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SOCIAL REPRESENTATION OF NURSING STUDENTS ABOUT BLIND PEOPLE

REPRESENTAÇÃO SOCIAL DE ESTUDANTES EM ENFERMAGEM SOBRE PESSOAS CEGAS

REPRESENTACIÓN SOCIAL DE LOS ESTUDIANTES DE ENFERMERÍA CON RESPECTO A LAS PERSONAS CIEGAS

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ABSTRACT

Objetive: to understand the social representation of nursing baccalaureate students regarding blind people. Method: descriptive, qualitative study conducted in 2011. Among the 400 nursing students of the Paraiba State University, 102 were randomly selected. Eligible criteria were: be 18 years of age or older; have completed 50% of the course, minimum; have no deficiency; have experienced the curricular traineeships; and have signed written consent. Data collection was conducted by a questionnaire that contained socio-demographic variables and questions for free evocation to the prompt term "blind people". In response, the participant would evoke five words in decreasing order of importance. Data were processed with the EVOC software and the structural approach or the central nucleus was analyzed according to social representation theory. The study was approved by the Research Human Rights Committee of the Paraíba State University (CAAE nº 0215.0.133.000-11). *Results*: of the 510 words evoked, 112 were different terms; the elicitation order mean was 3, maximum frequency was 28 and 7 minimum. The central nucleus was composed of the words accessibility, deficiency, difficulty, and limitation; and the peripheral nucleus of the words capacity, partner, comprehension, education, darkness, exclusion, strengths, independent, intelligent, perseverance, respect, socialization, solidarity, and solitude. *Conclusion*: the structural representation that students have about blind people is composed principally of negative elements that are associated with that held by society in general. *Descriptors*: nursing; visually impaired persons; students, nursing.

RESUMO

***Objetivo*:** compreender as representações sociais dos alunos de graduação em Enfermagem sobre as pessoas cegas. ***Método*:** estudo descritivo, qualitativo, realizado em 2011. Dentre os 400 estudantes de Enfermagem da Universidade Estadual da Paraíba, 102 foram selecionados aleatoriamente. Foram critérios de elegibilidade: ter 18 anos de idade ou mais, pelo menos 50% do curso concluído, não apresentar deficiências, ter participado de estágios curriculares e consentir em participar. Utilizou-se um formulário com variáveis sociodemográficas e um questionário de evocação livre com o termo indutor "Pessoas cegas". Para este termo, cada participante evocou cinco palavras, em ordem decrescente de importância. Os dados foram processados no software EVOC e analisados à luz da teoria das Representações Sociais, segundo a abordagem estrutural ou teoria do núcleo central. O projeto de pesquisa foi aprovado pelo Comitê de Ética da Universidade Estadual da Paraíba (CAAE nº 0215.0.133.000-11). ***Resultados*:** ocorreram 510 evocações, contendo 112 palavras diferentes; A média das ordens de evocação foi igual a três, a frequência máxima 28, e a mínima sete. O núcleo central foi constituído por: acessibilidade, deficiência, dependência, dificuldade e limitação; e o núcleo periférico: capacidade, companheiro, compreensão, educação, escuridão, exclusão, fortes, independente, inteligentes, perseverança, respeito, socialização, solidariedade e solidão. ***Conclusão*:** a estrutura das representações dos estudantes acerca das pessoas cegas está composta, principalmente, por elementos negativos, estando associada à representação tida pela sociedade em geral. ***Descritores*:** enfermagem; pessoas com deficiência visual; estudantes de enfermagem.

RESUMEN

***Objetivo*:** comprender las representaciones sociales de los alumnos de pregrado en enfermería a cerca de las personas ciegas. ***Método*:** estudio descriptivo, cualitativo, llevado a cabo en 2011. Entre los 400 estudiantes de enfermería de la Universidad Estadual de Paraiba, 102 fueron escogidos de acuerdo com criterios: tener 18 años de edad o mayor, haber terminado pelo menos 50% del curso, no tener deficiencias, haber hecho etapas prácticas curriculares e consentir en participar. Los datos fueron obtenidos por medio de un cuestionario de las variables sociales y demográficas, y un cuestionario de evocación libre para la palabra guía "personas ciegas". Para esta palabra, cada alumno evocaba cinco palabras en orden descendente de su importancia. La análisis se efectuó con el software EVOC y la teoría de Representaciones Sociales, en abordaje estructural o núcleos central. La Comisión de Ética de la Universidad Estadual de Paraiba aprobó el proyecto (CAAE nº0215.0.133.000-11). ***Resultados*:** hubo 510 palabras evocadas, con 112 diferentes; la media de ordenes de evocación fue 3, la mayor frecuencia 28 y la mínima 7. El núcleo central fue compuesto por las palabras: accesibilidad, deficiencia, dependencia, dificultad y limitación; y el núcleo periférico: capacidad, compañero, comprensión, educación, oscuridad, exclusión, fuertes, independiente, inteligentes, perseverancia, respeto, socialización, solidaridad y soledad. ***Conclusión*:** la estructura de las representaciones de estudantes a cerca de las personas ciegas está compuesta, principalmente, por elementos negativos y está asociada a representación de la sociedad en general. ***Descriptores*:** enfermería; personas con daño visual; estudiantes de enfermería.

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INTRODUCTION

Visual impairment is defined as the partial or total loss of ability to see, or by any organ or deficit in the visual system. Therefore, people with low vision or are considered insufficient subjects with visual impairment, however, are considered blind individuals with total loss of vision or light perception, in a bilateral way.[1]

The overall population of people with disabilities in Brazil is about 45 million people. Of these, more than 35 million people have some visual impairment, and 29,206,180 have some trouble seeing, and great difficulty 6,056,684 528,624 cannot in any way. In the Census conducted in 2010, severe visual impairment was the most mentioned by respondents (3.5%), indicating that this problem presents itself as a serious health public problem.[2]

This large population of blind people is embedded in society that, despite the diffusion of new ideas and concepts renovators, still supports the perception of a hegemonic model proposed by the doctor-patient, which emphasizes the pathological diagnosis and classification, from it, a disabled individual and dependent.[3]

These people are embedded in the social environment, susceptible to various biases and behavioral and physical obstacles that are grown over time. [4] Therefore, the specific support of health services becomes essential for people with visual impairments to gain better life and interaction in society.[5]

In this context, nursing should understand the customer in its biopsychosocial context, may be responsible for assisting in the process of promoting and protecting the health of that population. It is necessary that nurses develop the ability to understand the peculiarities inherent in the public, particularly through the application of theories and models for nursing care. This application will be given through nursing consultation directed to the customer with a visual impairment, collecting information with a focus on the problems of the same routine diagnostics and tracing of specific Nursing.[6]

The sensitivity to perceive the individual with visual impairment as a human being who possesses different attributes, exempting from the distorted picture to see his face just morbid, should be encouraged from academic. The cultural construction largely rooted in the social concepts, the fact that the disability is organic way to regulate the individuals considered normal amounts to a refusal of society to understand the differences and diversity in humans.[3]

From this perspective, despite the inclusion of other theories of approach, as the social model that emerged in the 1960s, the United Kingdom, and proclaim that the social tragedy is not disabled, but political and social problem, people with disabilities suffer from social prejudice, as well as some health professionals who participate in the process of care.[3]

The concepts and / or prejudices formed and reaffirmed over time in social experiences underlie social representations - RS. This concept is defined as "[...] a particular kind of knowledge which is to the development of behavior and communication between individuals".[7] The RS are able to generate and guide social practices through the sharing of values constructed from the collective beliefs, popular knowledge, common sense, the conflict between individual and collective, among others.[7]

In this context, the Social Representations Theory (SRT) has a particular way of observing a phenomenon, encouraging critical thinking on the subjects and their social integration. Provides conditions for people to identify imbalances, enabling them to seek satisfaction in keeping with their problems and simbolical elaborations.[7,8]

Based on the Theory of Central Nucleus (TNC), it is understood that the RS is organized around a central core and periphery. According to this theory the core is stable and is related to the collective memory of what gives meaning to representation.[8]

The SRs are formed, nurtured and spread by interpersonal communication, as part of interactive process of exchange, which are both produced and purchased. It is understood that the TRS is relevant to studies in psychology, history, social science and health as they allow the establishment of the relationship between the groups, the acts and social ideas.[7:30]

The TRS is applied in studies in nursing, including academics in a research carried out at Christmas, aiming to understand the social representations and disciplinary practices in mental health therapeutic role of the academic nursing care to the adult in the Context of Clinical Amplified.[9] Join also works with people who have some type of special need or their respective relatives. [10-1]

Thus, the relevance of the study is based on the importance of achieving an understanding of the academic health care, especially those in the nursing course, the social representations built on blind people so that, from the results, modifications can be applied needed in academic nursing education, believing that such modifications will improve the future of professional practice, both in teaching and in practice care and to support reflections and questions relevant to encourage more comprehensive and holistic care to this clientele. The investigation is still justified, because the thematic research priority is placed on the National Agenda of Research Priorities in Health.[12]

Higher education in nursing should allow the approach of human diversity, preparing students for working so incisive and accessible to all constituencies, especially customers "marginalized" by society and health systems. Therefore, assuming that the nursing students are being trained, too, for the care of blind people, as determined by the National Health Policy People with Disabilities,[13-4] aimed to understand the social representations of students degree in Nursing about blind people.

METHOD

Descriptive study with qualitative approach, carried out in 2011. Of the 400 nursing students at the State University of Paraiba (UEPB), Campus I, in Campina Grande-PB, Brazil, 102 were randomly selected. Were established eligibility criteria: be 18 years of age or older, at least 50% of the completed course, does not have disabilities, have participated in internships and consent to participate.

Data collection was conducted between June-August 2011 and was used for such a sociodemographic questionnaire with personal data and describing the socioeconomic status of respondents. We also used a free recall questionnaire with the inductive term "Blind people". To this end, should be raised five words that come instinctively to the mind of the participant, in descending order of importance.

The free association of words to restrict the difficulties and limits of discursive expressions commonly used in the research of representations, despite being also based on verbal production and enable the seizure of mental projections of relaxed and spontaneous, even revealing the contents implicit or latent in production may be masked discursive.[15]

The data were processed using the software Ensemble L'Analyse des Programmes Permettant evocations (EVOC), 2003 version, which is a program that organizes the words mentioned in order of frequency and average recall, building a framework of four houses by means of which determines the core, intermediate elements and the peripheral representation.[16]

Through the EVOC can identify the core elements of social representation and peripherals according to the average frequency of occurrence of words. The words that form the core of the terms studied are probably those that had the highest frequencies, standing in the upper left quadrant of the framework of four houses. The words located in the upper right quadrant and lower left elements are considered intermediate, while those located in the lower right quadrant are the most peripherical.[17]

For the material analysis, we considered the TRS, according to the structural approach or theory of the core, and presented two categories: Category peripheral central.[7:27]

As determined by Resolution 196/96 National Health Research Project was approved by the Ethics Committee of the UEPB under the CAAE 0215.0.133.000-11. All participants signed a consent form and had secured the rights to privacy, anonymity, confidentiality and the option to decline participation at no cost.

RESULTS

• Sociodemographic profile

The study included 90 women and 12 men, according to Table 1, verifying that the sex ratio among individuals is 7.5 women for every man. With regard to age, we identified an average of 23.7 years (± 2.66; = 19 xmin, xmax = 33), with a median of 23. Most participants reported having no religious belief (87.3%) being single (86.3%) and living with an income of up to four minimum wages (51%).

Table 1. Sociodemographic profile of nursing students of UEPB, Campina Grande-PB, Brazil, 2011.

Variable	n	%
Sex		
Male	12	11,8
Female	90	88,2
Age		
19 – 23 years old	68	66,7
24 – 28 years old	29	28,4
29 – 33 years old	05	4,9
Religion		
Catholic	55	54
Evangelic	23	22,5
Without belief	13	12,7
Kardecist	07	6,9
Others	04	3,9
Marital status		
Single	88	86,3
Married	14	13,7
Per capita income		
From 1 to 2 minimum salary	18	17,7
From 3 to 4 minimum salaries	34	33,3
More than 4 minimum salaries	47	46,1
Non informed	03	2,9

Source: Research Data.

A total of 510 evocations, containing 112 different words, the value of seven being the cutoff for the minimum frequency of words to be included in the study. The average of the orders recall means is equal to three while the maximum frequency has reached the value of 28 and minimum of seven. With the analysis gave a picture showing the homes of four words or phrases mentioned, as well as their frequency, average order of importance and attitude (referring to positive or negative in relation to people with visual impairment), as shown in Figure 1.

OMI	<3,00				≥3,00			
FM	T. evocated	F	OMI	A	T. evocated	F	OMI	A
≥ 14	Accessibility	25	2,72	+	Help	15	3,00	+
	Deficiency	22	2,50	-	Prejudice	20	3,35	-
	Dependence	17	2,82	-				
	Dificulty	28	2,39	-				
	Limitation	19	2,57	-				
< 14	Adaptation	12	2,33	+	Capacity	09	3,22	+
	Attention	13	2,46	+	Partner	07	3,28	+
	Carence	07	2,71	-	Comprehention	07	3,00	+
	Care	12	2,75	+	Education	08	3,12	+
	Specials	10	2,70	+	Darkness	10	3,80	-
	Guide	10	2,30	+	Exclusion	09	3,44	-
	Inclusion	13	2,30	+	Strongness	07	3,00	+
	Fear	08	2,37	-	Independed	08	3,25	+
	Superation	11	2,90	+	Inteligents	07	3,42	+
					Perseverance	07	4,57	+
					Respect	08	4,12	+
					Socialization	09	3,00	+
					Solidarity	07	3,42	+
					Loneliness	10	3,50	-

Figure 1. Picture of Four Houses to the inductive term "blind" among nursing students of UEPB, Campina Grande-PB, Brazil, 2011. Source: Data processed in EVOC. IMO = Average Order of Importance; FM = Frequency Average, F = frequency, A = Attitude.

This figure shows the distribution of words as follows: left upper quadrant, accessibility, disability, dependency, difficulties and limitations, which are the possible elements that form the core of representation. In the lower right quadrant, representing the likely representation of the peripheral elements are the words capacity, partner, understanding, education, darkness, exclusion, strong, independent, intelligent, perseverance, respect, socialization, solidarity and solitude. Among the intermediate elements, those approaching both the central core elements, such as the peripheral elements, there are the words help, prejudice, adaptation, attention, grace, care, special guide, inclusion, and fear and overcoming .

It is observed that for most of the words / terms mentioned (66.6%) were assigned a sense or positive attitude. However, the word evoked more (difficulty), assumes significance in relation to the negative perception of blind people by nursing students participating in the study. Thus, the elements that can form the core of social representations have the same unfavorable attitudes, embodied in the words disability, dependency, difficulty and limitation.

Tabela 2. Ordem média de palavras sobre a representação social das pessoas cegas,

segundo acadêmicos de enfermagem da UEPB, Campina Grande-PB, Brasil, 2011.

As Table 2, forming the core of the social representation of nursing students about the UEPB about the blind ones consists of five words, four of which (Deficiency, Dependency, Difficulty and Limitation) have a significant negative, demonstrating that it is associated with blind people an idea of constraint and failure.

The more commonly evoked, difficulty (F = 28), also indicates negative representation, and this same word that had a higher frequency of citation on the first and second order with F = F = 10 and 8, respectively.

Table 2. Average order of words on the social representation of blind people, according to nursing students of UEPB, Campina Grande-PB, Brazil, 2011.

Structural aspect	Elements	Frequence of the order of evocation					Frequence of evocation
		1ª	2ª	3ª	4ª	5ª	
Central nucleus	Accessibility	07	05	04	06	03	25
	Deficiency	08	03	05	04	02	22
	Dependence	05	01	06	02	03	17
	Dificulty	10	08	03	03	04	28
	Limitation	06	05	02	03	03	19
Peripherical system	Capacity	01	01	03	03	01	09
	Partner	01	01	02	01	02	07
	Comprehention	03	—	—	02	02	07
	Education	01	02	02	01	02	08
	Darkness	—	02	01	04	03	10
	Exclution	01	01	03	01	03	09
	Strongness	—	02	03	02	—	07
	Independed	01	01	03	01	02	08
	Inteligents	01	—	03	01	02	07
	Perseverance	—	—	01	01	05	07
	Respect	—	01	01	02	04	08
	Socialization	02	02	—	04	01	09
	Solidarity	01	01	01	02	02	07
	Solitude	01	—	03	05	01	10

Fonte: Processed data at EVOC.

DISCUSSION

With respect to sociodemographic factors, it was found that the data from this study corroborate a study conducted in Belo Horizonte-MG, 4480 nursing students, which indicated a predominance of young, female, unmarried and with revenue of approximately three times the minimum wage .18 such features can interfere with RS on these subjects are blind, since the representation being sourced in everyday life and in personal and interpersonal course, being as real knowledge, socially elaborated and shared, is influenced by social and cultural aspects.[8]

Regarding the meaning of the representation of blind people, indicates that this is related to a series of concepts and interpretations, as evidenced by the content of the words mentioned, which are categorized according to their relationship with several meanings. Thus, the nuclei were identified composed of a central and a peripheral category. Considering that the Conservancy is not a revision of TRS, it was used to contribute to the comprehension of social representations of structural form, particularly in the nucleus of the training provided by Moscovici, while constitutive dimension of social representations, together with the information and attitude.[19]

• Central category

The RS has determined its organization and meaning around the central core, [8] which is a set of elements that would cause significant change in the representation, if it was deleted. [9]

The central category "social adequacy associated with disabilities," involves the need for changes in external environment / social for the blind person can adapt to this environment. The idea of the need for adaptation is expressed in the word "accessibility", which refers to changes, both physical and behavioral, social environment in which the blind person is located. Accessibility can be understood as the condition of reach for the use of urban spaces and equipment, safely and autonomic. A study conducted in Campina Grande, PB, showed that people with disabilities suffer symbolic violence to access basic health care.[4]

The concept of accessibility comes with conceptions of disability and impotence in explicit terms which make up the core of the representation (disability, dependency, difficulty and limitation).

This category highlights the meaning and nature of nursing students' perceptions about blind people being directly connected to the

social conception of blindness where there are influences that result in marginalization and social exclusion, and inequality of opportunity, the fruits of society that has difficulty to accept differences, to a lesser extent for three physical impairments, imposing the appropriate individuals divergentes.[21]

We must consider the elements that form social representation that are present in society, outside the academic environment, as an important promoter of this type of representation that academics have. The negative association of gift ideas and restriction may be a reflection of social values, considering the concepts of normal and pathological accepted in society.[3] These concepts are constantly created and processed by each company and each person individually, highlighting the experience of each with the object in question,[7:27] in this particular case, the blind people.

The influence of society and its way of organizing the social representations has also been found in a study carried out in Londrina-PR, trying to understand the social representation of the use of a wheelchair. It was found that the condition of disability shows perfect and imperfect, people with disabilities being stigmatized because of prejudice and historical built culturally.[10]

All reality is represented or reappropriated by the individual or group, rebuilt in its cognition and then integrated to their values and influenced the socio-historical context and the ideological which surrounds him. So with the word disability is related to idea of disability, which may be associated with blind people, indicating that these are still classified as actors flawed, lacking the necessary attributes considered normal life in society. This concept refers to the current model of society in which people are inserted.[17]

In this context, the world is configured as "visual" because, generally, information is treated as purely visual, even when they are not. The vision is considered the guide of all daily actions such as typing phone numbers, walking the streets and dressing. However, the absence of vision should not be regarded as necessarily disabling for the implementation of these and other works.[22]

The words addiction, difficulties and limitations have close ties, and even direct you to a sense of failure and obstacle for blind people. This feature built by the social representation of nursing students, again, is a reflection of the representation formed and nurtured in society, which affects the academic environment, because it is not unconnected with the social ambient.[23]

The social representation of blind people is related to the egalitarian ideal propagated today, which treats blindness as a disability emptied of values, as something that presents itself before the modern individual only in their physical character, although there is the persistence of speeches that convey a hierarchy between blind and sighted. This situation refers to the concept of restriction and linkage of blind people, usually dependent on a person considered as normal and therefore able to assist them in carrying out activities or even carries out by them. [23] Dependence is reinforced by the fact of blindness hinder mobility and, consequently, decrease the functional capacity to perform activities of quotidian life.[24-5]

In health care for people with disabilities generally, there are times when professionals and caregivers decide by users on the grounds that the patient does not meet the conditions to exercise their full autonomy, it has difficulty in understanding how certain action can be its positive health.[26]

However, nursing should work towards promoting self-care, so that blind people feel able to care for themselves and develop the activities of daily living independently. To this end, a study showed that the Model of Nursing Based on Activities of Daily Living is configured as a valid tool for monitoring of blind people. Based on this model develops nurses seeking their assistance to promote self-care to maintain a safe environment, body temperature, breathing, eating, personal hygiene, sleep, recreation, control of the disposal, labor mobility, expression of sexuality, communication, clothing and death.[6]

• Peripheral category

The peripheral elements of a representation are responsible for contextualization and update the same and are also considered a kind of "bumper" between reality and a stable core. In this sense, are connected directly to the core, however, are more susceptible to social variations.[8]

The peripheral category "potential associated with the social element" is constituted of evocations related to the ability to overcome the blind as part of the context of life in society, overcoming the barriers imposed by vision loss. This category

reflects the credibility given to the blind, making reference to the role of society in the contribution of this process of integration.

Words capacity, strong, independent, and intelligent and perseverance demonstrated the presence of a perspective of positive potential that blind people have, they have the power to overcome the limits. This is essential for overcoming the relocation of the blind person within society, by its inclusion in the labor market and consumption, as part of a larger rescue: the citizenship. Blind people are replaced, in addition to their special needs, desires, wants, needs of consumers, which, when confined at home, did not exist.[27]

The reference to the social environment and the relationship of blind people in society is evident in the words partner, understanding, education, exclusion, respect and solidarity. This set of words shows that there is the idea of society need to collaborate to build a significant social role of the blind person, and the existence and functioning of the social role of a basic prerequisite for having a social life. The cooperation of society proves important because blind individuals lack access to basic information for social interaction, as the price of goods, phone number and menus.[28]

A study conducted in Sao Paulo, Brazil, concluded that regarding the inclusion of the blind, the company is not yet fully conscious of its responsibilities to the promotion and inclusion of the same. Other research indicates that negative representations of blindness remains because the symbols and stereotypes of blind people historically were built and there are few individuals in society who seek to change this presentment.[1]

With regard to the words darkness and loneliness, is the affective component / emotional representation, which is rooted in the idea of marginalization and isolation of blind people with the outside by a lack of vision.

In this context it is pertinent to note that the idea of inclusion is elementary for the modification of negative emotional pattern shown on the representation of blind people, because from it, the blind person can reintegrate into society, regaining its role social and living in community. However, there is the challenge of making society, including nurses, (mainly because they engage in the processes of health care, regardless of social values attributed to the subject / object of their care), understand that the inclusion refers not only to enter the labor market, for blind people also need health care, leisure, arts, culture, sports and tourism.[14]

To overcome this challenge, we recognize the importance of inclusion in nursing courses in a specific discipline to the problems of people with disabilities. A study carried out in Fortaleza, Brazil, which sought to describe the perception of nursing students before and after administering the elective course "People with physical disabilities and sensory: approach and trends in nursing," found that students rated the component as required and that the knowledge acquired in training contributed to train future nurses to care for people with deficiency.[30]

CONCLUSION

The results reflect a shared knowledge, designed from the perspective of social representation of nursing students on blind people showing the structure composed of negative and positive elements. However, the core elements of the character shown predominantly negative perception of blind people.

The structure of representation that students have about these individuals reflects, in part, the possible effect of common sense and knowledge, in part, the sociocultural context in which participants are included, because the separation between the concepts of normal and morbid are constantly present in the mentioned terms. Thus, the social representation is common sense, supported in the past and grounded in categories of pre-existing conceptions, which shapes the representations that students make about the blind person.

Despite the limitation of the study to reflect a local reality, it is understood that the information generated, even still being ignorant, contribute to the debate on education in nursing, suggesting that the theme of visual impairment will be addressed in the specific component in the curriculum. From this perspective, the main practical implication that this research can support is the (re) formulation of the process of academic nursing education regarding people with disabilities.

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