas Gerais. Belo Horizonte, MG, Brazil, 2023

Group	Procedures (n)	% NUR	% TN
1. Medication preparation	151038	31,72	68,28
2. Medication delivery	93239	28,70	71,30
3. Medication administration	42442	30,06	69,94
4. Data verification and anthropometric measurements	16901	55,26	44,74
5. Nursing care	11165	51,11	48,89
6. Immunization	8658	52,66	47,34
7. Administrative activities	5419	60,10	39,90
8. Nursing procedures	3125	46,91	53,09
9. Cleaning, disinfection, and sterilization	1467	39,60	60,40
10. Other activities	1002	52,79	47,21
11. External services	299	48,83	51,17
12. Educational campaigns	106	29,25	70,75
TOTAL	334861	33,76	66,24

Source: The authors (2023)

In the 'general observations of the form' field, there were reports of overload by nurses, as well as descriptions of nursing consultations that were not entered in real-time into the system due to insufficient time, attributed to nursing technician licenses without coverage, lack of a pharmacist, records of overload due to a vaccination drive that takes a lot of time, both in administration and in entering data into the systems. In addition, there are reports of an overload of nursing technicians and units without the presence of a nurse to supervise them.

DISCUSSION

The participants' profiles match the national profile of nursing professionals, which is composed mostly of women and young adults¹⁴. This is also corroborated by findings from another study, which states that nursing carries the gender stereotype, as it is characterized by being a profession predominantly practiced and represented by women¹⁵.

Regarding the age group, a study showed that the profile of nursing professionals in Minas Gerais varied, with 22.2% of professionals aged between 31 and 35 and 20.3% in Brazil in the same age group. The results of this research demonstrate a profile of slightly older nursing professionals, with 28.1% in the age range of 36 to 40 years¹⁴.

Regarding the length of training, it is observed that the nursing professionals who participated in the research mostly have between 10 and 20 years of training (63.8%), corresponding to the early stage of their professional life. This occurred for nurses

(68.8%) and technicians (59.2%). In the study of the profile of Minas Gerais, most of the nursing team (40.9%) was in the post-professional training phase. The assistants and technicians were mostly in the Professional Maturity range (39.5%), and the nurses in the post-professional training range, considering the beginning of Professional Life (up to 25 years), post-professional training (26-35 years), Professional Maturity (36-50 years), Deceleration of professional life (51 to 60 years) and retirement (over 61 years)¹⁴.

Regarding the hours worked per week, most professionals in the study work between 31 to 40 hours weekly (76.9%), corroborating what is observed in the nursing profile in Brazil, with the majority of nursing professionals (34.7%) working 31 to 40 hours weekly¹⁴.

Nursing activities in the SP proved compatible with the expected profile of care demand for individuals deprived of liberty, which would be minimal care. It is understood that nursing technicians can mostly perform these activities, as they are of lower technical complexity, but they must be supervised by the nursing professional. It is exclusively the nurse's responsibility to carry out more complex activities, which have appeared in smaller proportions, such as bladder catheterizations and care for cardiac arrest, as expected for the population served¹⁶.

Among the exclusive activities of the nurse is the care of critically ill patients and those at risk of life, as well as the planning of all nursing assistance provided within the SP, based on the nursing process and the execution of the nursing consultation through the performance of diagnoses and nursing care prescriptions¹⁷. These last assignments were not quantitatively demonstrated in the study in a relevant way, which may mean that the nurses are not performing it. There are several possible reasons for this, including workload overload and disorganization of the work process.

The proportion of activities performed by nursing professionals in SP coincided with the percentage distribution of the total number of nursing professionals or nursing hours provided by professional category, as expected for the profile of minimum care complexity, as defined in Cofen Resolution No. 543/2017, which determines 33% of nurses and 67% of mid-level nursing professionals for this patient complexity profile¹³. This proportion of each category is used to calculate the number of professionals needed based on the total hours that patients require nursing assistance. However, the present study considered the absolute number of activities carried out by the participants of the prison units and not the time required for the completion of each activity. Therefore, this finding cannot be related to the proportion of existing or necessary professionals in each unit of the prison system.

The limitations of this study include the absence of Nurses and/or Nursing Technicians in some prison units in Minas Gerais due to health treatment leaves, regular vacations, and situations of contract termination, which constituted hindering factors for the completion of the form to reach the totality of nursing professionals active in June 2021. Another limitation was that, although the form was released in advance, accompanied by an explanatory document. The data was requested for 15 days, a shorter period than the pilot test, there remained some challenging points for the analysis of the collected information, such as low adherence from nursing professionals, which is believed to be related to the staff deficit and consequent workload overload of the participants, as well as various absences and technical issues such as network unavailability for computer access, professional refusal, and incorrect filling of certain items.

CONCLUSION

The research results showed that the nursing activities performed most frequently are the preparation, delivery, and administration of medications by nursing technicians and nurses. It is noticeable that there is a need for adjustments in the work process so that priority actions are focused on preventing harm and promoting health rather than solely on curative practices, as determined by national public policies. Thus, it is recommended to pay attention to the overload of nurses with activities that could be delegated or are not their responsibility, as well as the absence of supervision of mid-level professionals in the prison system.

It is worth noting that the nursing process is an important tool that should be prioritized, as it allows for recognizing health problems of individuals deprived of liberty, setting priorities for implementing nursing interventions through individualized planning and available resources. However, it is understood that the nursing team in the prison system faces several difficulties that interfere with the work process, causing the curative actions focused on medication administration, including the preparation and delivery of medications, to stand out considerably in relation to prevention and health education actions. In this way, it is proposed for a future study, in addition to the definitions of time standards for the listed nursing activities/interventions, that the work process be analyzed to provide conditions for nursing care activities to be more effective and resolute.

The relevance of this study lies in its novelty and the gap in existing literature on the role of nursing in the prison system. By identifying and exposing the main nursing activities carried out with Individuals Deprived of Liberty (IDLs), the aim is to contribute to advancing discussions and research on the subject and, consequently, improve health care in the prison system and related public health policies.

REFERENCES

1. Machado AEB, Souza APR, de Souza MC. Sistema penitenciário brasileiro - origem, atualidade e exemplos funcionais. Rev Curso Dir Fac Humanid Dir [Internet]. 2013 [cited 2023 Nov 10];10(10):201-12. Available from: <https://feccompar.com.br/wp-content/uploads/2023/07/sistemapenitenciariobrasileiro.pdf>
2. Fórum Brasileiro de Segurança Pública (FBSP). Anuário Brasileiro de Segurança Pública 2023 (Ano 17) [Internet]. São Paulo: FBSP; 2023 [Internet]. 2023 [cited 2023 Nov 9]. Available from: <https://publicacoes.forumseguranca.org.br/handle/fbsp/57>
3. Barbosa ML, Lima Neto AV, Saraiva CO, Bezerril MS, Costa GMC, Santos VEP. Scientific production penitentiary health in Brazilian nursing. Rev Enferm UFSM [Internet]. 2019 [cited 2023 Nov 9];9:e70. Available from: <https://doi.org/10.5902/2179769232885>
4. Mendes FDB, Lopes ZA, Martins AM, Lima HP, Amorim MF. Experiences of deprivation of freedom from the perspective of men and its implications to healthcare. Rev Rene [Internet]. 2023 [cited 2023 Nov 9];24:e83199. Available from: <https://doi.org/10.15253/2175-6783.20232483199>
5. Brasil. Lei nº 7.210, de 11 de julho de 1984. Institui a Lei de Execução Penal [Internet]. Diário Oficial da União. 1984 Jul 13 [cited 2023 Nov 9]. Available from: http://www.planalto.gov.br/ccivil_03/leis/L7210compilado.htm

6. Souza GC, Cabral KDS, Salgueiro CDBL. Reflections on nursing assistance to incarcerated women: an integrative review. *Arq Ciênc Saúde Unipar* [Internet]. 2018 [cited 2023 Nov 9]; 22(1):55-62. Available from: <https://revistas.unipar.br/index.php/saude/article/view/6240/3563>
7. Barcella RC, Ely KZ, Krug SBF, Possuelo LG. Planning Primary Health Care in prisons: a pilot project. *Saud Pesq* [Internet]. 2022 [cited 2023 Nov 9];15(2):e-10366. Available from: <https://doi.org/10.17765/2176-9206.2022v15n2.e10366>
8. de Carvalho NGO. National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System: an analysis of normative evolution. *Cad Ibero-Am Dir Sanit* [Internet]. 2017 [cited 2023 Nov 9];6(4):112-29. Available from: <https://doi.org/10.17566/ciads.v6i4.434>
9. Ministério da Saúde (BR). Portaria Interministerial nº 1, de 2 de janeiro de 2014. Institui a Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP) no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília: Ministério da Saúde; 2014 [cited 2023 Nov 9]. Available from: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/pri0001_02_01_2014.html
10. Conselho Federal de Enfermagem (COFEN). Parecer da Câmara Técnica nº 0002/2021/CTLN/COFEN. Atribuição dos profissionais de enfermagem no sistema carcerário [Internet]. Brasília: COFEN; 2021 Feb 10 [cited 2023 Nov 9]. Available from: <https://www.cofen.gov.br/parecer-da-camara-tecnica-no-0002-2021-ctlN-cofen/>
11. Ministério da Saúde (BR). Portaria GM/MS nº 2.298, de 9 de setembro de 2021. Dispõe sobre as normas para a operacionalização da Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP), no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília, DF: Ministério da Saúde; 2021 [cited 2023 Nov 9]. Available from: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2021/prt2298_10_09_2021.html
12. Machado CP, Martins IF, de Souza MCS. Nurse's role in health care in the prison system. *Glob Acad Nurs* [Internet]. 2021 [cited 2023 Nov 9];2(Suppl 3):e182. Available from: <https://doi.org/10.5935/2675-5602.20200182>
13. Conselho Federal de Enfermagem (COFEN). Resolução COFEN nº 543/2017 - Revogada pela Resolução COFEN nº 743/2024. Atualiza e estabelece parâmetros para o dimensionamento do quadro de profissionais de enfermagem nos serviços/locais em que são realizadas atividades de enfermagem [Internet]. Brasília: COFEN; 2017 [cited 2023 Nov 9]. Available from: <https://www.cofen.gov.br/resolucao-cofen-5432017/>
14. Machado MH, coordinator. Perfil da enfermagem no Brasil: relatório final [Internet]. Rio de Janeiro: NERHUS - DAPS - ENSP/Fio Cruz; 2017 [cited 2023 Nov 9]. 748 p. <https://biblioteca.cofen.gov.br/wp-content/uploads/2019/05/relatoriofinal.pdf>
15. Botelho ARM, Soares CC, Rodrigues EQ, dos Santos ELF, dos Santos RM, da Costa CCP, et al. The nurse's activities in the safety of the patient in a surgical center according to the protocols of safe surgery and patient safety. *Presença* [Internet]. 2018 [cited 2023 Nov 9];4(10):1-28. Available from: <https://revistapresenca.celsolisboa.edu.br/index.php/numerohum/article/view/138>
16. Minas Gerais. Regulamento e Normas de Procedimentos do Sistema Prisional de Minas Gerais (ReNP) [Internet]. Belo Horizonte: Secretaria do Estado de Defesa Social, Subsecretaria de Administração Prisional; 2016 [cited 2023 Nov 9]. 371 p. Available from: <http://www.depen.seguranca.mg.gov.br/images/Publicacoes/Subsecretariadeadministracaoprisional/Regulamento-e-Normas-de-Procedimentos-do-Sistema-Prisional-de-Minas-Gerais-28.pdf>
17. Brasil. Lei nº. 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da enfermagem, e dá outras providências [Internet]. Diário Oficial da União. 1986 Jun 26 [cited 2023 Nov 9]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l7498.htm

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