Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

STRUCTURE OF SOCIAL REPRESENTATIONS OF PEOPLE'S ACCESSION TO DIABETES TREATMENT

ESTRUTURA DAS REPRESENTAÇÕES SOCIAIS DA ADESÃO DAS PESSOAS COM DIABETES AO SEU TRATAMENTO

ESTRUCTURA DE LAS REPRESENTACIONES SOCIALES DE LA ADHESIÓN DE LAS PERSONAS CON DIABETES PARA SU TRATAMIENTO

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ABSTRACT

Objective: identifying social representations of membership of people with diabetes to their treatment. ***Method:*** a descriptive, qualitative study, performed in 2005. Among the 82 diabetics with appointments scheduled, 60 were randomly selected. It used the technique of free association of words to inducing term "adherence to diabetes treatment". Each participant recalled five words, in descending order of importance. Processed data in EVOC software, analyzed according to the Theory of Social Representations, according to the structural approach or theory of the core. ***Results:*** there were 300 evocations containing 26 different; the average order evocations were around 2,99 and the average frequency around 11,76. The core was characterized by: doing diet, take medication and accepting the risks; peripheral system: getting no stress and consciousness-of-illness. ***Conclusion:*** the structure of representations of people with diabetes is composed mainly of important personal attributes adherence to treatment, a performance focused on the diabetic person is required. ***Descriptors:*** Nursing; Diabetes Mellitus; Social Representation.

RESUMO

***Objetivo*:** identificar as representações sociais da adesão das pessoas com diabetes ao seu tratamento. ***Método*:** estudo descritivo, qualitativo, realizado em 2005. Dentre os 82 diabéticos agendados para consulta, 60 foram selecionados aleatoriamente. Utilizou-se a técnica de associação livre de palavras ao termo indutor "adesão ao tratamento do diabetes". Cada participante evocou cinco palavras, em ordem decrescente de importância. Processados os dados no software EVOC, analisados à luz da Teoria das Representações Sociais, segundo a abordagem estrutural ou teoria do núcleo central. ***Resultados*:** ocorreram 300 evocações, contendo 26 diferentes; a ordem média de evocações em torno de 2,99 e a frequência média em torno de 11,76. O núcleo central foi caracterizado por: fazer-dieta, tomar-medicação e aceitar-a-doença; sistema periférico: não-se-estressar e consciência-da-doença. ***Conclusão*:** a estrutura das representações das pessoas com diabetes está composta, principalmente, por atributos pessoais importantes a adesão ao tratamento, sendo necessária uma atuação centrada na pessoa diabética. ***Descritores*:** Enfermagem; Diabetes Mellitus; Representação Social.

RESUMEN

Objetivo: identificar las representaciones sociales de pertenencia de las personas con diabetes a su tratamiento. ***Método:*** un estudio cualitativo descriptivo, realizado en 2005. Entre los 82 diabéticos con citas programadas, 60 fueron seleccionados al azar. Se utilizó la técnica de asociación libre de palabras a la inducción de expresión "adherencia al tratamiento de la diabetes". Cada participante recordó cinco palabras, en orden decreciente de importancia. Los datos fueron procesados en el software EVOC, analizados según la Teoría de las Representaciones Sociales, de acuerdo con el enfoque estructural o teoría del núcleo. ***Resultados:*** hubo 300 evocaciones que contienen 26 diferentes; las evocaciones de orden promedio alrededor de 2,99 y la frecuencia promedio de alrededor 11,76. El núcleo se caracteriza por: hacer dieta, tomar medicamentos y aceptar los riesgos; sistema periférico no se estresar y toma de la conciencia-de-enfermedad. ***Conclusión:*** la estructura de las representaciones de las personas con diabetes se compone principalmente de atributos personales la importancia de la adherencia al tratamiento, se requiere un rendimiento centrado en la persona diabética. ***Descriptores:*** Enfermería; Diabetes Mellitus; La Representación Social.

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INTRODUCTION

Diabetes mellitus (DM) is a group of metabolic diseases characterized by hyperglycemia and complications associated with dysfunctions and failure of various organs, particularly the eyes, kidneys, nerves, brain, heart and blood vessels, resulting from defects in secretion and/or action of insulin involving pathogenic processes, for example, destruction of beta cells in the pancreas, resistance to insulin, impaired insulin secretion, among others.[1]

It is considered a non-communicable disease that occurs in endemic proportions around the world and one of the biggest health problems today, both in the number of people affected, disability and premature mortality, such as costs involved in the control, treatment and complications. In Brazil in the late 1980s, it was estimated that diabetes occurred in 8% of the population, among 30-69 years old people, living in metropolitan areas[1], of which 50% are unaware of the diagnosis.[2] Among those who have knowledge about the disease, about 20% do not do treatment.[3]

It is a disease that affects people of varied ages, regardless of color, gender or socioeconomic status, bringing human, social and economic devastating consequences, as are 4 million deaths per year for its complications, which represents 9% of total world mortality. In Brazil, diabetes together with high blood pressure are responsible for the first cause of mortality and hospitalizations, amputations of lower limbs and is still 62,1% of primary diagnoses in patients with chronic renal failure undergoing dialysis.[1]

Being considered an endemic disease, we note that people with diabetes can develop representations that give meaning to their life experiences with the world and sharing attitudes, beliefs, values and information between these subjects from different social classes and in various modes of communication.[4]

The purpose of the treatment of any chronic disease has a direct correlation with this control, it is imperative to adherence to treatment in order to preventing complications, comorbidities, and especially premature mortality.[5] The disease requires special care and asks for patient's disciplinary behavior, obedience in therapy and knowledge of everything involving the treatment.[6] This is based on education strategies and change of lifestyle, including smoking cessation, inclusion of physical activity, dietary habits reorganization, and, if necessary, the use of drugs.[2]

The great challenge of those who care for people with chronic disease is adherence to treatment, defined as the ongoing maintenance of the prescribed conduct. This process does not differ much between developed and underdeveloped countries, and seems to be related to factors such as patient's knowledge about the disease and purchase or not of free medications.[7] It consists in something much more complex than following protocols, because it includes subjective factors related to values, beliefs and ideas of each person, which makes it unique.[8]

In this context, adherence to treatment is considered as being permeated by the subjectivity of the subject and depends on the acceptance of the chronicity of the disease, treatment motivation and experiences of each one in its group of belonging from various forms of communication. Thus, it is observed that people with diabetes, independent of acquired knowledge in educational programs, have own representations about what is adhering to treatment, which are expressed in their behavior and need to be considered as happening in different fields, as the individual and social.

When emphasizing the importance of adherence to treatment of people with diabetes and contemplating the subjective aspects of chronic illness, it realizes the possibilities of contribution of the Social Representations Theory (SRT),[9] whose reference is the individual located in a socio-history, in which experiences and everyday practices allow them to appropriation and reconstruction of the meanings attributed to objects. Ie, denoting and connoting, in their organization and articulation, the lived experience of the concrete and interests that mobilize them.[10]

Accessing the social representations (SR) of these chronically ill can support an approach that actually can improve adherence to the treatment of these individuals. Representational elements can be deducted from the meanings contained in the discourse, ie, quantifiable indicators. These can be studied by the Central Nucleus Theory (TNC),[11] which will enable the description and detailing of structural and regulatory elements of the representations and explanations of its operation, showed to be compatible with the TRS.[9]

Central nucleus (CN) is the organizer, fundamental and inflexible element of social representation, and which has in itself the

determination of meaning - the structure of the social representation.[11-2] This core is composed of two subsystems: a central, rigid and resistant system to changes and a peripheral system. The CN provides three essential functions of representation, which determines the meaning, its internal organization and guarantees its stability.[13] Since the peripheral system allows the fusion of different information and social practices, is crucial for anchoring the reality.[13]

Studies employing the TRS in the areas of psychology, history, social sciences and health are important as they allow the establishment of the relationship between groups, acts and social ideas.[14] Within nursing, this theory is applied in a comprehensive order, whether among academics, as in an investigation performed in Paraíba, aiming to understanding the social representations of graduate nursing about blind people[15], as well as among nurses in order to characterizing the social representations of these health professionals in an intensive unit therapy[16].

The study of the concept of adherence to treatment of people with diabetes, through the structure of social representations, can determine how this group is positioned before the necessity of living with a chronic health condition and subsidizing a new look for the specific approach on these subjects. Given these chronically ill and their practical adherence difficulties seized the social representations may enable recognition between objectivity than is recommended with the subjectivity of each individual entered in this social group.

From the considerations outlined, it defined as objective of this study:

- Identifying the social representations of membership of people with diabetes to their treatment.

METHOD

Article drawn from the dissertation "Adherence to treatment: social representation of diabetic patients", presented to the Graduate Program of Nursing, School of Nursing, Federal University of Bahia/UFBA. Salvador (Bahia), Brazil, in 2005.

This is an exploratory-descriptive study with a qualitative approach, carried out between the months of March and April 2005. From the 82 people with diabetes scheduled for consultation with the multidisciplinary team of the Diabetes Program at the University Medical Service Rubens Brasil (PD/SMURB), organ linked to a public university located in the city of Salvador (BA), 60 were randomly selected. It was settled as eligibility criteria: be 18 years of age or older, having at least one year of enrollment in the diabetes program and consenting to participate. The limitation in quantitative subjects was due to absenteeism and consultations aimed at meeting the deadline for collecting the Masters' data. The research project was approved by the Research Ethics Committee of the Health Department of the State of Bahia (CAAE No. 45/2004).

It used as a theoretical and methodological orientation the theory of social representations,[9] whose reference is the individual situated in a socio-historical context in which experiences and daily practices will allow the appropriation and reconstruction of the meanings attributed to the objects. Also, using a complementary theoretical proposal, namely, the structural approach or theory of core.[11,12]

For the determination of CN and peripheral social representations, it was applied the Technic of Evocation or Free Word Association for data collection. This is a projective test of social psychology, which enables the location of blocked and repressed areas of a person, ie, the exclusion of the field of consciousness, certain ideas, feelings and desires that the individual does not want to admit verbally; but however, continue to be part of its psychic life.[18]

To this end, we asked to the respondents of the survey saying five words or phrases those came to mind after being stimulated by the inductive term "adherence to diabetes treatment". To this end, it should be raised five words those come to the mind of the participant instinctively, in descending order of importance. Soon after, they were asked to recalling what point they considered most important.[19] This enables to highlighting the salience and the hierarchical importance of the elements of the representation.[15]

The data were processed by the software Ensemble de Programmes Permettant L'Analyse dês Évocations (EVOC), version 2003. This program calculates the frequency of each simple word, the average orders of evocations, the average of the average evoked words orders and the lexicographical and quantitative data analysis, through the technique of frame of four houses. Through this program it can identify the central and peripheral elements of social representation according to the average frequency of occurrence of words.[18]

The elements that belong to the central system of social representation are those at

the highest frequency of occurrence and ready evocation and are situated in the upper left quadrant of the picture, they are most likely elements of CN accession of the person with diabetes to their treatment; those located in the lower right quadrant are more clearly peripheral or elements belonging to 2nd periphery.[12,19]

The elements of the upper right quadrant are considered of the 1st periphery, which can migrate to the CN, while the lower left elements of contrasting elements are not testable by the theory of the central core, but the great theory.[12]

RESULTS AND DISCUSSION

The data collected through the technique of free evocation and analyzed with the support frame four houses generated 300 words, being 294 equal and 26 different. There were excluded 06 words because they were referred to only once, based on methodological guidelines to give greater consistency and clarity to the representation.[19] It was obtained an average order evocations around 2,99 and the average frequency of words in about 11,76. With a four-frame analysis showing the house raised words or terms, and its average frequency and order of words raised obtained, as shown in Figure 1.

CENTRAL ELEMENTS			ELEMENTS OF THE 1ST PERIPHERY		
Frequency ≥ 11,76	/	Rang <2,99	Frequency ≥ 11,76	/	Rang≥ 2,99
Taking the medicine	49	2,694	Doing Dieting exercise	42	3,929
Fazer dieta	54	2,5	Avoiding complications	18	3,556
Caring	20	2,8	Following orientations	17	3,176
Accepting the illness	15	2,133			
ELEMENTS OF CONTRAST			**ELEMENTS OF THE 2ND PERIPHERY**		
Frequency < 11,76	/	Rang < 2,99	Frequency < 11,76	/	Rang ≥ 2,99
Following the treatment	9	2,111	Getting no stress	10	4,3
Controling the illness	4	1,25	Going to the doctor	9	3,89
Important to health	4	1	Illness awareness	8	3,5
			Does not accepting the illness	6	3
			Despair	4	3,5
			I think normal	4	3,75
			Obligation	4	3

Figure 1. Four Frame Houses to the term inductor "adherence to the treatment of diabetes", among people with diabetes of PD/SMURB, Salvador-BA, Brazil, 2005. Source: processed data in EVOC.

This figure shows the distribution of words as follows: in the upper quadrant the elements: dieting, drug-taking, caring and accepting the disease - are the central elements of the possible structure of the social representation of adherence to diabetes treatment, since they have greater salience in order evocations. This indicates those integrate the CN of this representation, because they were the elements most frequently recall and by demonstrating the structure of the social representation. For the study group, these elements are considered as the most important for adherence to diabetes treatment, therefore, are collectively shared and consensual.

The structure of representations of adherence to treatment of people with diabetes has as central element 'dieting'. This recall demonstrates the idea in assigning these individuals as the primary adherence behavior knowledge - is recommended by health professionals, is acquired by common sense - which is elaborated through reciprocal influences and implicit negotiations in the course of conversations, in which people are guided by images, symbolic models and specific shared values.[9]

The elements taking medicine and caring are acting as adjuncts in the treatment adherence of people with diabetes process, as well as the element make diet, are part of the change in lifestyle that is essential to the individual with a disease chronic, or are operating conditions in which the treatment takes place appropriately.

The element accepting the disease seems essential for people with diabetes contribute effectively in their treatment, since it is necessary attitude change, motivated by the awareness of their chronic health condition, occurring for changes in life habits.

The central elements are remarkable for presenting psychosocial dimensions as important for treatment adherence, as this is not a common approach among health professionals. These findings are consistent

with another study20 also found that emotional and cultural dimensions influencing adherence to treatment of chronic disease, leading to the realization that social representations are not coercive, nor portray the ideology of a specialized group (health professionals), before have certain autonomy and creativity emanating from their experiences, ideas, values and social relations.

The elements not getting stress, going to the doctor, awareness-of-illness, non-accept-the-disease, despair, think-normal obligation, less frequently recall are in the lower right quadrant and constitute the elements in the 2nd periphery, they show less frequency, and are evoked in the last places. They are characterized in factors that may also hinder adherence of people with diabetes to treatment, but in certain moments are triggered by being necessary to the support of the CN.

Thus, these elements can promote an interface between concrete reality experienced by the person with diabetes and the centrality of representation on adherence to treatment of this disease, creating more individualized representations, being more accessible and concrete components to the functions of CN.[11]

The elements of the 2nd periphery are related to non-stressing yourself, that somehow constitutes essential personal attribute for people with diabetes can adjust to changes in your life and take adaptation mechanisms different depending on the culture, its concept of disease, race, age and various other factors. These elements keep the generating and stabilizing functions that are characterized as supporting elements of the CN.[12,18]

The elements of the right upper quadrant may progress to NC or part of it,[12] translate attitudes and behaviors that characterize the RS of this group. Thus, the act of making exercise is related to make-diet and take medicine, they would have the same connotations to cuddle up to avoid complications, while those of the lower left quadrant are contrasting elements that fall between the core and peripheral system of representation, and are analyzable by the great theory.[12]

In searching for the contents of the representations of the accession of people with diabetes in their treatment, which is related to various meanings process is reconstructed based on the content hierarchy of evoked words, which were ordered according to their place in the structure of the representation. Later, they were categorized according to the various clusters of meanings that span.

Thus, clusters of meanings consisting of two core categories were identified and a peripheral. Thus, we considered the words contained in the upper left quadrant and other complementary categories to explain.

♦ Core categories

The core categories represent the core meanings of the elements of the upper left quadrant. The first, accepting the disease, consisting of the items below-guidelines-and avoid complications involves the need for change in the approach to people with diabetes, prioritizing the investigation of psychosocial factors that may influence the accession process. This demonstrates that people with diabetes share attitudes that are not part of everyday approach of health professionals, but are of importance when the aim is to change behavior.

Diabetes, because it is a stigmatizing disease, presents several difficulties psychosocial nature that may impair adherence to treatment. Thus, people who accept one chronic health condition can live with it better. Ie start presenting emotional balance, contributing to adaptation to the treatment and management of their personal, family and professional life, may become more receptive to information, listen carefully, and spend performing maintenance care and control of your health, accepting suggestions that can improve your life.[21]

The second core category, caring, composed of the elements dieting, taking medicine and doing exercises involves the need for change in lifestyle to live well with a chronic and crippling disease like diabetes, in order to avoid complications. It demonstrates that individuals share attitudes with respect to membership, integrating everyday approach of health professionals and common sense.

Therefore, the path in the search for treatments and care when people have diabetes makes available several possible choices, where the treatment and care given by health professionals are faced with treatment and care of the family and popular subsystems, may generate conflicts in decision making. The decision on whether or not care is complex because it is linked to a view of the world, involving several different components, closely related to other aspects of their lives..[21]

Among care to maintaining disease control, nutrition education is one of the

fundamental[22] points and major challenge, since the restrictions both in quality and in quantity, are considered to be quite difficult to follow, since it has implications for other aspects of your life such as losing the pleasure of eating things they like and attend social gatherings.[23]

♦ Peripheral category

The elements of the 2nd periphery point to a category: consciousness-of-illness reinforced by positive and negative aspects that influence adherence to treatment for diabetes. The elements of the peripheral system schemas are organized around the NC those enable the interface between concrete reality and the central system [11]

The positive aspects of peripheral category awareness-of-illness express the personal characteristics necessary for adherence to diabetes care in understanding common sense process, taking into account the chronic health condition and are related to non-stress, going to the doctor, obligation, I find it normal.

It is believed that several factors can trigger stress in people with diabetes, such as chronicity and consequences of illness, financial difficulties and fear of functional dependence, leading to anxiety, emotional imbalance with biological and social repercussions. The professional support and family is very important to reduce stress and promote better disease control.

The negative aspects of consciousness in-the-disease elements are represented by despair and not-accept-the-disease, they hinder adherence to treatment, therefore, need to be better understood and worked in groups therefore live with a condition chronic health is a daily challenge in anyone's life.

The elements non-accept-the-disease and despair are opposed to accepting disease element because, it is believed that the individual who does not accept diabetes has a distorted view of what caring is. In this case, you can consider the guidelines to adhere to treatment and not as something imposed as an important factor in your life, aiming to avoid complications resulting from this health condition.

Thus, it can be stated that, for people with diabetes investigated, treatment adherence is configured to accept-a-disease, from the awareness of their chronic health condition. In this sense, the key elements are met by the attitude of obligation without stressing, because I follow the standard-treatment. The lack of knowledge about the disease can cause the person with diabetes understands how deprivation the need for change of lifestyle, which can produce despair and non-acceptance-of-disease and hinder adherence to treatment and increase the complications of this chronic health condition.

CONCLUSION

This study showed that analysis of evocations of free words allowed the identification of the constituent elements of the structure of social representation of adherence to diabetes treatment, determined by the word accept-the-disease associated with the terms make diet, take medication and care-if these expressions are characterized as possible core elements of the social representation of people with diabetes, the Group investigated.

This finding leads to the affirmative of the social representation of adherence to the treatment of people with diabetes has as central element accepting-the-disease, which serves to guide Advisor for the group, as if it were the expected and desired condition by health professionals. However, this condition seems to be dependent of the beliefs, attitudes and behaviours of those individuals acquired through experiences experienced and social communication and interaction reports in particular context and not only, the orientations of health professionals.

In this sense, this structure indicates need for reflection on the content accepting-the-disease, which, significantly, is the interference of psychosocial factors hindering adhesion to the treatment of diabetes; also reveals the need to (re) guidance to health professionals who take care of people with diabetes, making for awakening and/or strengthen them the importance of a broader approach, implementing a more humanized and individualized care, from the needs, beliefs, values and concepts of subject and considering the importance of its adherence to treatment, because it is a disease that causes personal injurysocial and family of great magnitude.

As elements of the 2nd periphery, were evoked attitudinal information cognitive elements, expressed by the terms non-stress, going-to-doctor, consciousness-of-disease, non-accepted illness, despair, obligation and think normal. Their meanings indicate personal attributes that need to be preserved when positive and negative changes aiming at when modified attitudes indispensable to the process of adherence to the treatment of people with diabetes.

Stands out as a conclusion of this study, the need for a performance of nursing and multidisciplinary team centred on the person with a chronic health condition such as diabetes and in their concrete difficulties of treatment adherence, breaking with the attendance focused essentially on disease in the biomedical model, enabling, thus, aggregate knowledge, beliefs and values of the individual everyday practice of health services.

With this study, it is expected to contribute to the knowledge of health professionals who care for people with diabetes, especially the nurse, on the need for greater deepening of the elements highlighted as important for treatment adherence, to the elaboration of strategies of interventions that are most effective for improving your health condition and adjust your chronic health condition.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Diabetes Mellitus. Caderno de Atenção Básica nº 16. Série A. Normas e Manuais Técnicos. Brasília; Ministério da Saúde, 2006.

2. Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Manual de doenças mais importantes, por razões étnicas, na população brasileira afro-descendente. Brasília; Ministério da Saúde, 2001.

3. Oliveira JEP. Diabetes melito. In: Mion Junoir D, Nobre F. Risco cardiovascular global: da teoria á prática. São Paulo: Lemos Editorial; 2000. p.25-53.

4. Sales, ZN. Representações sociais do cuidado no diabetes mellitus [tese]. Fortaleza (CE): Universidade Federal do Ceará; 2003.

5. Rubin O, Azzolin K, Muller S. Adesão ao tratamento de Diabetes Mellitus do tipo 1 atendidos em um programa especializado em Porto Alegre. Medicina (Ribeirão Preto). [site de internet]. 2011 [cited 2012 Apr 20];44(4):267-76. Available from: http://www.fmrp.usp.br/revista/2011/vol44n4/AO_Ades%E3o%20ao%20tratamento%20de%20Diabetes%20Mellitus%20tipo%201.pdf

6. Ulbrich EM. Repercussões da intervenção educativa do enfermeiro no cuidado pessoal do doente crônico [dissertation]. Curitiba (PR): Universidade Federal do Paraná; 2010.

7. Pierin AMG, Mion Junior D, Fernando N. Fatores de risco cardiovascular e adesão ao tratamento. In: Mion Junior D, Fernando N. Risco cardiovascular global: da teoria à prática. São Paulo: Lemos Editorial; 2000. p.139-51.

8. Rodrigues MTM. Caminhos e descaminhos da adesão ao tratamento anti-hipertensivo: um estudo com usuários do PACHA do Universitário Onofre Lopes [dissertation]. Natal (RN): Universidade Federal do Rio Grande do Norte; 2003.

9. Moscovici S. A representação social da psicanálise. Tradução de Álvaro Cabral. Rio de Janeiro: Zahar Editores; 1978.

10. Bursztyn I, Tura LFR. Avaliação em saúde e a teoria das representações sociais: notas para análises de possíveis interfaces. In: Moreira ASP, organizadora. Representações sociais: teoria e prática. João Pessoa (PB): Editora da Universidade Federal da Paraíba; 2001: p.89-102.

11. Abric JC. A abordagem estrutural das representações sociais. In: Moreira ASP, Oliveira DC, organizadoras. Estudos interdisciplinares de representação social. Goiânia (GO): AB Editora; 2000. p.27-38.

12. Sá CP. Núcleo central das representações sociais. Petrópolis (RJ): Editora Vozes; 1996.

13. Abric JC. A abordagem estrutural das representações sociais: desenvolvimentos recentes. In: Campos PHF, Loureiro MCS, organizadores. Representações sociais e práticas educativas. Goiânia (GO): Editora da UCG; 2003: 37-58.

14. Moscovici S. Representações sociais: investigação em psicologia social. 7a ed. Petrópolis, RJ: Vozes; 2010.

15. Costa SS da, França ISX de, Coura AS, Sousa FS, Ferreira MD, Enders BC. Representação social de estudantes em enfermagem sobre pessoas cegas. J Nurs UFPE on line [internet]. 2012 July [cited 2012 July 20];6(7):1589-98. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2920/pdf_1292

16. Silva IAS, Cruz EA. The work of the intensive care nurse: a study on the social representations structure. Rev esc enferm *USP* [Internet]. 2008; [cited 2012 Apr 20];42(3):554-62. Available from: http://www.scielo.br/pdf/reeusp/v42n3/en_v42n3a19.pdf

17. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 196, de 10 de outubro de 1996: diretrizes e normas reguladoras de pesquisas envolvendo seres humanos. Brasília: Ministério da Saúde; 1996.

18. Oliveira DC, Marques SC, Gomes AMT, Teixeira MCTV. Análise das evocações livres: uma técnica de análise estrutural das representações sociais. In: Moreira ASP, organizadora. Perspectivas teórico-metodológicas em representações sociais e

práticas educativas. João Pessoa (PB): Editora UFPB; 2005. p.573-603.

19. Vergès P. Ensemble de programmes permettant l'analyse des évocations : mannuel d'utilylsateur. Aix em Provence (Fr): Lames; 2000.

20. Souza AS, Menezes MR de. Estrutura da representação social do cuidado familiar com idosos hipertensos. Rev bras geriatr gerontol [Internet]. 2009 [cited 2013 Dec 20];12(1):87-102. Availabre from: http:// www.crde-unati.uerj.br/img_tse/v12n1/pdf/art_7.pdf

21. Sandoval RCB. Grupo de convivência de pessoas com diabetes mellitus e familiares: percepção acerca das complicações crônicas e consequências sociais crônicas [dissertation]. Florianópolis (SC): Universidade Federal de Santa Catarina; 2003.

22. Silva DMGV, Souza SS, Francioni FF, Francioni FF, Coelho MS, Sandoval RCB et al. Pessoas com Diabetes Mellitus: suas escolhas de cuidados e tratamentos. Rev bras enferm [Internet] 2006 Maio-Jun [cited 2013 Dec 30];59(3):297-302. Available from: http://www.scielo.br/pdf/reben/v59n3/a09v59n3.pdf

23. Sociedade Brasileira de Diabetes (SBD). Diagnóstico e classificação do diabetes melito e tratamento do diabetes melito do tipo 2. Consenso Brasileiro de Diabetes. Rio de Janeiro: Diagraphic; 2003.

Submission: 2014/02/14
Accepted: 2014/08/25
Publishing: 2014/10/01

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