

The new healthcare model in prison nursing

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The nursing professionals working in prisons do an outstanding job in their field, using advanced skills in a frankly complicated context, with little in the way of recognition and often taking charge of healthcare tasks alone. Furthermore, the work done by nursing professionals has often been ignored and takes on a secondary role when nurses are really the leading figures in prison healthcare activities. It could even be said that they are the unsung heroes of the nursing profession. The current situation is a very different one, since the evolution in prison nursing has gone hand in hand with the general progress of nursing as a profession, and therefore, the current role of a nurse is one of leadership in care and in health.

Prison nursing did not have a legal framework in which their competences could be placed as part of a structure of a professionalised body until the Law 39/70 of 22 December, on the restructuring of prison organisations, making the history of prison nursing a recent one. It was not until Royal Decree 1201/1981¹, which was almost entirely derogated by the Prison Regulations of Royal Decree 190/1996, (except in article 324), that the remit of prison nursing professionals finally appeared in a fully developed form, under the name of the Assistant Healthcare Technicians Unit (*Cuerpo de Ayudantes Técnicos Sanitarios* or ATS). The move from ATS to University Diplomas in Nursing took place in 1977, and the regulation took shape using an obsolete name for the nursing profession. The prison regulations were still in force and defined a subordinate position for the nursing professional in a hierarchical and pyramidal system, while the tasks they state as belonging to the nursing profession are utterly obsolete and have nothing to do with the medical realities facing nurses in the workplace. Regulatory changes are therefore needed to update and give greater value to the actual contribution that nurses make to prison healthcare each and every day.

A turning point came in 1989 for prison healthcare in general and for prison nursing in particular, as this was when the General Sub-Directorate of Prison Healthcare was established from the legislation laid down in Royal Decree 148/1989², with changes from a healthcare system that was almost non-existent to a major increase in staff, full-time personnel, implementation of ongoing care and a single clinical history, along with improvements in organisation and equipment, and the definitive professionalisation of prison nursing. Other measures included setting up prevention and control programmes for communicable diseases, such as the Unified Information Collection System (*Sistema Unificado de Recogida de Información* or SURI).

It was not until 2011 that the name Assistant Healthcare Technicians was changed to the Registered Prison Nurses Unit, which is its present name. Once again there was a certain degree of delay, in this case from 1977 to 2011 (34 years), in giving a modern name to nursing staff in this field, and the importance of the terms used should not be forgotten, since they create realities and define social identity at a professional level.

The nursing profession has changed in academic terms over the last four decades in ways that were unthinkable beforehand. We have changed from being an auxiliary and technical profession to become a three-year university degree and with the arrival of the Bologna Plan, nurses have now become graduates of four-year higher degree courses, with the option of access to master's degrees and doctoral courses. At the same time, nursing specialisations have been developed (Royal Decree 450/2005), thus making nurses holders of the highest academic university qualifications to be acknowledged within the Spanish education system, at the same level as other medical professions. However, such a high academic standing

has not been transferred to the workplace in prisons, where it is now necessary for the effort and contribution made by nursing professionals to be recognised once and for all.

Faced with such a situation, in January 2019 a group of prison nursing professionals acting as representatives of the profession as a whole, contacted the General Council of Nursing, to discuss the real nature of their situation, the lack of legislative modernisation and the scarce recognition of their work, and asked for help in modernising their professional remit that form a part of their day to day work in prisons.

The General Council of Nursing is the regulatory body for the nursing profession and is the legal representative of the 307,000 nurses working in Spain, and constantly works on ways to help the nursing profession, with active engagement in professional development and the quality and safety of the care we give to our patients and citizens.

After studying the situation with a group of experts, we proposed two lines of action: one, request a meeting with the Ministry of Home Affairs to specifically consider the needs of nursing professionals in prisons and the much-needed updating of legislation for their functions; and another line of action that consisted of a resolution to manage and organise certain aspects of the professional duties of nurses in the context of healthcare provision in prisons. After almost a year's work by a group of experts, for which the General Council of Nursing shall be eternally grateful, the Spanish Professional Association of Nurses (Plenary Meeting and Assembly of the General Council, with the approval of all the Provincial Associations of Nurses in Spain) drew up and approved Resolution 13/2019, which was published in the Spanish Official State Gazette in January 2020³.

The resolution contains the Spanish prison healthcare model, including all the activities and interventions carried out by nurses in prison health programmes, health education, prevention and control of communicable diseases, vaccinations, hygiene and environmental health, intervention in drug dependency and comprehensive care of the mentally ill, always from a holistic perspective of the care provided by nursing professionals.

The above-mentioned educational level of Spanish nurses is one of the best in the world, it trains them to assess, diagnose, identify, act and evaluate the health and medical needs of persons, families and the community, with a scientific training based on a critical, reflexive and humanistic approach. The basic function is care for healthy or sick people, and evaluate the responses to their state of health, helping

them with any activities that enable them to recover or have a dignified death, and where possible, recovering their autonomy and independence. And such skills and remit are legally supported by Spanish legislation, a notable example of which is European Directive 2013/55/UE, which has been transposed to the Spanish legal system in the form of Royal Decree RD 581/2017⁴, in which the competences of general nursing professionals are identified. These include the following:

- Independently diagnose the necessary nursing care, using theoretical and clinical knowledge for this purpose, and to program, organise and administer nursing care to treat patients based on the knowledge and skills acquired in order to improve professional practice.
- Independently take immediate measures to maintain life and apply measures in critical and catastrophic situations.
- Independently guarantee the quality of nursing care and evaluate it.
- Make persons, families and groups responsible for adopting healthy lifestyles and for caring for their own health based on acquired knowledge and skills.

All the above highlights and justifies the need to update the now obsolete legislation on nursing professionals working in prisons (Royal Decree 1201/1981), which has nothing to do with the realities of healthcare that form a part of prison nurses' lives. Nurses carry out much of their work independently within the scope of what is now an autonomous profession, but it is necessary to highlight the important work done in teams with other medical professionals, given that a multi-disciplinary approach is the only way to a successful outcome in an environment like a prison.

In Resolution 13/2019 of the General Council of Nursing, nursing professionals propose the following objectives as worthy of particular attention⁵:

- Promote health and empower patients for self-care, using health education from their first entrance into prison, preparing them for future release and making up for any deficits when the person cannot reach a hoped for state of autonomy.
- Prevent and control the most prevalent communicable diseases in prisons that are a public health problem, with a view to integrating the individual at the time of release in optimal conditions of health.
- Control and monitor the most frequent chronic diseases, using early detection, nursing consultations and specific educational activities, with

a view to preventing complications and a loss in quality of life.

- Provide comprehensive care for imprisoned patients in mental health and drug dependency, structured into areas of prevention, treatment and rehabilitation, using techniques of communication, negotiation, assertiveness and boosting attitudes of support.
- Attend to the healthcare needs of female inmates in prisons, especially in periods of special vulnerability such as the prenatal, perinatal, postpartum and climacteric periods.
- Attend to the healthcare needs of children who live in prisons with a view to ensuring their adequate bio-psychosocial development.

Resolution 13/2019 clearly defines the scope of action for nurses in healthcare within prisons, in terms of the medical, research, management and educational areas and communication, clearly focusing on the new healthcare model for prison nursing professionals, and is a benchmark document for updated legislation, for setting out the advanced competences for this field in the near future and to give greater value to the vital work done by nursing professionals in Spanish prisons.

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