

# Nursing services as perceived by inmates in correctional facilities in Jakarta, Indonesia: A qualitative study

 Wilma<sup>1,2\*</sup> , Achir Yani S. Hamid<sup>1</sup> , Hanny Handiyani<sup>1</sup> , and Ede Surya Darmawan<sup>3</sup> 
<sup>1</sup> Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia

<sup>2</sup> Faculty of Nursing and Midwifery, University of Megarezky, Makassar, Indonesia

<sup>3</sup> Faculty of Public Health, Universitas Indonesia, Depok, West Java, Indonesia


## Abstract

**Background:** Nursing services play a crucial role in addressing the healthcare needs of inmates in correctional facilities while upholding their human rights. However, delivering nursing services in this context is challenging. Unfortunately, there is a dearth of research on this topic in Indonesia.

**Objective:** This study aimed to explore the experiences of inmates in receiving nursing services in order to provide insights into professional nursing services in the correctional context in Indonesia.

**Methods:** A qualitative phenomenological approach was used in this study. Twenty inmates were selected purposively from four prisons, three jails, and one child penitentiary in Jakarta, Indonesia. Semi-structured in-depth interviews were conducted from August to October 2021, and thematic analysis was used to analyze the data.

**Results:** Five themes were generated: (1) conditions requiring nursing services, (2) types of nursing services received, (3) nurse competence, (4) barriers to receiving nursing services, and (5) expectations for nursing services in the future.

**Conclusion:** This study highlights the importance of nursing services in correctional facilities and the unique challenges that correctional nurses face in providing services professionally and ethically. Strategies to enhance nursing services, advance nurse competence, and reduce barriers to accessing care are needed to improve inmates' health outcomes.

## Keywords

nurses; human rights; prisons; jails; Indonesia; competence

### \*Corresponding author:

Wilma, S.Kep.Ners., M.Kep


 Faculty of Nursing, Universitas Indonesia, Depok, West Java, Jalan Prof. Dr. Bahder Djohan, Kampus UI Depok, West Java 16424, Indonesia | Faculty of Nursing and Midwifery, University of Megarezky Makassar, Antang Raya street, Makassar, South Sulawesi-90234, Indonesia.  
 Email: [wilma.ui2019@gmail.com](mailto:wilma.ui2019@gmail.com)

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## Background

In accordance with the World Health Organization's (WHO) declaration, health services provided to inmates should meet both quality and quantity standards equivalent to those offered to the general public (World Health Organization, 2014). Furthermore, the treatment of inmates should conform to the Standard Minimum Rules for The Treatment of Inmates, as approved by the United Nations (1995). The International Council of Nurses (ICN) confirmed the crucial role of nurses in supporting human rights and delivering care to inmates (International Council of Nurses (ICN), 1998). Care in prisons is guided by ethical principles and is conducted in partnership with health professionals and authorities. Correctional nurses advocate for safe and humane treatment, including dignity, respect, clean water, adequate food, and other daily necessities (International Council of Nurses (ICN), 1998).

The American Nurses Association (ANA) emphasizes several vital roles for nurses in advocating for the rights of inmates, including the right to receive visits, quality health services, even for those in isolation, and the right to report verbal or physical abuse, among others (American Nurses Association (ANA), 2021). Additionally, nurses serve as

educators to enhance inmates' knowledge of health-related matters. Nurses also act as collaborators and facilitators to ensure that health services are of the highest quality. Nurses begin their primary role as care providers, counselors, and coordinators by conducting assessments and interviews with inmates, followed by planning for continuing care (American Nurses Association (ANA), 2021). Nurses also play a critical role in the initial examination of inmates, especially when some inmates attempt to conceal their medical history. In addition, nurses ensure continuity of care for inmates to prevent the recurrence of health issues and complications. Moreover, nurses serve as coordinators for health promotion in prisons, including developing appropriate nursing service models for inmates' needs and the prison environment (Kelly et al., 2020; Overton et al., 2019; Rosalim, 2020). These essential roles of nurses underscore their significant involvement in safeguarding and fulfilling inmates' health service requirements.

The mission of correctional institutions in Indonesia is to ensure the respect, fulfillment, and protection of human rights, including the right to health for inmates. Indonesia has 525 correctional facilities, which consist of male, female, and child prisons and jails. The number of inmates reportedly reached

249,139, with a room capacity of only 135,704 (Direktorat Jenderal Pemasyarakatan (Ditjenpas), 2020). The increase in population over the last five years shows that the inmate population has increased by approximately 10% annually, but this is not in line with an increase in facility capacity. This situation creates barriers to fulfilling inmates' human rights to quality health services. The size of the rooms for activities and rest, sanitation, and availability of water no longer meet health requirements, thus increasing the number of respiratory disorders and skin diseases. Acute respiratory infections and skin diseases are the two biggest diseases that inmates suffer. Diseases of the heart and blood vessels are the leading cause of death in inmates, followed by tuberculosis and HIV/AIDS. Inmates' mental health-related quality of life is reported to be below 75% due to poor coping mechanisms, self-acceptance, and inability to adapt to the prison environment (Maghnina & Andriany, 2020; Putri et al., 2020; Sinaga et al., 2020b). In addition to physical and mental health problems, inmates experience psychosocial and spiritual issues. Inmates show emotional responses, including sadness, boredom, anxiety, confusion, annoyance, and anger (Sinaga et al., 2020b; Zainuri, 2019). The qualifications and number of health workers, which are no longer balanced with the number of inmates, also affect the limitations of health services. Overcapacity that occurs in correctional facilities in Jakarta reaches 87-303%. Each prison has one to ten nurses, meaning one nurse has to provide care for about two hundred inmates. This imbalance causes the inability of nurses to respond to all inmates' physical, psychological, psychosocial, and spiritual health needs (Maghnina & Andriany, 2020; Putri et al., 2020; Sinaga et al., 2020b).

Studies related to nursing services in correctional facilities in Indonesia have not been widely carried out. However, several studies have reported that inmates' rights to quality health services, including comprehensive nursing services, have not been fulfilled. In addition, the psychological and psychosocial aspects of inmates might not have been adequately addressed (Barus & Sylvia Biafri, 2020; Hermansyah & Masitoh, 2020; Maghnina & Andriany, 2020; Putri et al., 2020; Raswandaru et al., 2021; Sinaga et al., 2020a; Zuhair, 2020). In 2018, the legal and human rights research and development agency of the Ministry of Law and Human Rights of the Republic of Indonesia conducted a study on health services for inmates in Indonesia. This study used a quantitative method for inmates and a qualitative method for leaders and health workers at each regional representative in Indonesia, including Jakarta. Health services were generally reviewed, and nursing services were not specifically described. The recommendations focused more on improving the quality of health service management (Riyanto et al., 2018).

Nursing services in correctional facilities face different challenges than those in other health units. These challenges become barriers to providing professional nursing services due to clients' unique characteristics, which are described as manipulative, lying, dangerous, and exhibiting terrible behavior (Riyanto et al., 2018). Types of inmate law violations that affect sentence terms also influence nursing care planning. The isolated environment and conflicts of interest between security and the provision of health services sometimes hinder decision-making regarding inmate

healthcare. These things can trigger ethical dilemmas, moral distress, and disputes between professionalism and institutional interests. Providing caring as an essential essence in nursing services becomes harder to deliver in this context (Cloyes et al., 2017; Cukale Matos & Champion, 2022; Dhaliwal et al., 2021; Lazzari et al., 2020).

With this phenomenon and the gap in the literature, our study aimed to explore the experience of inmates receiving nursing services in correctional facilities in Indonesia.

## Methods

### Study Design

The study used descriptive phenomenology to explore and describe inmates' experiences receiving nursing services. This method aims to produce a unified meaning from experience by directly exploring, analyzing, and describing phenomena without untested presuppositions. It allows the researcher to perceive the experience without compromising its richness, breadth, and depth (Afiyanti & Rachmawati, 2014).

### Participants/Informants

The study included twenty inmates from correctional facilities in Jakarta, Indonesia, where approximately 18,000 inmates live (Direktorat Jenderal Pemasyarakatan (Ditjenpas), 2020). Participants were selected using purposive sampling with the criteria of having served a sentence of more than six months, being willing to participate, being cooperative, and being able to express their experiences and opinions. Correctional nurses assisted in identifying potential participants who met the inclusion criteria. The researcher observed the ability of prospective participants based on the criteria and obtained their approval to participate.

### Data Collection

Recruitment of participants and data collection took place between August and October 2021, with permission obtained from the Head of the Ministry of Law and Human Rights regional office in Jakarta. The research objectives were explained to the heads of prisons and jails to gain access to data collection, and the head of the inmate's healthcare division and correctional nurses helped identify potential participants. After the participant candidates were identified, an interview schedule was made, and ultimately, twenty inmates participated in the study. No inmates who met the inclusion criteria refused to participate.

In-depth semi-structured interviews were conducted face-to-face to collect data. Each of the twenty participants was interviewed for 30-45 minutes, and only one interview was conducted for each participant. The interviewer double-checked the participant's statements during the interview to ensure accuracy and clarity. The discussions took place in a calm and comfortable setting, either in the waiting room or consulting room of the prison/jail clinic, with only the participants and interviewers present. Non-verbal behaviors, special events, and thoughts derived from the interview were recorded by the interviewer (Guest et al., 2020). The researchers maximized the interviews to achieve data saturation, meaning no new themes emerged from the participants' narratives, and the data became repetitive.

The interview questions were developed after discussions with three senior researchers specializing in qualitative studies, nursing management, and services. The validity of the questions was tested through expert judgment to analyze and evaluate whether they measured the intended aspects. Three test interviews were conducted and analyzed to optimize the interviewer's skills before the study interviews. The following guide questions were used: 1) Could you tell me about your experience of receiving nursing services here? 2) When do you need the help of a nurse? 3) What did the nurse do to help you in terms of physical health, psychological health, relationships with others (psychosocial), worship, and respect for the values of your beliefs (spirituality)? 4) Are there any obstacles to getting nursing services? 5) How do you perceive the ability of nurses to provide services (competence, communication, coordination)? 6) What are your expectations for nursing services in the future?

### Data Analysis

Data were collected using a voice recorder, transcribed verbatim, and encoded using thematic analysis. Four researchers repeatedly read the interview transcripts to familiarize themselves with the data set and developed codes that were compared and agreed upon through a joint discussion. This process is crucial in providing an overview of the personal experience of the phenomenon under study. Next, the researcher records meaningful data items and produces codes in the next step. Significant statements and codes are collected and become themes. An inductive analysis is performed to derive common themes (Kiger & Varpio, 2020), which are then analyzed to ensure they have sufficient supporting data, similarity, coherence, and differentiation. Finally, the refined themes are defined and described to provide insight and understanding of the phenomenon. At the end of the data analysis process, the researcher writes the final analysis (Kiger & Varpio, 2020).

### Rigor

The researchers made efforts to meet the criteria for credibility by building relationships with participants to obtain accurate information, understanding and exploring the sensitive language and behavior of their life experiences, allocating sufficient time to make them comfortable with situations, observing health service activities at the research site, and conducting member checking with the participants. The transferability criteria were met by taking samples according to the research topic through purposive sampling. The dependability criteria were met through intensive discussions with supervisors regarding data findings and analysis. Additionally, the confirmability criteria were met through related journals and peer review with expert researchers.

### Ethical Considerations

The study was approved by the ethics board of the Faculty of Nursing, Universitas Indonesia, Indonesia. Participants were given an explanation about the study information and signed an informed consent form. Data were anonymized, protected, and will be destroyed after five years. The interviewer was a female nursing doctoral student, not a prison employee, which provided an advantage in conducting interviews because the participants did not feel a legal bond.

## Results

### Participants Characteristics

Table 1 provides a description of the demographic characteristics of the study participants. The sample consisted of 20 individuals, including three inmates from a narcotics prison, four from men's prisons, four from men's jails, three from women's prisons, three from women's jails, and three from children's correctional facilities.

Table 1 Characteristics of participants

Demographics	n	%
<b>Age (year)</b>		
16-25	7	35
26-45	10	50
>45	3	15
<b>Gender</b>		
Male	14	70
Female	6	30
<b>Educational background</b>		
Junior High School	6	30
Senior High School	10	50
Bachelor	3	20
<b>Year of becoming an inmate</b>		
≤ 1	8	40
2-5	10	50
>5	2	10

### Thematic Findings

During the data analysis phase, the researchers generated 271 codes related to nursing services after reading the interview transcripts multiple times. From these codes, five main themes were developed: 1) Conditions requiring nursing care, 2) Types of nursing service received, 3) Nurse competence, 4) Barriers to receiving nursing services, and 5) Expectations of nursing services in the future.

#### Theme 1: Conditions requiring nursing care

In this study, nursing services are perceived as special services that inmates can access when they experience urgent or severe health conditions that require invasive procedures or drug administration that must be monitored and reported. Nursing services are primarily for physical health services, not psychological or other health services. This theme emerged based on several categories:

*Handled by inmate volunteers (Tamping).* Fourteen participants revealed that nursing services do not necessarily have to be provided by nurses as long as inmate volunteers, known as "tamping," can handle the situation. In cases where nurses are unavailable, tamping takes care of the inmates. Examples of participant statements include:

*"I don't need anything... for example, if I'm sick, I'm handled by the inmate volunteers, thank God" (Participant 2)*

*"If injected, directly from the nurse" (Participant 7)*

*"When we are sick... Tamping takes care of us... the nurse hasn't" (Participant 9)*

*"Sometimes when we are sick, the nurse hasn't come yet. They (tamping) take care of us..." (Participant 19)*

*Severe pain or showing no improvement.* Eleven participants reported that they require nursing care when they are seriously ill and need further treatment. They also noted that severe pain or no improvement in their condition were

factors that would prompt them to seek nursing care. Examples of their statements include:

*"How can I be normal like that, ma'am... I want to ask about that with the nurse." (Participant 1)*  
*"I don't need it... I've never been seriously ill." (Participant 2)*  
*"Thank God I haven't... I hope never." (Participant 3)*  
*"For example, if I'm already seriously ill... I can't stand the pain... then I need them." (Participant 11)*

**Need medication.** Most participants reported that they require nursing care when they need medication for their condition. Some of their quotes include:

*"For example, if I haven't taken my medicine..." (Participant 15)*  
*"At least if I need medicine..." (Participant 17)*  
*"It's more like... getting treatment... if the nurse is here..." (Participant 20)*

**Not to share problems or feelings.** When asked about the need to communicate issues or feelings with nurses, most participants reported that it was not necessary or inappropriate. They stated that they prefer to keep personal matters to themselves or to share them with friends rather than discussing them with nurses. Some examples of their statements include:

*"At the moment, I don't think I need to consult with a nurse... well, maybe it's specifically for the former program..." (Participant 3)*  
*"Being sad is usually a personal matter... we can't talk to the nurses, right..." (Participant 5)*  
*"Never talked to nurses...mostly to friends...any story...talked about many things." (Participant 7)*  
*"When I get emotional with people...I don't want to tell stories... I'm like this...because I don't want to get involved in other matters...I also don't like complaining to officers or nurses..." (Participant 15)*

## Theme 2: Types of nursing service received

Nursing services mainly involve the administration of medicines and providing health education. In cases of emergency and specific procedures, inmates receive treatment according to their health conditions. Nurses also conduct initial health assessments for new inmates.

**Administration of medication.** Most of the participants revealed that, generally, the nurse's job is to give medicine. According to most of the participants, nurses primarily administer medication. The quotes include:

*"When I asked the nurse for medicine, they promptly provided it to me" (Participant 1)*  
*"The nurse gave me medicine and explained how many times I needed to take it" (Participant 5)*  
*"They provide medication and explain what it is for and how many times it should be taken" (Participant 17)*

**Health education and information services.** Most of the participants reported that nurses provided them with advice on staying healthy and avoiding factors that cause diseases. The participants express this:

*"They explained to us... for example, like lack of sleep... if there are complaints of headaches... maybe from the way we sleep or other causes... they give us information, so we don't get sick... they let us know." (Participant 3)*  
*"If this is the cause, we're told to take a bath... that's all they say... keep clean... take care of your body condition, that's what they said..." (Participant 8)*

*"Well, ma'am... we were told to sunbathe diligently... bathe diligently... so to reduce itchiness, he said." (Participant 12)*

**Health assessment at first admission to prison/jail.** According to eight participants, upon their admission to prison/jail, a health assessment was conducted by a nurse who inquired about their medical history. In some cases, specific medical tests were performed. The participants state this:

*"The nurses...when they came in, we were examined because there was a history of diabetes... so we were examined when we entered here." (Participant 4)*  
*"When we were here, we were examined when we entered, and my illness was discovered... then quarantined... the nurse took the sputum... then examined... and it was finished." (Participant 7)*  
*"During admission, the nurse screened, then took blood as well... and was asked about the history of the disease... that's all." (Participant 11)*

**Emergency services and specific procedures.** Thirteen participants disclosed that nurses perform emergency actions and particular procedures such as administering tuberculosis medication, conducting special specimen examinations, and initial handling in emergencies. Some examples of their statements include:

*"It's very helpful... just inject it, it's very helpful." (Participant 7)*  
*"The emergency unit is 24 hours... there is a nurse... there is a morning to night shift." (Participant 11)*  
*"There was one person here who was infected, and we were immediately separated...then we were all examined...it was plugged into the nose...it was examined by a nurse..." (Participant 14)*  
*"If it's already severe... we'll be examined intensively... then given oxygen... and other equipment." (Participant 15)*

## Theme 3: Nurse competence

The participants mostly described nurse competence in performing nursing services as responsive, friendly, and caring. In addition, they appreciated nurses who had a positive and supportive attitude towards inmates who experienced emergency medical conditions, considering it to be a good and much-needed attitude.

**Responsive and fast.** Thirteen participants praised the nurses for being responsive and quick in handling emergencies. Their statements include

*"They can do everything... because while I'm here being treated... if I have a need... I ask the nurses directly for help... and they take action right away... handle it right away." (Participant 1)*  
*"Like yesterday a friend was sick... they immediately responded... brought it straight away... not postponed." (Participant 9)*  
*"The officers or nurse are quick if someone is sick... quickly run... come immediately..." (Participant 15)*

**Friendly.** Eleven participants appreciated the friendly behavior of the nurses, including their polite manner, soft speech, and smiling faces. The participants express this:

*"They are polite and friendly ma'am... It's like I'm sick and talk to me gently...indirectly tell me well, ma'am." (Participant 1)*  
*"They are kind, if we greet them, they smile back. The nurse greets us...be patient first... they smile cheaply too, the point is the nurses are nice." (Participant 2)*  
*"In my opinion, so far it's been good... communication is also good... they also like to tell those who are sick... reprimand them too... reprimand them properly for the benefit of the patient's health as well... they rebuke that in a sense encouraging us to be healthy too." (Participant 5)*



**Caring.** Ten participants felt that the nurses showed a caring attitude by expressing curiosity about their healthy development. The quotes include:

*"I don't just come to get an injection... sometimes I'm asked how it's progressing... so we don't just come to inject." (Participant 7)*  
*"When I come, he asks questions about our illness..." (Participant 8)*  
*"Okay...well...they are outgoing...often asking whether we are healthy or not." (Participant 20)*

#### Theme 4: Barriers to receiving nursing services

The barriers are mainly associated with waiting time and a lack of follow-up services.

**Have to wait/queue for quite a long time.** Twelve participants reported waiting in long lines or waiting for nurses during their breaks, resulting in delayed services.

*"Because the clinic is really small... but if we queued... there could be 45 people." (Participant 4)*  
*"Sometimes when the nurses are on a break, so we wait for them... it's like that, right... unless it's critical, we'll be served...but if it's just coughing, right...sometimes we're eating, maybe wait" (Participant 5)*  
*"I often want to meet, but most people queue, so I don't meet often...many queues" (Participant 10)*

**No further treatment.** Fourteen participants reported not receiving follow-up services after their initial treatment or drug administration, which only treated their symptoms.

*"About how to handle it... no one tells us, ma'am... every day we are given medicine... just medicine ma'am... There's just no way how to do it including healing." (Participant 1)*  
*"At least...oh okay...given pain medication...it can only be like that." (Participant 15)*  
*"For me, I don't think there are any problems... maybe pay more attention to the elderly... because there are more elderly people who have complaints here... the complaints of the elderly are like cholesterol, so just give them pain medication." (Participant 20)*

#### Theme 5: Expectations of nursing services in the future

Participants' expectations of better nursing services are related to nurses' professional attitudes and improved access to health services.

**Friendly and caring nurses.** Eight participants expressed a desire for friendlier and more caring nurses.

*"As for the service here, if it can be further improved... so that it will be better... so that the inmates can be treated more happily..., especially to us, Ms. Well, if we can be nicer to her, maybe she can be nice to us." (Participant 3)*  
*"Just pay more attention than yesterday... it's better ma'am... just like usual... just pay more attention to us." (Participant 12)*  
*"Responding to us sometimes... well, it's just a headache, right... well, never mind... that's all... because we are all inmates with limitations... right?" (Participant 19)*

**Being more responsive.** Eight participants revealed that the service would be good if the nurses were more responsive to the health conditions of the inmates.

*"Yes, it is much more responsive... if there are complaints, the response is faster..." (Participant 5)*  
*"What I want, well, just respond faster... I mean, the service is even faster... if someone is seriously ill, refer them immediately... if, for example, someone complains of a serious illness, they must be referred immediately." (Participant 6)*  
*"Those who are still in the block sometimes don't get treatment when they are sick... but they can go to the clinic every day." (Participant 18)*

**Better access to health services.** Ten participants conveyed the need for better access to health services, including expanding health services in clinics and procuring medical equipment to support the needs of inmates.

*"If possible, the place can be repaired... the facilities will also be more complete." (Participant 4)*  
*"Yes... make the treatment easy... just make it easy... we are sick like this." (Participant 10)*  
*"Yes, add more treatment... if someone is itchy, allow them to seek treatment... don't limit it to, for example, only 40 people a day... if residents come because they are sick, they must be attended to." (Participant 11)*  
*"Those who hurt... like a pinched nerve... the spine is sore... keep going... waist... kneel... calcification... we have to go to the physio. There is a physio here... so we don't just take oral medicine medication... taking medication will only reduce the pain." (Participant 20)*

## Discussion

This study aimed to explore the experience of inmates receiving nursing services in correctional facilities in Indonesia. There were five themes emerged as the findings.

The first theme suggests that the participants in the study perceived nursing services in correctional facilities as specialized services that inmates can access when they require urgent or intensive medical attention. This includes invasive procedures or medication administration that require close monitoring and reporting. Furthermore, nursing services primarily focus on physical health needs and do not extend to psychological or other forms of healthcare. Inmates seek nursing care only when their health condition is severe, causing significant pain and requiring medication. However, the participants did not think it was necessary to discuss personal issues or emotions with nurses, instead preferring to keep such matters to themselves or share them with peers.

The nurse-client relationship in the context of nursing services in correctional institutions is quite complicated because nurses also act as security officers. As a result, the relationship that develops is between inmates and security officers rather than a nurse-client relationship. This situation creates reluctance, fear of exposure by officers, and fear that the nurse's response may not be as expected (Dhaliwal & Hirst, 2016; Wong et al., 2018).

In situations where the nursing staff is absent or the number of inmates is high, inmate volunteers, known as "tamping," attend to the needs of their fellow inmates. The benefit of involving inmate volunteers is that they have close relationships with other inmates and live in detention rooms, making it easier to mobilize sick inmates to the clinic to receive nurse treatment. Inmate volunteers receive training to assist nurses in caring for ill inmates (Cloyes et al., 2016). The assistance provided includes monitoring and reporting sick inmates in detention rooms, mobilizing sick inmates to the clinic for initial treatment, helping distribute medicines to inmates as instructed by nurses, cleaning the clinic room and surroundings, assisting during the implementation of health education, measuring blood pressure, and helping fulfill personal hygiene of inmates who need to be treated at the clinic. However, nursing managers must ensure that the assistance provided by inmate volunteers complies with applicable regulations and specified limits. Inmate volunteers also need to receive training, guidance, and evaluation to

maintain the quality of health services for inmates. Nursing assistance is crucial in correctional facilities.

The second theme, "type of nursing service received," reveals that nursing services in correctional facilities primarily involve administering medication and providing health education. The participants preferred drug therapy since it faster-reduced pain and other symptoms of their ailments. Many inmates only visit the clinic to obtain medicine and disregard other self-care practices that could prevent disease. Providing health education about alternative pain reduction methods is essential to change inmates' mindsets about medication use. Nurses also carry out preventive and promotional efforts, such as instructing inmates to engage in physical activities and bathe in the morning sun.

Furthermore, personal hygiene is continually emphasized, and male inmates complain about scabies affecting nearly everyone. In contrast, female inmates more often experience non-communicable diseases like hypertension, reproductive system disorders, and digestive disorders. Population density and differences in clean and healthy lifestyles between men and women seem to play a role in these occurrences. Since inmates can be less cooperative and less attentive (Caro, 2021), preventive efforts are mandatory.

The provision of nursing services in correctional facilities is a critical aspect of primary prevention, which aims to promote health and enhance the knowledge and skills of inmates to perform self-care. Due to their low level of education and history of communicable and non-communicable diseases, educating inmates about recognizing disease symptoms and taking early preventive measures is crucial. In addition, the status of being an inmate can potentially lead to mental health problems influenced by self-acceptance, changes in role status, conflicts with other inmates and security officers, and the restricted correctional environment.

To obtain accurate data upon admission, nurses conduct initial health assessments, asking about medical history and performing necessary medical tests. This stage is essential as a safety document and to sort out convicts with a history of infectious diseases or other illnesses. However, the nursing process that begins with assessment is not complete until the implementation and evaluation of nursing. In correctional facilities with limited resources, nurses must handle emergency services and some special procedures using the tools available at the prison or jail. As primary healthcare workers, nurses must possess important competencies such as handling emergencies, caring for clients with infectious diseases, and treating wounds to meet the health needs of inmates (Almost et al., 2020; American Nurses Association (ANA), 2021; Kelly et al., 2020; Overton et al., 2019).

The theme of "nurse competence" highlights the importance of nurses being responsive, friendly, and caring when providing nursing services in the correctional context. The challenging nature of this environment requires nurses to deliver services with professionalism while also navigating ethical dilemmas and conflicts between security interests and the need for health services. To carry out their professional duties, correctional nurses must display ethical values and culturally sensitive practices (Choudhry et al., 2017; Dhaliwal & Hirst, 2016).

In emergencies, the responsiveness of nurses is highly appreciated by inmates. The isolated conditions of the

correctional facility and the time-consuming referral process can cause concern for inmates when experiencing health emergencies. Timely and effective responses from nurses provide a guarantee that inmates will receive the necessary care and will not be left alone or neglected. Furthermore, the friendliness of nurses creates a sense of comfort for inmates in obtaining health services, which are often limited due to constraints on space and time. Nurses' friendly, including smiling and using a soft tone of voice, is an effective means of communication that can positively influence the health behavior of clients (Thakur & Sharma, 2021). Additionally, nurses' concern for the latest developments in the client's health indicates their commitment to caring for the inmate's well-being, enhancing their dignity and value as individuals.

The fourth theme, "barriers to receiving nursing services," indicates that inmates face difficulties meeting with nurses due to long wait times and queues. Often, interactions with nurses are limited to receiving medication as there are many other inmates to attend to, especially in male prisons/jails. However, women in female prisons and jails tend to have no problems with service time. To reduce waiting times for services, there is a need for an adequate number of nursing staff with appropriate competence to meet the needs of the inmates. The lack of sufficient time availability also results in incomplete and unsustainable nursing services, focusing solely on administering medications instead of following the complete nursing process (Dhaliwal et al., 2021; Foster et al., 2013).

The final theme reflects the participants' expectations for better nursing services related to nurses' professional attitudes and improved access to health services.

### Implications of the Study

This study has several implications: 1) The study highlights the importance of having an adequate number of nursing staff to meet the healthcare needs of inmates in correctional facilities. This implies that healthcare policy should prioritize funding for staffing in correctional facilities to ensure adequate healthcare services are provided; 2) Nursing practice in correctional facilities should emphasize health promotion and disease prevention to enhance the knowledge and skills of inmates to perform self-care. This approach can potentially reduce the burden of communicable and non-communicable diseases in correctional facilities; 3) The study suggests that the waiting time for nursing services can be a significant barrier for inmates to receive healthcare services. Therefore, healthcare policy should prioritize reducing waiting times for services, ensuring that all inmates have equal access to healthcare services regardless of gender; 4) Correctional nurses face unique ethical dilemmas and conflicts between security interests and the need for health services. Therefore, it is essential to ensure that nursing practice is based on ethical values and culturally sensitive approaches to carry out their role as professional nurses in a challenging service context; and 5) Healthcare policy should prioritize strengthening nursing competencies through training and continuing education programs.

### Limitations

Despite the researchers' efforts to consider age and gender distribution, the study was limited by inclusion criteria that may have hindered some inmates from sharing their experiences.

Additionally, conducting interviews in prison or jail clinics could potentially influence the participants' willingness to express themselves openly, even without intervention. Therefore, conducting interviews in different regions in Indonesia is recommended to gain new insights and identify other factors that influence nursing services as perceived by inmates.

## Conclusion

This study sheds light on the experiences and perceptions of inmates regarding nursing services in correctional facilities. The findings suggest that nursing services are essential for promoting primary prevention and enhancing the knowledge and skills of inmates to perform self-care. However, inmates face barriers to receiving nursing services, such as long wait times and insufficient resources. The study also highlights the importance of nurses' competence, including their professionalism, responsiveness, friendliness, and cultural sensitivity in providing care to inmates. Therefore, this study recommends the need for improving nursing services in correctional facilities, addressing the barriers to care, and enhancing the competence of nurses through training and education. The study also underscores the importance of healthcare policy that prioritizes the health needs of inmates and provides adequate resources for nursing services in correctional facilities. Ultimately, improving nursing services can promote better health outcomes and contribute to the rehabilitation of inmates as they transition back to the community.

## Declaration of Conflicting Interest

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## Authors' Contributions

All authors contributed equally to all stages of the study, including conceptualization, methodology, validation, analysis, and interpretation of the data, drafting and revising the manuscript. In addition, all authors have read and agreed to the published version of the manuscript.

## Authors' Biographies

**Wilma, S.Kep,Ners., M.Kep** is a Doctoral Student at the Faculty of Nursing, Universitas Indonesia, and a Lecturer at the Faculty of Nursing and Midwifery, University of Megarezky, Makassar, Indonesia.

**Achir Yani S. Hamid, M.N, DNSc** is a Professor at the Department of Mental Health Nursing, Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia.

**Dr. Hanny Handiyani, S.Kp., M.Kep** is a Lecturer at the Faculty of Nursing, Universitas Indonesia, Indonesia.

**Dr. Ede Surya Darmawan, SKM, MDM** is a Lecturer at the Faculty of Public Health, Universitas Indonesia, Indonesia.

## Data Availability

The datasets interpreted and analyzed during the study process are not made public but available from the corresponding author upon reasonable request.

## Declaration of use of AI in Scientific Writing

Nothing to declare.

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