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Original Research

Nursing Process in Central Java Correctional Institutions: Qualitative Descriptive Study

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ABSTRACT

Background: *Correctional institution nurses in carrying out the nursing process differ from other specialist nurses who work outside the correctional institution facility. A lot of research on the nursing process has been carried out in hospital and puskesmas settings. However, few research is found in the correctional institution setting. The purpose of the study was to describe the implementation of the nursing process in the Central Java Correctional Institution.*

Methods: *The researcher used a qualitative study with a qualitative descriptive approach. Data collection was done online using semi-structured interview guidelines about the nursing process in correctional institutions with a duration of 30 minutes. Study participants were saturated with nine participants of nurses. Data trustworthiness using Guba's idea technique and data analysis in this study used the analytical procedures of Zhang and Wildemuth.*

Results: *In this study, the researchers described several themes based on the research objectives. The five objective themes are conducting record of health checks for new inmates, no standardization of nursing care, regulations in providing services to inmates, the implementation of individual and group nursing care, and collaboration with agencies outside prisons and detention centers.*

Conclusion: *the findings of this study need to get attention from all parties such as the Ministry of Law and Human Rights and PPNI to maintain the quality of care services for inmates. Furthermore, the quality of prison nurses in carrying out nursing practices also should be confirmed in line with nursing professional standards.*

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INTRODUCTION

The introduction of nurses into primary care services in correctional institutions presents a real challenge for nurses (Powell et al., 2010). Correctional institution primary care practice provides a different experience from general primary care practice, especially in the limited number of nurses, correctional health workers,

diagnostic tools, medicines, and care records (Droes, 1994; Pont & Harding, 2019). Inadequate staff numbers also result in problematic compliance with clinical health unit standards (Droes, 1994).

These conditions have an impact on the treatment of inmates who often experience delay treatment. Furthermore, health clinical staff were also failure to manage inmates with chronic and infectious diseases, failure to manage inmates with mental disorders that sometimes causes unbearable suffering. In the most problematic case, the inmates with mental disorder even death by suicide (Pont & Harding, 2019).

The United Nations (UN) explains that states have an obligation to respect the right to health, including refraining from denying or restricting equal access for all people, including inmates (Baderin & McCorquodale, 2009). The World Health Organization (WHO) advocates the acceptance of internationally recommended standards for prison health services providing professional care with the same adherence to professional ethics as in other health services. WHO promotes a whole-prison approach to health promotion and health care for inmates in prisons (Møller & Stöver, 2007).

The Indonesian government's efforts to address inmate health issues include enacting Law No. 12 of 1995 concerning Corrections. This regulation serves as a guideline to ensure that inmates continue to receive health services within prisons, including promotive, preventive, curative, and rehabilitative services, adequate food, and other rights in accordance with applicable laws and regulations (Mensesneg RI, 1995). The health problems experienced by inmates require the role of prison nurses in correctional primary care services (Almost et al., 2013).

The roles performed by nurses include professional practice, educators, consultants, collaborators, resource utilization, and policy-related activities (Sahar et al., 2019). Health services carried out by correctional institution nurses include health promotion efforts, prevention of communicable and non-communicable diseases, outpatient care, inpatient care, fulfillment of nutritional needs, maternal and child health care, reproductive health services, mental health services, and sexual violence services (Direktorat Jendral Kesehatan Masyarakat, 2013). Nurses also take referral actions if the inmate's health condition cannot be treated at a prison health facility (Droes, 1994).

Correctional nurses use the nursing process in carrying out their roles (Lindsey & Hartrick, 1996). The nursing process is used as a framework for carrying out the functions and responsibilities of nurses as health professionals. The nursing process is used by correctional nurses as a process of solving health problems of inmates by applying their knowledge and skills (Pinnell & Meneses, 1988).

The steps of the nursing process focus on the relationship between correctional nurses and inmates, including designing holistic care to meet the health needs of inmates, and the response of the inmates to the provided health care (Karimi, 2011). The nurses solve health problems of inmates using the nursing process by conducting a process of assessment, diagnosis, intervention planning, implementation, and evaluation of nursing (Stonehouse, 2017). The implementation of the nursing process in the correctional setting is different from the nursing setting in general, especially in the assessment process and the intervention process.

Correctional nurses must have special and objective competence in conducting the health assessment process for inmates. It is because inmates often report symptoms for secondary purposes such as manipulation of health care services for reasons other than illness. Correctional nurses in carrying out the intervention process maintain the

professionalism of the nurse's relationship with the inmates. Furthermore, correctional nurses must also pay attention to their own safety when providing interventions (White & Larsson, 2012).

A preliminary interview study of the nursing process with three correctional nurses in Central Java found that correctional nurses conducted an assessment process when screening inmates for illness. Two nurses did not establish a nursing diagnosis or client nursing problem, while one nurse did. The nursing planning process was carried out by arranging a schedule for counseling, inmate health checks, counseling, therapy programs, and elderly Posyandu activities.

Nurses carried out the implementation process through counseling activities on sexually transmitted diseases and HIV, hypertension exercises, diabetes mellitus exercises, and collaborative treatment actions. The nursing evaluation process was carried out by nurses by evaluating the inmate's health condition after being given an intervention. One of the three interview participants said that during their work they felt like they were not a nurse because the activities were collaborative with doctors and they did not make nursing notes due to the lack of recording sheets for the nursing process. The nurse hoped to work like a nurse in general who carried out the nursing process according to professional standards.

Nursing process research has been carried out in a hospital setting. Qualitative research evidence on the nursing assessment process describes four themes of nurses carrying out the nursing assessment process (Rutami & Setiawan, 2012). This study has not fully explained the stages of the nursing process. Furthermore, it only explains the stages of the nursing assessment process. Other nursing process research uses a quantitative approach such as the research of Potter et al, Terok et al, White and Larson, and Delgado (Martínez-delgado, 2014; Potter et al., 2004; Terok et al., 2015; White & Larsson, 2012).

The phenomena are described by the researchers with qualitative studies. Researchers use qualitative studies by directly exploring, analyzing, and describing the phenomena as freely as possible from untested estimates (Carpenter et al., 2011). The purpose of this study was to describe the implementation of the nursing process in the Central Java Correctional institutions. Researchers use a qualitative descriptive approach by directly exploring, analyzing, and describing the phenomenon as freely as possible from untested assumptions.

MATERIALS AND METHODS

Research Design

This research is a descriptive study with a qualitative approach. Qualitative descriptive is a label used in qualitative research that has a descriptive nature, especially to examine health care and nursing-related phenomena (Polit & Beck, 2014). The researcher used a qualitative descriptive design to uncover, explain, and understand the description of a phenomenon of correctional nurses in carrying out the nursing process while working in the Detention Center and Prison of the Regional Office of the Ministry of Law and Human Rights of the Republic of Indonesia, Central Java includes Class IIA Purwokerto Prison, Class IIA Pekalongan Prison, Class IIA Ambarawa Prison, Class IIA Magelang Prison, Class IIB Tegal Prison, Class IIB Pati Prison, Demak Detention Center, and Jepara Prison. The researcher drew conclusions from this phenomenon into a description of the research data by collecting data by the researcher himself.

Research Population and Participats

Qualitative studies do not use the term population, because qualitative research starts from specific phenomena that occur in specific social situations, the results of which are not applicable to the population. However, the results of the study can be transferred to places that have social situations with characteristics similar to the case being studied (Sugiyono, 2015). The population referred to in this study is correctional nurses in Central Java. Participants in this study were determined using a purposive sampling technique (Gentles et al., 2015).

Qualitative research data is not related to sample size but to saturation. Saturation means that researchers have collected all available data to obtain a clear picture of the phenomenon (Bagnasco et al., 2014; Mason, 2010). This study reached saturation in a sample of nine participants with a relatively homogeneous population. In accordance with saturation theory, data saturation is achieved after six to 12 in-depth interviews (Boddy, 2016).

The inclusion criteria for this study were correctional nurses who were willing to participate and agreed to informed consent, correctional nurses with at least 1 year of work experience working in prisons and a minimum educational qualification of D3 in nursing, and who carried out the nursing process. The exclusion criteria for this study were correctional nurses who were unwilling and who were hampered by the use of information and communication technology tools.

Data Collection Instruments

There are two main things that influence the quality of research results, namely the quality of research instruments and the quality of data collection (Walidin et al., 2015). Researchers in qualitative research are key research instruments and researchers are part of the research process (Carpenter et al., 2011). Researchers as instruments need to be validated by validating data collection capabilities, understanding of qualitative research methods, mastery of insight into the field being researched, and the researcher's readiness to enter the research object, both academic and logistical readiness (Walidin et al., 2015).

Researchers used a semi-structured interview guide to conduct interviews by asking questions and listening to participants' answers. The interview guide contained components related to the experiences of correctional nurses in implementing the nursing process and how nurses interpret their experiences. The interview guide covered the implementation, perceptions, obstacles, and expectations of correctional nurses in implementing the nursing process.

The researcher prepared a recording device for collecting interview data. There are two types of recording devices used by the researcher: first, a voice recorder with audio specifications that can be listened to using speakers and headphones, can be used for up to 36 hours, record in WAV and MP3 formats, and can record from a distance of 3 meters. Second, the recording device uses a smartphone recorder facility in MP3 format.

Data Collection Methods

Researchers conducted in-depth interviews online using WhatsApp (WA) video call applications, WA calls, mobile phones, and Zoom applications as agreed with participants. Researchers conducted deeper probing of each interview question according to the development of each participant during the interview process

(Neergaard et al., 2009). Researchers also conducted observations and document searches.

The level of credibility of qualitative research is also determined to some extent by the use and utilization of existing documents (Bungin, 2007). Observations were conducted on nursing process documents by researchers asking participants to photograph or scan nursing process documents that had been created by participants, while observing the principles of privacy and confidentiality of documents by concealing the participants' names, places, or other information related to the participants. During data collection, researchers conducted bracketing by removing the researcher's knowledge of the implementation of the nursing process by making a list of notes on the implementation of the nursing process so that the phenomena obtained were purely from the participants' perspective.

Data Processing and Analysis

The primary data obtained from the recording of in-depth interviews with participants were subjected to content analysis from Zhang and Wildemuth, including: 1) Data preparation, interview data obtained during data collection were converted into written text data or verbatim transcripts; 2) Determining the unit of analysis, researchers defined the code unit first before coding; 3) Developing categories and theme schemes. Researchers created categories and coded by manually coding by creating categories, definitions or rules for assigning codes, and examples; 4) Testing the coding scheme with text examples, researchers tested the clarity and consistency of category definitions by coding the obtained data samples. After the samples were coded, researchers checked the coding consistency with the research team by coding text samples, checking the coding consistency, and verifying the coding rules repeatedly until coding consistency was achieved; 5) Text coding, researchers coded the research data text by repeatedly checking to find themes; 6) Assessing coding consistency. Researchers re-checked the coding consistency after coding all research data texts and researchers verified with the research team to ensure the consistency of the coding that had been made; 7) Drawing conclusions from data coding. Researchers draw conclusions and present the meanings derived from the data text by exploring categories, identifying relationships between categories, uncovering patterns, and testing categories against multiple data sets; and 8) Reporting research methods and findings. Researchers develop steps related to the coding process, such as data displays, matrices, graphs, and conceptual schemes. Researchers also create descriptions of the findings with engaging and easy-to-read descriptions, making it easy for readers to understand the research description (Zhang & Wildemuth, 2009).

Data Trustworthiness

The criteria for this research were to trusted present the phenomena experienced by participants. The researcher used Guba's conceptual technique, which supports the accuracy of the research (Guba & G, 2012). These criteria include 1) Credibility, the researcher asked each participant to verify the accuracy of the interview transcripts prepared by the researcher by having them read them directly. The researcher sought clarification if any ambiguity was found in the participant's statements. In the final stage, the researcher asked the participants if any of the statements they wished to change, add, or remove from the statements before agreeing or disagreeing with the transcript by ticking the box; 2) Dependability, the researcher involved the research

team throughout the study to assess the data obtained during the research process; 3) Confirmability, the researcher provides the results of the transcripts and observation notes, category tables and analysis of each theme to the research team for assessment. Furthermore, the final report of the transcripts, observation notes, category tables, and analysis of each theme are attached to the final research report and the article created so that readers can understand the research flow; and 4) Transferability is external validity related to the extent to which the findings of the research can be applied to other situations (Shenton, 2004). Generalization of the application of research results to be applied to equivalent places or conditions. The researcher describes the prison setting with the number of nursing staff, infrastructure, and the condition of the prison health facilities.

Research Ethics

This research has received an ethical approval with the number: 122/EC/KEPK/D.Kep/VIII/2020 from the Health Research Ethics Committee of the Department of Nursing, Faculty of Medicine, Diponegoro University. There are five research ethics used by researchers, namely do no harm, fully informed consent, voluntary consent, protection of privacy and confidentiality, and no deception. The explanation of the five research ethics includes 1) No harm, Researchers maintain the privacy and confidentiality of participants and participants are not harmed physically or psychologically; 2) Fully informed consent, Researchers provide complete information according to the research context about the explanation of the research, objectives, and procedures of the research and participants are given the opportunity to ask questions or clarify the explanations that have been given; 3) Self-determination, Researchers invite participants to participate in this research voluntarily and there is no coercion from anyone; 4) Protection of privacy and confidentiality, Researchers create codes for each participant and the names of places or other things related to participants are disguised; and 5) No deception, Before participants agree to participate in this research, researchers explain the purpose and description of the research to be conducted.

RESULTS

The participants in this study were nine participants including three male participants and six female participants with D3 nursing education, S1 Nursing, and the nursing profession. In addition, participants have worked in prisons or detention centers in the Central Java Region between two to 20 years. The number of correctional nurses range from one to three nurses. furthermore, the average number of nurses in each prison and detention center is one nurse. Furthermore, medical personnel are also confirmed limited. Even though, the correctional institution involves outside medical personnel, in terms of quantity, it is under nursing standard. Moreover, supporting inspection infrastructure is not yet available in the correctional institution.

Theme 1: Conducting Record of Health Check-ups for new inmates

The correctional nurse conducts an assessment of the new inmates who have just entered the prison or detention center by conducting a medical examination report (BAP) of the health of the prisoner or newly entered prisoner by conducting interviews regarding identity, history of illness, and conducting a physical examination. The preparation of the BAP for the new inmates is revealed by the participants as following:

“For new inmates, correctional institutions already have a standard format. We provide lists of record that need to be filled out, such as personal identity, history of health complaints, vital signs. In addition, we also make observations related to history of disease and then we screen for non-communicable diseases, and tuberculosis.” (P7)
“I have the record of the new prisoner's medical examination. Since the covid-19 pandemic occurred, correctional institutions required a certificate from a doctor. The certificate contains a statement that the holder of that certificate is free from covid-19 before imprisoned”. (P9)

The results of the observation of the new inmates’ health BAP document contain the identity of the inmate and health checks such as complaints, head to toe physical examinations, and medical history. There are also several screening forms or sheets such as mental or mental screening sheets, TB-HIV-hepatitis screening sheets, and ASSIST (Alcohol Smoking and Substance use Involvement Screening and Test) screening sheets.

Theme 2: The Absence of Standardized Nursing Care

Correctional institution nurses in Central Java in providing care for the health of WBP have not been facilitated for the application of nursing care standards. Furthermore, correctional institution nurses also do not provide a standard format for nursing notes for nursing care. The absence of standardization of nursing care in prisons and detention centers is revealed by the participants as following.
“there is no standardization of nursing care in prisons and remand centers.” (P2)
“The nursing process standards in prisons is not in accordance with nursing standards outside the prison, such as in hospitals and in other medical agencies”. (P3)
“We also don't have a standard format for nursing documentation records. So that I honestly think that we don't know whether the format we are using is correct or not. It is because the standard format is not yet available from the ministry”. (P7)

The results of document observations reported to the Regional Office of the Ministry of Law and Human Rights of the Republic of Indonesia Central Java and the Directorate General of the Ministry of Law and Human Rights of the Republic of Indonesia on a monthly basis contain reports on environmental sanitation and health conditions, conditions of facilities and infrastructure, HIV/AIDS care, rehabilitation services for drug dependence. In addition, the data also reports on the condition of officers and the needs of narcotics dependence rehabilitation service officers, data on the control of communicable and non-communicable diseases, morbidity, referrals, palliative care and mortality, the number of inmates and the availability of JKN. Then, the report also contains basic health care and vulnerable groups, the availability of basic health drugs, basic health care infrastructure, and information on KIE data, as well as disease screening. Based on the results of the study, there is no report related to the nursing care form in the monthly health report.

Theme 3: The Regulations in Providing Services to Inmates

Correctional institution nurses in providing services to the health of new inmates are related to various rules made by the Ministry of Law and Human Rights. Every provision of care service such as conducting examinations has rules by registering with health cadres, then health cadres tell the officers in the block phase, officers from the block phase say to the polyclinic, then the correctional nurse makes a bill to issue new inmates who need treatment. Likewise, with the implementation of referrals, there are

rules for removing new inmates from prisons or detention centers by means of examinations, requesting letters of recommendation from doctors, and asking for permission to release issued by the head of prisons or detention centers. In addition, when patients are inmates, they are escorted by the security sector. Many of the rules in providing services to inmates are expressed by the participants as following.

“Correctional institutions have a SOP for examination. For example, if the inmates are sick and intend to have their health checked at the polyclinic, it means that first they must register. Correctional institutions also have health cadres. related to SOPs, health cadres report to officers in the block phase in the correctional institution. then the block phase reports to the medical officer at the polyclinic. After an examination at the polyclinic, the correctional institution received the bill. Medical records from the polyclinic are used for the purpose of permitting inmates out for treatment if medical action is needed outside the correctional institution”. (P2)

“we ask for a referral from the doctor in charge. Then, we will take care of permission for medical needs to the head of the prison to be released so we don't take inmates out right away.” (P8)

“Related to SOPs, there is a separate procedure for detainees. In addition, inmates also have their own SOP. If we are a prisoner, we contact the party holding the detention first. Because there are different types of inmates. For example, police detainees, prosecutors and court detainees so we ask permission first from the parties concerned. After asking permission from the police, prosecutor's office or court, the correctional institution awaits the decision from the relevant institution. If detainees are allowed to go out for medical treatment, we will take them out with the escort of these parties. because he is still a prisoner. Different actions will be taken if the patient is classified as a prisoner. We are from the correctional institution doing the examination. Then we asked permission from the leadership. If the leadership allows a prisoner to seek treatment outside the prison, the prisoner is taken out”. (P9)

Theme 4: Implementation of Individual and Group Nursing Care

Correctional nurses perform nursing care individually and in groups. Nursing care is carried out individually and in groups during assessments, health education and in planning. The implementation of nursing care individually and in groups is described by the participants as follows.

“The medical assessment process in prisons is only done on an individual basis. Only 5% of medical assessments were carried out in groups. Group medical assessments are carried out if the medical team organizes outreach programs, such as KIE. If our individual medical actions are carried out one by one, individual actions are carried out for example patients for medical purposes.” (P3)

“If the prison medical team carries out health education in the middle of the field, they will be deployed according to their respective blocks”. (P2)

“Regarding medical data groups, we generally discuss the data together. Then, we conclude what medical action we will give to the patient”. (P6)

Theme 5: Cooperation with other institutions

Correctional nurses in overcoming health problems of inmates make several collaborations with agencies outside prisons and detention centers such as hospitals, health centers, and health offices. We establish this collaboration in the context of

supporting treatment of prison patients. The actions of cooperation with parties outside prisons and detention centers are expressed by the participants as follows.

“If we need a supporting medical examination, we cooperate with the Puskesmas or hospital”. (P4)

“If it's urgent, we usually cooperate with the Puskesmas” (P5)

“We do a lot of cooperation with outside agencies. These institutions include Puskesmas and hospitals. This collaboration is carried out in order to assist the treatment process for prison patients.” (P6)

“It is true that we carry out more cooperation with outsiders. This is done on the grounds that if we ourselves take medical action, then we will not be able to carry it out to be better. We carry out cooperation in the medical field with the health office, Puskesmas, and hospitals.” (P8)

DISCUSSION

The researchers discuss the results of this study by integrating the results of the study with several literatures such as theories, concepts, and related researches. The researchers discuss the research results by integrating the research findings with a literature review, as follows:

Conducting Record of Health Check-ups for New Inmates

The correctional nurse conducts the records of Examination of the inmates who have just entered the prison or detention center. The correctional nurse conducts an assessment of the inmates who have just entered the prison or detention center by conducting self-identification interviews, complaints, medical history, and conducting a head to toe physical examination, as well as screening. Every detainee or inmate when he/she has just entered a prison or detention center, then the detainee or inmate needs to get a screening which aims to obtain basic data on the detainee's health status. In addition, screening is also carried out for early detection of diseases and health risk factors, which require management and follow-up during detention or coaching. Health checks for inmates or inmates are only carried out at the time of entering the prison or detention center and during the introduction to the environment (Direktorat Jendral Kesehatan Masyarakat, 2013).

Correctional nurses in carrying out a comprehensive assessment process generally conduct interviews and physical examinations. However, to achieve a comprehensive assessment, the correctional nurses should also carry out supporting medical examinations to support the clinical data of inmates. Furthermore, the supporting medical examinations cannot be done because of the limited infrastructure for comprehensive supporting medical examinations. Infrastructure facilities to support the health care of inmates at the prison clinics and detention centers are very limited. This can be revealed through a diagnostic examination of the inmates that was not carried out at the beginning of the assessment. The lack of a correctional budget allocated for health care creates limitations in the availability of the infrastructure needed to provide care to inmates (Schaenman et al., 2013).

Diagnostic tools available in prisons are very limited. The facilities only include a sphygmomanometer, a thermometer, a device for checking blood glucose, uric acid, and cholesterol levels. This condition certainly does not meet the needs of basic health facilities. Generally, basic medical facilities also provide laboratory space, resuscitation

equipment, emergency bag sets, and others. These facilities are generally contained in monthly medical reports related to the form of basic health infrastructure in prisons.

Health diagnostic examinations are very important in providing optimal and comprehensive care. Health diagnostic examination is a basic medical standard as a support to strengthen the results of the identification of the clinical condition of the inmates in establishing a diagnosis and designing interventions to address the health problems of inmates. The purpose of conducting health diagnostic tests is to collect information in clarifying the patient's health status by using patient characteristics, signs and symptoms, disease history, physical examination, laboratory examinations, and other supporting examinations (Tumbelaka, 2002).

The Absence of Standardized Nursing Care

Correctional nurses in carrying out the nursing process in prisons or detention centers do not refer to definite standardization of nursing care. In conducting the nursing process, nursing of correctional institutions still refers the medical profession. This is certainly different from medical institutions outside the correctional facility, such as hospitals and other institutions. Correctional nurses perform clinical services by recording on a medical card sheet containing assessment, diagnosis, and treatment therapy. There is also medical team of a prison or detention center that take the initiative by making their own nursing care form.

The form adopts the care record format at the Puskesmas which contains assessments, nursing diagnoses, goals and outcome criteria, nursing plans, nursing actions, and evaluations. Correctional nurses in providing care to inmates use their own creativity. The approach they use also varies, for example the approach of medical and of nursing care. Correctional nurses diagnose inmates using a nursing and medical diagnosis approach. Nursing diagnoses become scientific interpretations of data collection carried out by nurses.

This diagnosis is done by analyzing the assessment data. The results of the care study data are then used for the formulation of nursing diagnoses (PPNI, 2017). The nursing profession in correctional institutions is part of the nursing profession that must prioritize professionalism in carrying out nursing practice. One of their duties is to establish nursing diagnoses. Nursing diagnoses have been established by professional organizations as standards in carrying out the nursing process.

Nursing diagnosis is a term that differs the practice of the nursing profession from the practice of the medical profession. Medical care focuses on disease pathology and curative approaches. In contrast to the medical care, nursing's focus is on human response and caring. Nursing emphasizes the needs and uniqueness of individuals who interact with the environment (Christensen & Kenney, 2009). Correctional nurses carry out the nursing planning process in prisons or detention centers by making nursing plans or direct interventions without making nursing plans.

Whereas nursing planning is very important because it is a step to determine interventions to be carried out according to nursing problems that arise. In addition, nursing planning also formulates the results to be achieved during treatment. Nursing implementation is said to be effective if it leads to improving the quality of care and stimulating the construction of theoretical and scientific knowledge based on evidence of best clinical practice (Yakah et al., 2016). The nursing process includes two main components, namely technical interventions and interpersonal relationships between

nurses and clients. Both are important in providing quality care. Besides that, both can also be evaluated (Okorokwo, 2006).

Correctional nurses in dealing with health problems of inmates can perform several nursing interventions. The competence of correctional nurses is seen in nurses who have professionalism and confidence in independent nursing practice in the correctional environment (Shelton et al., 2020). The correctional nurse evaluates the clinical condition of the inmates gradually. This is done to explore the response of the inmates after being given nursing interventions. Correctional nurses are asked to evaluate all nursing processes by observing the results of nursing actions.

In addition, they also compare the results of nursing actions with the formulation of short-term and long-term goals. Next, Nurses assess the goals that have been set with the results obtained. Nurse then revise the plan and priority of care with the inmates and other health workers. The next step is for nurses to implement the modified action plan, and continue the cycle of the nursing process until the nurse-patient relationship ends (Canadian Nurses Association, 1987). The standard format for nursing documentation has not been provided by the Ministry of Law and Human Rights.

Therefore, many nursing teams from health services have not implemented a structured nursing process. This condition causes the documentation process to not run effectively. In addition, the absence of nursing documentation standards also has a direct impact on the quality of services provided by nurses (Maria et al., 2012). In fact, the quality of nursing care is directly related to the contents of notes made by nurses (Costa & Linch, 2018). Not only as a reflection of service quality, nursing documentation is also evidence of nurses' accountability (Potter & Perry, 2005). Therefore, standardization of nursing documentation formats is a very important tool in carrying out the nursing process in prisons.

The Regulations in Providing Services to Inmates

The correctional environment prioritizes safety over health. The correctional system is filled by inmates who have a criminal history. Therefore, the correctional system is synonymous with rules and punishments. This causes everything to be regulated, including the provision of care services for the inmates. Inmates who need health care are recorded by health cadres by reporting to the duty officer in the block phase.

Furthermore, the results of the report are followed up by the correctional nurse on duty at the prison polyclinic or detention center. Finally, based on the results of the examination, a bill is made for the expenditure of the inmates who need health care. The introduction of nurses into Correctional health services provides a different perspective from nurses in general. The main difference is seen in the three conditions. The three conditions include the nurse's relationship with the inmates, the nurse's relationship with the agency, and the nurse's relationship with the guard or security (Walsh, 2009).

Related to the nurse's relationship with the inmates, in these conditions in carrying out the nursing process, the correctional nurse deals directly with inmates who have the potential to take action, manipulative and aggressive (Sánchez-Roig & Coll-Cámara, 2016). Security issues become an important issue in such cases. Safety in these conditions is enhanced for the need for supervision of correctional officers in the area of health care delivery. This is done to maintain the safety of staff and other inmates (Schoenly & Knox, 2013).

Second, the nurse's relationship with the agency. Correctional nurses in every nursing process are bound by the rules made by the Government of the Republic of Indonesia regarding Corrections (Menteri Sekretaris Negara Republik Indonesia, 1995). Correctional nurses must balance the conflicting roles between the public safety and security mission with the mission of health and welfare professionals for inmates (American Nurses Association, 2007).

Third, the nurse's relationship with Security. Correctional nurses in carrying out their duties must always coordinate with prison guards (Condon et al., 2007). Correctional nurses must balance the conflicting roles of the public safety and security mission with the mission of health and welfare professionals for inmates (American Nurses Association, 2007). The need to always be vigilant about the personal safety of nurses in potentially hazardous environments. insecurity can erode caring relationships and go against the basic principles of care for inmates. Correctional nurses must strike a balance between providing professional care and paying attention to the safety of the care environment (Weiskopf, 2005).

The correctional system also regulates the process of releasing inmates who need further health care. The referral process is divided into two types, namely planned or elective referrals and emergency or emergency referrals. The first is an elective referral process. The procedure is that the correctional nurse checks the health condition of the inmates first. If the results of this examination indicate that the inmates need further examination or treatment, the penitentiary will hold a TPP trial.

The trial was attended by the correctional team. This team consists of correctional guardians. The correctional guardians include the chairperson, secretarial members and the correctional team. Their job is to assess whether or not inmates are removed from prison for medical purposes. If the results of the trial decide to refer the inmates, then during the treatment process the inmates will be escorted.

Second, the emergency referral process. The correctional nurse checks the health condition of the inmates. Next, the correctional team contacted the Puskesmas doctor to consult the inmates' clinical condition. In addition, the team also asked for a referral recommendation letter. The team then made an application letter to release the inmates to the head of the prison or detention center. Furthermore, security escorts are also provided to the inmates by the security team during the referral process.

Implementation of Individual and Group Nursing Care

The nursing process is used as an approach in providing nursing care to individuals, groups, families, and communities. The nursing process is carried out with the stages of assessment, diagnosis, nursing planning, implementation, and evaluation. Nursing actions must be documented because documentation is used as legal evidence for nurses in carrying out nursing care (Riasmini et al., 2017). Correctional nurses in a correctional setting provide nursing care to individuals and groups.

Health efforts provided in prisons include physical and mental health. In addition, there are three levels of health efforts. These effort levels include efforts of primary level health, secondary level health, and tertiary level health. These three efforts must be continuous, integrated, and complete. Prisons or detention centers only carry out individual and primary group health efforts.

First, primary health efforts for individuals and groups or communities. Primary individual health services as an effort to provide health services to individuals in treatment and recovery do not ignore promotion and prevention efforts. Such efforts

include fitness efforts and a clean and healthy lifestyle. Correctional nurses treat individuals who experience health problems in correctional facilities through services at the clinic (Kholifah & Widagdo, 2016).

The second effort is the effort of primary group or community health services. This effort is carried out as a primary individual health service effort. However, the target of the service is aimed at groups or communities. The implementation of primary group or community health is supported by other activities such as recording and reporting.

The recording and reporting in question are carried out by the relevant health institutions (Kholifah & Widagdo, 2016). Correctional nurses are required by the Regional Office and the Director General of the Ministry of Law and Human Rights to make monthly health reports. The implementation of health programs and services for inmates in the correctional system needs to be recorded and reported so that regular health monitoring of the inmates can be carried out (Direktorat Jendral Kesehatan Masyarakat, 2013).

Nursing action efforts include nursing intervention efforts, promotive efforts, preventive efforts, and rehabilitative efforts. Nursing intervention efforts that can be carried out by correctional nurses include the provision of complementary therapies and therapeutic modalities of nursing. While the types of nursing interventions include coaching for inmates on unhealthy living behaviors, effective coughing, simple inhalation, cognitive stimulation, relaxation techniques, wound care, ROM (range of motion exercises), compresses, relaxation techniques. Correctional nurses can also perform other independent interventions by providing complementary therapies. These therapies are like herbal therapy, meditation, yoga, etc (Menteri Kesehatan RI, 2010).

Promotive efforts as efforts to improve the healthy living behavior of the new inmates are carried out by providing health education or counseling. Preventive efforts as preventive measures taken by nurses to new inmates are carried out so that the new inmates are protected from illness or injury. Preventive efforts are generally carried out by immunization, exercise programs, smoking prevention, follow-up and disease screening. Finally, correctional nurses can also carry out rehabilitative efforts.

Rehabilitative efforts are carried out by nurses by helping new inmates in the post-injury recovery stage or as a result of illness. This stage of health recovery has the aim of increasing the independence of the client's ability by using modality therapy or complementary therapy (Menteri Kesehatan RI, 2010).

Cooperation with other institutions

Correctional nurses address the health problems of new inmates. The method taken to overcome the problems are that the correctional nurse performs self-care actions and takes collaborative actions. Commonly, collaborative action carries out several collaborations with agencies outside prisons. This collaboration can be conducted in terms of supporting examination and treatment. Restrictions on freedom and the influence of punishment in the correctional environment are factors in conditioning the provision of health care services (Zulaika et al., 2012).

The unavailability of adequate supporting examination facilities and the limited number of medical personnel in correctional facilities make correctional nurses have to be good at utilizing resources outside the correctional facility which has been carried out by a Memorandum of Understanding (MoU). Correctional health services can offer both pharmacological and non-pharmacological interventions. The services serve to

help solve the health problems of new inmates (Reeves, 2012). In this regard, correctional nurses can play a unique and diverse role in providing physical and mental health services for new inmates although the duties of correctional nurses are often limited to a few care activities. Some of these treatments include preparing and distributing pharmacological therapy (Evans, 1999; Norman & Parrish, 1999).

Emphasizing the health care needs of new inmates integrates multidisciplinary collaboration. This collaboration is carried out by means of collaboration, coordination, and across organizational boundaries. In addition, cooperation also functions as a medium for a partnership approach at all levels to achieve continuous improvement of the nursing system in ensuring service quality (Healthier scotland scottish executive, 2006). Integration of prison health nursing with community health units such as Puskesmas, and hospitals related to legal regulations, licensing procedures, supervision and control. The integration and equality of prisons or detention centers with public health services is a very important requirement for health care needs (Pont & THarding, 2019).

The prison environment becomes a space for communication, and implementation. In addition, the pattern of care communication is contained in the regulations that determine the relationship between new inmates and staff. It becomes important as a consideration to involve related institutions in correctional facilities (Cámara, 2014).

CONCLUSSION

The implementation of the nursing process by correctional nurses provides a very interesting picture. The phenomena need to get attention from all parties to maintain the quality of care services for new inmates and the quality of correctional nurses in carrying out nursing practice. Therefore, nursing services are in accordance with the standards of the nursing profession. The PPNI organization needs to advocate to the Director General of Corrections at the Ministry of Law and Human Rights to provide recommendations for standardization of nursing care in the correctional environment.

The limitations of this study do not yet describe the quality of documentation of the nursing process in prisons and detention centers. It is hoped that further research can raise phenomena related to the quality of nursing process documentation in correctional facilities.

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