

Original article

Digital assessment tool for nursing consultation in prison settings

Instrumento digital de avaliação para a consulta de enfermagem no contexto prisional

Instrumento digital de evaluación para la consulta de enfermería en el contexto penitenciario

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Abstract

Objective: To develop a digital assessment instrument to support nursing consultation in the prison context. **Method:** A methodological study conducted in four stages: exploratory phase, technology development, content validation, and dissemination and socialization of the products. Forty-five nurses working in the prison system of Santa Catarina participated through an online questionnaire, focus groups, and work meetings. The Content Validity Index was used with seven specialists in nursing consultation. Partial results were disseminated and shared at events. **Results:** An integrative review was produced, along with the definition of the digital instrument model, agreement with managers, and the final version of the technology containing two main tabs for data recording and collection, with a Content Validity Index of 0.95. **Conclusion:** The instrument will be incorporated into i-PEN to be used by nurses in the prison system; it showed an excellent reliability index and has the potential to be replicated in other states across the country.

Descriptors: Nursing; Health; Prisons; Technology; Primary Health Care

Resumo

Objetivo: desenvolver um instrumento digital de avaliação para subsidiar a consulta de enfermagem no contexto prisional. **Método:** estudo metodológico realizado em quatro etapas: fase exploratória, construção da tecnologia, validação de conteúdo e publicização e socialização dos produtos. Participaram 45 enfermeiros do contexto prisional catarinense, por meio de questionário *on-line*, grupos focais e reuniões de trabalho. O índice de validação de conteúdo foi usado com sete especialistas em consulta de enfermagem. A publicização e socialização dos resultados parciais ocorreram em eventos. **Resultados:** produziram-se uma revisão integrativa, a definição do modelo do instrumento digital, a pactuação com gestores e a versão final da tecnologia contendo duas abas principais de registro e coleta de dados e IVC de 0,95. **Conclusão:** o instrumento será incorporado no i-PEN para ser aplicado por enfermeiro do sistema prisional, excelente índice de confiabilidade com potencial de ser replicado em outros estados do território nacional.

Descritores: Enfermagem; Saúde; Prisões; Tecnologia; Atenção Primária à Saúde

Resumen

Objetivo: desarrollar un instrumento digital de evaluación para apoyar la consulta de enfermería en el contexto penitenciario. **Método:** estudio metodológico realizado en cuatro etapas: fase exploratoria, construcción de la tecnología, validación de contenido y divulgación y socialización de los productos. Participaron 45 enfermeros del contexto penitenciario del estado de Santa Catarina, mediante cuestionario en línea, grupos focales y reuniones de trabajo. El índice de validación de contenido fue utilizado con siete especialistas en consulta de enfermería. La divulgación y socialización de los resultados parciales se realizaron en eventos. **Resultados:** se elaboraron una revisión integradora, la definición del modelo del instrumento digital, la concertación con gestores y la versión final de la tecnología, que contiene dos pestañas principales para el registro y la recolección de datos, con un Índice de Validez de Contenido (IVC) de 0,95. **Conclusión:** el instrumento será incorporado al i-PEN para ser aplicado por enfermeros del sistema penitenciario, presentando un excelente índice de confiabilidad y potencial para ser replicado en otros estados del territorio nacional.

Descriptor: Enfermería; Salud; Prisiones; Tecnología; Atención Primaria de Salud

Introduction

Brazil has the third largest prison population in the world. According to the 14th Cycle of the Penitentiary Information Survey by the National Secretariat for Penal Policies (SENAPPEN),¹ with data referring to the first half of 2023, the total number of individuals in custody is 644,794 inmates in physical detention facilities and 190,080 in home detention, totaling 834,874 people deprived of liberty. This scenario highlights the historic growth of the prison population in the country. In this context, access to health services in the prison system is based on the principles of the Unified Health System (SUS), with key milestones that were essential for the creation of the National Policy for Comprehensive Health Care for People Deprived of Liberty in the Prison System, implemented in 2014. This policy aims to ensure prevention, health promotion, and appropriate treatment for various diseases, including tuberculosis as one of its lines of action.²

The Criminal Information Report from SENAPPEN³ and the National Council of the Public Prosecutor's Office (CNMP)⁴ on the prison system demonstrates that nurses are predominantly the only professionals on the Prison Primary Care Team (eAPP), including in the state of Santa Catarina. Nursing actions developed in prison units, described in several studies, highlight the central role of nursing and its integration in this context. However, barriers are identified that daily challenge the healthcare of people in prison.⁵

According to the current resolution of the Federal Nursing Council (COFEN) 736/2024,⁶ the Nursing Consultation (NC) must be organized and recorded according to the Nursing Process (NP), with the nurse being responsible for recording all its stages in the user's medical record, whether physical or electronic. Furthermore, the current resolution names the first stage of the NP as Nursing Assessment, whereas until then it was known as Nursing Data Collection, maintaining the objectives for this phase. However, in the context of the health of Persons Deprived of Liberty (PDL), although nurses in Prison Primary Health Care Units (UBSP) are legally protected from practicing the profession, they encounter barriers to overcome the difficulties imposed by the very condition of confinement, which hinders access to comprehensive and effective health actions and services, including the performance of the NC.⁷

Nursing, as the profession responsible for care grounded in a holistic perspective, must promote within the health setting a set of actions that address the needs of each population. Its activities should be developed both on the professional practice regulations and on the policies directed toward the prison system, as well as on the guidelines of primary health care.⁸

Implementing Nursing Consultation in the prison context is challenging because, in addition to the need to promote access to health care grounded in security and surveillance requirements, it is also essential to respect individual and collective needs through health and nursing actions carried out within the prison units themselves, which do not always offer conditions and infrastructure aligned with the principles of the Unified Health System (SUS).

The legal framework that guided the development of the instrument was COFEN Resolution 358/2009, which was in effect during its construction. After the publication of COFEN Standard 736 on January 23rd, 2024, the term "Data Collection" was replaced by "Nursing Assessment."⁶ For the sake of alignment, the updated terminology was then adopted.

The theoretical framework that supported the development of the instrument was the Theory of Praxis Intervention in Collective Health Nursing (TIPESC). This nursing theory is grounded in a historical-dialectical materialist worldview and seeks to promote nursing intervention through a dynamic, dialectical, and participatory methodology.⁹

In light of the above, the objective of this study was to develop a digital assessment instrument to support nursing consultation in the prison context.

Method

This methodological study¹⁰ developed and validated an instrument for nursing assessment within the context of nursing consultation in the prison environment. The development process took place between March 2022 and January 2024 and comprised four stages: exploratory phase, technology development, content validation, and dissemination and socialization of the products.

The first stage of the study, referred to as the exploratory phase, involved conducting an Integrative Review (IR) based on the Protocol for Developing Integrative Reviews,⁹ with the aim of deepening the central theme and mapping nursing actions directed toward Persons Deprived of Liberty (PDL), identifying those that support the implementation of nursing consultation in the prison context. Additionally, two situational assessments were carried out using online questionnaires directed to nurses from the Prison Primary Health Care teams (eAPP). The first, at the national level, included eight nurses participating in the national eAPP nursing group on WhatsApp. The second, at the state level, involved 45 nurses working in the prison system of Santa Catarina. For both assessments, the inclusion criterion was working as a nurse in the prison context for at least six months; nurses on medical leave, vacation, or away from work during the data collection period were excluded.

Subsequently, the exploratory phase included an international assessment through a study mission carried out in prisons recognized for the quality of health care provided to PDL, located in Spain and Portugal, selected based on the findings of the Integrative Review. This mission aimed to observe the practice of Nursing Consultation and the documentation in electronic health records within the prison context, enabling observations and insights into the nurses' work processes during care delivery and information system entry.

The second stage comprised three phases for the development of the technology. The first consisted of meetings with state-level management and coordination teams from the prison security department to gather input for the first

version of the digital instrument. In the second phase, the first version of the instrument was tested through two Focus Groups (FGs)¹¹ composed of a moderator, an observer, and seven nurses working in prison units under the Western Regional Superintendency (SR06) of the state of Santa Catarina. At the end of this phase, the suggestions were accepted and the modifications recommended during the FGs were incorporated, along with additional adjustments based on the situational assessments conducted. Following this stage, it was agreed that the instrument would be used for a period of thirty days by the nurses of SR06.

It was found, based on the WhatsApp group, that this printed version was not being used daily due to the length of the instrument and the detailed manner in which it addressed all components required for nursing assessment, making it difficult to handle in its physical format. Thus, the third phase was initiated, focusing on formatting the instrument into a new version that was digital, easily accessible, and user-friendly.

In the third stage, content validation was carried out based on the established evaluation criteria,¹² which include objectivity, content, structure, presentation, and relevance. These criteria were presented in a table detailing each of the 20 items of the instrument, which were assessed using a Likert-type scale.

The selection of specialists was conducted using the snowball technique.¹³ After acceptance of the first invitation—sent by email along with an explanation of the study and the informed consent form—the participant, who was part of one of the researchers' professional networks, referred additional expert nurses. Thirteen specialists were identified, of whom seven agreed to participate based on their expertise and experience in the topic. The inclusion criteria were: being a nurse, holding a master's or doctoral degree, having at least two years of professional experience in clinical practice and/or teaching, and having scientific output (articles, research, or extension activities) focused on Nursing Consultation.

After selecting the specialists and receiving the responses to the questionnaires, quantitative information for content validation was obtained. The data were tabulated and analyzed according to the Content Validity Index (CVI). For approval, the items were required to have a CVI greater than or equal to 0.80. Items

with a CVI below 0.80 were reviewed and adjusted according to the specialists' suggestions. Content validation was carried out from November 1st to 30th, 2023.

The dissemination and sharing of the partial results were carried out at national and international events through oral presentations, e-posters, abstracts, and articles published in proceedings, journals, and on the website of the Universidade do Estado de Santa Catarina (UDESC). In addition, the digital instrument was registered with the National Institute of Industrial Property (INPI). It is important to note that the study presented here is part of the macro-project proposed by the Professional Master's Program in Primary Health Care Nursing (MPEAPS) at UDESC, approved and funded by COFEN/CAPES Call No. 08/2021. The macro-project promotes the development of Nursing Consultation in various work settings in the western region of Santa Catarina,¹⁴ under the consolidated approval opinion of the Research Ethics Committee, number 5.047.628, and protocol number CAAE 50165621.2.0000.0118.

Results

From the exploratory phase, the Integrative Review revealed that few health-related studies on this topic have been published in Brazil. Most experiences involving health actions and nursing activities were found in Europe. This reality may be explained by the fact that prison health, particularly in Spain, is linked to the Ministry of Health rather than the Ministry of Justice.⁷

In the situational assessments, the following results were obtained: at the national level, eight nurses working in Prison Primary Health Care Units (UBSP) participated in the study and completed the online form. Of these, 100% reported being familiar with Nursing Consultation and the Nursing Process; however, only 50% stated that they performed all stages, while the others carried out only one or two stages of the Nursing Process. In the assessment conducted in the state of Santa Catarina, 100% (54 prisons) of the municipalities with UBSP responded to the questionnaire for the situational diagnosis. A total of 77.8% (35 nurses) reported performing nursing consultation, and 20% (nine nurses) reported performing it occasionally. Only one nurse stated not performing Nursing Consultation. However,

when asked about the stages that comprise the Nursing Process, those who reported performing the consultation did not fully know all of its steps.

The findings from the Integrative Review and the situational assessments motivated the undertaking of an international mission aimed at incorporating new knowledge to support the development of the master's proposal focused on Nursing Consultation in the prison context of Santa Catarina. The study mission enabled participation in and presentation of academic work at the Spanish national congress dedicated exclusively to health professionals working in the prison system, as well as observation of health care delivery and participant observation of Nursing Consultations in three prison health units in the Catalonia region, which, since 2018, have been performing these consultations in a systematized manner using electronic health records, taking into account anamnesis, physical examination, and nursing diagnoses.

In the second stage, related to the development of the technology, the Focus Groups revealed that the instrument created was too extensive in its physical format; it consisted of 16 pages in a checklist format within a Word document, which made it unfeasible for daily use. This highlighted the need for digitization to facilitate handling, improve usability, and enhance documentation and health indicators. Thus, a software development company was contacted to assist in creating a new, online version that would reduce the number of tabs designed in the first version of the instrument. This effort resulted in six prototypes developed in Excel 2016 worksheets, culminating in the second version of the nursing assessment instrument, which was then presented to the contracted programmers. The third version, developed as a web-based tool by programming professionals, consolidated all the intended information into two tabs—Nursing Technician Record and Nursing Assessment—each with its respective titles and subdivisions corresponding to the original sections. This version was subsequently submitted for content validation, as described in Stage 3.

The third stage, content validation, indicated a CVI of 0.95. Three criteria were assessed in the CVI: Objectives, referring to the purposes, goals, or intended outcomes associated with the use of the instrument; Content, Structure, and Presentation of the Instrument, referring to the way the content is displayed, including its overall organization, structure, presentation strategy, coherence, and formatting; and

Relevance, referring to the characteristics that assess the degree of significance of the material presented. The first criterion obtained a CVI of 0.97%, the second criterion obtained a CVI of 0.88%, and the third obtained a CVI of 1.00%, as shown in Table 1:

Table 1 – Content validation by Specialists (S) according to the evaluation criteria

Item	Question	S 1	S 2	S 3	S 4	S 5	S 6	S 7
Objetives	1	4	4	3	4	4	4	4
	2	4	4	3	3	4	4	4
	3	4	4	3	4	4	4	4
	4	4	4	2	3	4	3	4
	5	4	4	3	4	4	4	4
CVI item 1	6	4	4	3	3	4	4	3
	T= 0,97	1,0	1,0	0,83	1,0	1,0	1,0	1,0
	7	4	4	3	3	4	4	4
	8	4	4	3	3	2	4	3
Content, Structure, and Presentation	9	4	4	3	3	2	4	4
	10	4	3	3	4	4	4	4
	11	4	3	3	3	4	4	4
	12	4	4	3	3	2	4	4
	13	4	4	2	3	4	4	4
	14	4	4	3	3	2	4	4
	15	4	4	2	3	2	4	4
	16	4	4	2	3	4	4	4
	17	4	4	2	3	4	4	4
CVI item 2	T= 0,88	1,0	1,0	0,63	1,0	0,54	1,0	1,0
Relevance	18	4	4	4	3	4	4	4
	19	4	4	4	3	4	4	4
CVI item 3	20	4	4	4	3	4	4	4
	T= 1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0
OVERALL CVI	T= 0,95	1,0	1,0	0,82	1,0	0,81	1,0	1,0

The validation process also included the suggestions made by the reviewers, which were accepted as long as they met the scientific evidence related to studies on semiology and physical examination. A total of 29 suggestions were received from the reviewers, of which 22 were accepted, resulting in the final version of the nursing assessment instrument for the Nursing Consultation in the prison context.

For the implementation of the nursing assessment instrument in the prison context of the state of Santa Catarina, the tool was digitized in the form of an electronic health record, which will be made available through the Penal Identification and Administration System (i-PEN).

Discussion

The development of the nursing assessment instrument for the Nursing Consultation in the prison context was carried out with methodological rigor to ensure that technical-scientific knowledge would be accessible to nursing professionals working in these settings. The aim was to identify health–disease situations and the nursing care needs that promote the health of individuals, families, and the community.¹⁴

The definitions of the guidelines regarding the digitalization of public and private institutions were followed, emphasizing the promotion of electronic health record systems that ensure security and functionalities compatible with health work processes, and that are adequate to meet the reality of the different management levels and degrees of healthcare complexity.¹⁵

By developing and validating this nursing assessment instrument, the study contributes to practice in Primary Health Care, while also strengthening the scientific dimension, since it offers a tool to be used in the care of Persons Deprived of Liberty (PDL). Although some professionals experience cognitive dissonance—evident, for example, in the conflict between the value of “caring” and the fact that the patient is deprived of liberty for having violated the law¹⁶—this population is often neglected in healthcare delivery. Thus, the proposed instrument serves as a guide for conducting the Nursing Consultation directed at this population.¹⁷

Through the Nursing Process (NP), planned, humanized, organized, qualified, and holistic actions are systematized, with caring for the individual—across different environments and health conditions—at its core, playing an important role in health promotion, prevention, and rehabilitation.¹⁸ Therefore, by adopting a theoretical framework as the foundation for defining the problem to be investigated, the “thinking and doing” in nursing become sustainable and recognized as scientific acts.¹⁹

The professional experience of the participants in this study made it possible to understand the contradictions of the objective reality faced by nursing in public health, especially by nurses working in the prison context. To carry out interventions, it is necessary for nurses to rely on a theory that stimulates action, privileging nursing knowledge/practice and considering historicity, constant movement throughout history, and ongoing social transformation—elements that require the presence of dialectics in this construction process.²⁰ The nursing theorist Emiko Egry emphasizes that valuing nursing knowledge/practice, whose praxis constitutes the path to achieving projected transformations, has contributed to defining the operational strategies established in the theoretical foundations of the dimensional category.²¹

In this study, understanding the relationship between the whole and its parts, developing actions in a reflective manner, engaging in self-questioning, and facing the challenge of identifying successes and shortcomings were fundamental aspects of capturing and interpreting the phenomenon of nursing assessment—the first stage of the Nursing Consultation. At the same time, efforts were made to articulate the processes of social production and reproduction of a given collective, Persons Deprived of Liberty (PDL), within a specific social context, allowing, through the investigative process, interventions in this reality and its continuous reinterpretation, which proved to be a significant challenge.

The participation of nurses working in Prison Primary Health Care Units (UBSP), for which the instrument was developed, was essential, since they provide care to Persons Deprived of Liberty (PDL), are familiar with the routine of the units, and understand the possibilities for implementing the instrument. Professional integration into collective projects, such as research and extension activities, may contribute to strengthening educational processes and promoting professional practice guided by citizenship and the principles of the Unified Health System (SUS).²²

Regarding the participation of nurses in the construction of the instrument, it should be emphasized that its development was grounded in the context of the study participants, which ensures the sociocultural quality of the themes and contents selected for the instrument.²³

The GFs were developed from a dialectical perspective, in which the group shares common objectives and its participants seek to achieve them by working as a team. Within this conception, efforts are made to raise participants' awareness in order to transform reality in a critical and creative manner. In this regard, it was observed in the GFs that, without an instrument to organize the nursing assessment, made available in digital format throughout the entire state, it will not be possible to carry out the other stages of the PE in an organized manner, thus ensuring continuity of care.¹¹

The results observed in the GFs also point to a deficit in knowledge regarding the implementation of the NP and nursing documentation in general, particularly concerning the stages that guide the NC. Studies have indicated that, since the publication of Cofen Resolution No. 358/2009, there have been difficulties in implementing the NP, related to the organization of institutional and professional work processes, as well as to the specificities inherent to the method. These difficulties lead to the NP being applied in an incomplete or inadequate manner, and in most services, the full execution of all its stages is not identified.²⁴

TIPESC, as an idealist, critical, and reflective Nursing Theory, seeks, under the aegis of historical and dialectical materialism and grounded in a worldview, to give voice to praxis. The meaning of its applicability in health practices lies precisely in its philosophical framework, in which dialectical contradictions confer significance upon the health-disease concept.¹⁹ The application of the theory made it possible to relate what is intended to be understood about the health needs of PDL with the skills and knowledge of nurses and their importance within the context of prison health, in both individual and collective care.

The limitation of this study was the small number of nurses available to participate, due to the specificity of the target population and the high turnover of nurses in prison services.

It is considered that the instrument may bring contributions to care practice by adding knowledge regarding professional documentation and highlighting Nursing as both a profession and a science.

Conclusion

The instrument was computerized, allowing access by all prison units in the state of Santa Catarina through i-PEN. Its incorporation into the daily practice of nurses is expected to enhance and optimize care for Persons Deprived of Liberty, making nursing care provided to this population more effective and safer. The innovative potential of the instrument is highlighted, as it can be replicated throughout the national prison health context.

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