Structure of social representations of health professionals on neglected diseases

RESUMO | Objetivo: Analisar a estrutura das representações sociais dos profissionais de saúde sobre as doenças negligenciadas. Método: Estudo qualitativo sustentado pela Teoria das Representações Sociais em sua abordagem estrutural, desenvolvido em unidades de atenção primária e secundária de um município do interior da Bahia. Na primeira fase da coleta aplicou-se a técnica de evocações livres e analise pela técnica do quadrante de quatro casas, já na segunda, utilizaram-se os testes de constituição de pares pareados e os esquemas cognitivos de base. Resultados: evidenciou-se uma estrutura representacional sobre as doenças negligenciadas constituída por três dimensões: individual; social e imagética, gerenciadas por um núcleo central formado pelos termos descaso e ignorância. Conclusão: A estrutura representacional implicou na construção de práticas colaborativas dos profissionais de saúde, gestores e indivíduos no controle e nas estratégias de enfrentamento as doenças negligenciadas.
Descritores: Doenças Negligenciadas; Pessoal de Saúde; Pobreza; Gestor de Saúde; Sociedade Civil.

ABSTRACT | Objective: To analyze the structure of health professionals' social representations of neglected diseases. Method: Qualitative study supported by the Theory of Social Representations in its structural approach, developed in primary and secondary care units in a municipality in the interior of Bahia. In the first phase of the collection, the technique of free evocations was applied and analysis by the technique of the quadrant of four houses, in the second, the tests of constitution of paired pairs and the basic cognitive schemes were used. Results: a representational structure on neglected diseases was evidenced, consisting of three dimensions: individual; social and imagery, managed by a central nucleus formed by the terms negligence and ignorance. Conclusion: The representational structure implied the construction of collaborative practices by health professionals, managers and individuals in the control and coping strategies of neglected diseases.
Keywords: : Neglected Diseases; Health Personnel; Poverty; Health Manager; Civil society.

RESUMEN | Objetivo: Analizar la estructura de las representaciones sociales de los profesionales de la salud sobre las enfermedades desatendidas. Método: Estudio cualitativo sustentado en la Teoría de las Representaciones Sociales en su enfoque estructural, desarrollado en unidades de atención primaria y secundaria de un municipio del interior de Bahia. En la primera fase de la recolección se aplicó la técnica de evocaciones libres y análisis por la técnica del cuadrante de cuatro casas, en la segunda se utilizaron las pruebas de constitución de pares apareados y los esquemas cognitivos básicos. Resultados: se evidenció una estructura representacional sobre las enfermedades desatendidas, compuesta por tres dimensiones: individual; social e imaginario, gestionado por un núcleo central formado por los términos negligencia e ignorancia. Conclusión: La estructura representacional implicó la construcción de prácticas colaborativas por parte de profesionales de la salud, gestores e individuos en las estrategias de control y enfrentamiento de las enfermedades desatendidas.
Palabras claves: Enfermedades Desatendidas; Personal sanitario; Pobreza; Gerente de Salud; Sociedad civil.

Charles Souza Santos
PhD in Nursing. Adjunct Professor at the State University of Southwest Bahia.
ORCID: 0000-0001-5071-0359

Rafael Moura Coelho PeclyWolter
PhD in Psychology. Full Professor at the Federal University of Espírito Santo, where he works in the Graduate Program in Psychology.
ORCID: 0000-0003-1633-2141

Pablo Luiz Santos Couto
PhD student in Nursing. Substitute Professor at the State University of Bahia.
ORCID: 0000-0002-2692-9243

Antonio Marcos Tosoli Gomes
PhD in Nursing. Professor at the State University of Rio de Janeiro.
ORCID: 0000-0003-4235-9647

Virgínia Paiva Figueiredo Nogueira
PhD in Nursing. State University of Rio de Janeiro.
ORCID: 0000-0001-7331-9715

Gleide Magali Lemos Pinheiro
PhD in Nursing. Adjunct Professor at the Health Department at the State University of Southwest Bahia.
ORCID: 0000-0002-0848-3348

Anadir de Almeida Farias
Nursing Student at the State University of Southwest Bahia, Brazil.
ORCID: 0000-0002-2124-531X

Magno Conceição das Merces
Doctor in Health Sciences. Professor and Tutor of the Multiprofessional Residency Program in Health at the State University of Bahia.
ORCID: 0000-0003-3493-8606

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INTRODUCTION

Despite having a strong impact on health conditions, Neglected Diseases have historically received insufficient attention from international and country agendas. They exerted little attraction in the industry, as they are more limited to populations with low payment capacity and still proliferate in precarious environmental and housing conditions.[1]

The World Health Organization (WHO) estimates that 1 billion people in 149 countries are affected by at least one neglected tropical disease (NTD), with the vast majority on the African continent. [2] Low-income countries are affected by at least five of these diseases simultaneously, accounting for an estimated 534,000 deaths and about 57 million years of life lost due to premature death and disability worldwide each year. [3]

In the "Relatório Saúde Brasil 2017: an analysis of the health situation and the challenges for achieving the Sustainable Development Goals", the Ministry of Health listed the following diseases as neglected: Chagas disease, schistosomiasis mansoni, leprosy, lymphatic filariasis, tegumentary leishmaniasis, visceral leishmaniasis, onchocerciasis, human rabies, trachoma. [4]

In 2015, a population study carried out by the Ministry of Health in 5,570 endemic municipalities identified 104,476 new cases of neglected diseases, with higher detection rates in the North and Northeast regions. Data demonstrate the magnitude of the health problem and the interface between biological and social aspects with direct implications for the affected population's quality of life. [5-6]

This socio-political-economic-cultural reality, closely related to the endemicity of neglected diseases and these as aggravating factors of this situation, is presented as a phenomenon that is not homogeneous, worsens the living conditions of already vulnerable poor populations and does not attract the attention of society or the pharmaceutical industry, [2-3,6] and, consequently, generates pressure for inferences, creation of explanatory theories, associating scientific knowledge and common sense, and socio-cognitive constructions. Otherwise, they form social representations, loaded with meanings and senses built with the experiences lived in the daily life in which the social groups are involved [7], including health professionals.

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As a result, it is believed that the Theory of Social Representations (TSR) enables the apprehension of the way of knowing and the type of knowledge constructed about a phenomenon or object, by groups that conform, whatever the characteristic, the social belonging [7] and, for this study, on neglected diseases, understood as a set of explanations, beliefs and ideas resulting from social interaction. [7-8] Social representations can be defined as socially elaborated and shared forms of knowledge that have a practical purpose and contribute to the construction of a common reality for a group of individuals. [8]

Faced with this context, the objective was to analyze the structure of social representations of health professionals about neglected diseases.

METHOD

This is a qualitative research supported by the Social Representations Theory - SRT in its structural approach, which refers to the way in which the central nucleus in the representations is organized and structured, presenting its watertight character. [8-9] It is noteworthy that the central nucleus is rigidly structured, permanent and difficult to modify, giving meaning to social representations. The representational structure is also made up of a peripheral system, which is interconnected to the practices and behaviors exercised in the daily lives of people and population groups, as it has the function of protecting the central core. [9-10]

The research was carried out in health institutions, of primary and secondary level, in the municipality of Jequié/BA, between the months of January and August 2018. Participants were recruited in primary and secondary health units, being consulted if they wished to participate. For this purpose, an intentional,

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non-probabilistic sample was designed, consisting of 90 health professionals from a population of 150.

The sample inclusion criteria were: professional training comprising 30 participants each: nurse, nursing technician and physician; health professional with a minimum of one year of experience in institutions that develop actions in the control and treatment of neglected diseases. Exclusion criteria were: health professional who does not work with the care of people affected by neglected diseases and professionals away from the institution.

In the first stage, the questionnaire of free evocations was applied by one of the authors, which consisted of asking the participants to immediately evoke five words or expressions to the inducing term "neglected diseases". The words or terms were recorded on a separate form in the order in which they were mentioned. The application of the technique demanded approximately an average of 45 seconds with each professional.

The technique of free evocations is considered as a major technique to collect the constitutive elements of the content of a representation. It consists of asking subjects to, stimulated by an inducing term or expression, usually the verbal label that designates the object of the representation, enunciate the words that immediately come to mind, in order to escape ready-made and politically correct answers. [8] All words from the evocation technique were transcribed and organized in a Microsoft Word 2016 document, which constituted the corpus of the analysis.

Data processing was carried out using the software Ensemble de Programmes Permettantl' analyse des Evocations (EVOC), 2005 version, which statistically analyzed the textual data (present in the corpus) of an associative network, in which it is allowed to combine the frequency of appearance of evoked words with the attribution of their order of importance. [11] The analysis was carried out using the four-house chart technique or prototypical analysis in order to identify the possible central core of the social representations.

In the second stage, we returned to the research field, after analyzing the empirical data from the free evocations and one of the researchers applied it to 30 invited health professionals who participated in the first stage, uniformly distributed according to professional training, the centrality tests: the questionnaire for the constitution of paired pairs of words and the standard model questionnaire with 28 connectors related to the basic cognitive schemes (BCS). This model studies the connectivity of different representational elements and serves as a second stage of research. [12]

It is noteworthy that the construction of these two instruments was carried out from the words present in the four-box chart and the similarity analysis. For the constitution of pairs of words, all the words that made up the four-box frame were used, while for the SCB, the words that constituted the probable central core of the social representations were used: neglect and ignorance.

The constitution of word pairs consists of identifying the quantitative property of the elements of the central nucleus, through their connection, described as follows: it is about asking the subject, from a corpus that he himself produced (in this case evocations about neglected diseases), to constitute a set of pairs of words that seem to "go together". [11]

The data resulting from the constitution of pairs of words were analyzed using the similarity analysis technique, which initially involves, from a set of paired or grouped pairs, the calculation of a similarity index between each pair of items. The simplest of these indexes consists of the relationship between the number of competitions (number of links established between two specific items) and the number of subjects involved.

This technique verifies the number of connections that an element maintains with the other evoked elements, by calculating the similarity indices between the most frequently evoked elements, resulting in a maximum tree. [10]

To analyze the data produced by the BCS questionnaire, the valence index and the lambda value were used. First, there is the total valency (tV) which corresponds, for each element, to the proportion of connectors that can be activated. This index ranges from 0 (where no connector was activated by the element) to 1 (where all connectors were activated for all subjects).

Afterwards, the indices of each dimension can be calculated, namely: the descriptive valence (dV), using the same procedure for calculating the tV, however, only the nine connectors of the description meta-schema are taken into account; the Praxis valence (pV), selecting only the twelve connectors of this dimension and finally the Attribution valence (aV) counting on the seven connectors. [9]

The lambda value that indicated the centrality of each candidate term for the central nucleus was then calculated, using the following formula:

$$\lambda = \frac{Vt\ (valência\ total)}{(Va^2 + Vp^2)}$$

Where tV is the total valence (number of activated connectors over the number of possible connectors to be activated). pV corresponds to the valency of practical connectors (total practical connectors activated over the total practical connectors activatable). aV corresponds to the valency of evaluative connectors (total of activated evaluative connectors over the total of activated evaluative connectors). Centrality is found when the lambda is between 0.9 and 1.10. [11]

During the entire process of operationalizing the research, the authors complied with the norms and criteria of

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rigorous quality, as they were guided by the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ). The research was approved by the Research Ethics Committee with opinion number 2,113,727 and CAAE 50242615.6.0000.0055. In order to meet the rules of the National Health Council, the secrecy and anonymity of the participants was guaranteed and the term of free and informed consent was applied.

RESULTS

The study comprised a group formed by 90 health professionals who work directly in the care of people who are affected by neglected diseases, 30 physicians, 30 nurses and 30 nursing technicians. Mostly made up of women, 85.5%, with training time ranging from 10 to 31 years, while the predominant age group was 37 to 58 years (61.1%). The time working in health institutions ranged from 01 to 21 years.

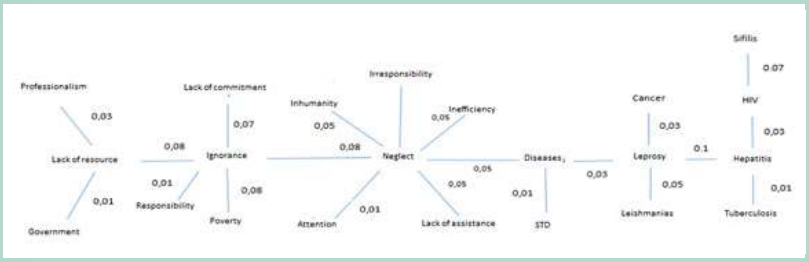
The first result found showed the structure of the evocation of the inducing term neglected diseases generated by the group of 90 health professionals, who evoked a total of 369 words, 150 of which were different, originating a table of four houses with a minimum frequency of 04, average of 10 and average of orders average of 2.6. Table 1 is shown below, according to the result prepared by the EVOC 2005 software.

Table 1 – Four-point chart for the inducing term "neglected diseases" among health professionals. Jequié/BA, Brazil, 2019 (n = 90).

	A.O.S.*< 2,60			A.O.S.*> 2,60		
Ave. Freq. †	Evoked term	Freq.‡	A.O.S*	Evoked term	Freq.‡	A.O.S*
≥ 10	Neglect	31	2,22	Illnesses	14	2,64
	Ignorance	18	2,50	Lack-resource	14	2,92
				Poverty	13	3,15
				Tuberculosis	12	2,66
				Leprosy	11	2,63
≤ 9	Cancer	9	1,77	hiv	7	3,14
	lack-commitment	6	2,16	dst	7	2,71
	Irresponsibility	6	2,16	leishmaniasis	6	3,33
	Responsibility Inefficiency	5	2,60	lack of assistance	5	3,20
	Government	4	2,50	Syphilis	5	3,00
	Attention	4	2,25	Inhumanity	4	4,00
		4	2,00	Professionalism	4	3,50
				Hepatitis	4	2,75

*A.O.S. – Average order of summons; † Aver.Freq. – Average Frequency; ‡ Freq. – Frequency. Source: Authors, 2019.

Figure 1 – Maximum similarity tree by co-occurrence of the evocations of health professionals to the inducing term neglected diseases – Jequié, BA, Brazil, 2019 (n=90).



Source: Authors, 2019.

The four-house chart was composed of 22 cognems distributed according to frequency and order of evocation by health professionals. In more technical terms, the social representation is composed of cognems that relate to each other and form a set that is transformed based on rules that preserve the totality. The cognem is the basic cognitive element, in other words, the smallest unit of cognition at this level of analysis. A representation is then composed of ideas (or cognems or elements) that are activated when a group thinks about an object. When thinking about the object many ideas are activated but not all are equivalent, some have more value than others. [13]

In the upper left quadrant are the cognems neglect and ignorance that were more readily evoked by health professionals and presented higher frequencies, simultaneously. The words in this quadrant occupy, in the structure of the representation, a cohesive, stable perspective and are less sensitive to the immediate context, due to the high consensus they have in this investigative universe and, as a result, they are considered as possible constituents of the central nucleus. In this sense, it can be said that the central nucleus has this important function: to organize and give meaning to social representation. [14]

In the other quadrants (upper right, lower left and lower right) that constituted the probable peripheral system, the other 20 cognems were located. This peripheral system is not secondary in the representation and acts as a buffer by allowing an adaptation of the group's thinking to its daily reality, to the diffe-

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rent contingencies external to the representation and to the internal peculiarities of the individuals.

In the first onslaught on the data resulting from the prototypical analysis, it was possible to determine the degree of connection of these elements from the construction of the maximum tree considering the co-occurrence of these cognems among the subjects involved in this study. In this similarity analysis, the maximum tree shown below in Figure 1 was generated:

When observing the maximum tree, the largest number of connections of the elements to the cognem neglect is identified, with 07 connections; secondly, ignorance with 05 links and, finally, leprosy with 04 links. About the relationship between the representational cognems, it can be said that this analysis favors the idea of centrality for the terms neglect and ignorance, since they are the cognems that have greater connection with the other elements that make up the representational structure.

In the second phase of the study, built from the terms of the prototypical analysis and similarity by co-occurrence, another maximum tree was built from the constitution of pairs matched by health professionals. At this point in the research, as already specified, the 22 cognems that appeared in the four-house table were presented to the inducing term neglected diseases and the participants were asked to link a word (cognem) to another that, in their conception, could be together .

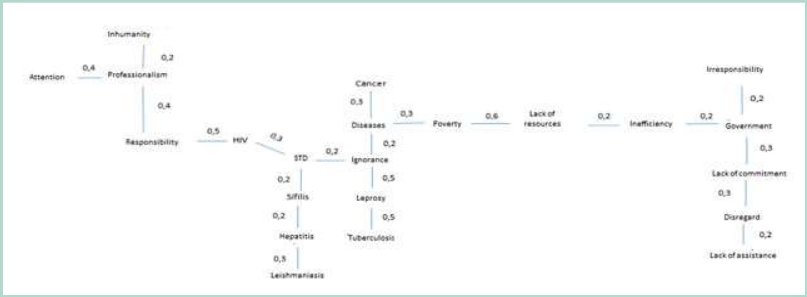
As a result of applying this instrument, another maximum tree was produced considering the calculation of the similarity index, which consists of the relationship between the number of co-occurrences and the number of subjects involved. Below, in figure 2, the product of the similarity analysis by paired pairs:

In this maximum tree, it is observed that the cognems with the highest number of connections are ignorance, professionalism, STD, diseases and government, each with 03 connections. This result demonstrates that the term ignorance continues to appear as a central element, which did not happen with another frequent term, neglect.

Next, we present the analysis of the cognems that were submitted to the basic cognitive schemes, neglect and ignorance. The choice to test them refers to the indication of centrality in the prototypical analysis and similarity by co-occurrence, the basis for the execution of the second stage. The results are shown in Table 1 below.

The attribution valence, which corresponds to the normative dimension of psychosocial thinking, presented both for the cognem neglect and for the cognem ignorance with a greater value compared to the other valences. This

Figure 2 – Maximum similarity tree by paired pairs of the evocations of health professionals to the inducing term "neglected diseases", Jequié/BA, Brazil, 2019 (n=30).



Source: Authors, 2019.

Table 1. Valences description, praxis and attribution of the element "negligence" for health professionals, Jequié/BA, Brazil, 2019 (n=30).

Element "Disregard"	Description Connectors	Praxis Connectors	Connectors Assignment	Total number of activated connectors
Activated	384	464	310	1.158
Possible	756	1008	588	2352
Valence	0,5	0,46	0,53	0,49

Source: Authors, 2019.

Table 2. Valences description, praxis and attribution of the element "ignorance" for health professionals, Jequié/BA, Brazil, 2019 (n=30).

Element "Ignorance"	Description Connectors	Praxis Connectors	Connectors Assignment	Total number of activated connectors
Activated	374	470	326	1.170
Possible	756	1008	588	2352
Valence	0,49	0,47	0,55	0,49

Source: Authors, 2019.

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indicates that the evaluative dimension was predominant in the psychosocial thinking of health professionals.

In turn, the evaluative dimension is linked to values, norms or stereotypes that are strongly salient in the group; it allows the group to make judgments concerning the object. This dimension is probably marked by ideological and historical factors. It corresponds to the normative register of cognitions. [9]

The total valences of the terms neglect and ignorance presented a lambda approximation of 1.0 for neglect and 0.9 for ignorance, meaning that these elements possibly form part of the central core of the structure of this social representation.

DISCUSSION

The representational structure of health professionals about neglected diseases presented, through the prototypical analysis, a central nucleus constituted by the cognems neglect and ignorance. These terms were confirmed as elements of the central nucleus after being submitted to centrality tests: the formation of paired pairs and the SCB. In addition, the results showed the other component of the representational structure: the peripheral system.

The Central Nucleus Theory, as one of the aspects of the great Theory of Social Representations, proposes the existence of a central system, which is represented by the central nucleus of the representation, which has the following characteristics: it is marked by collective memory; constitutes the common, consensual and shared basis; stable and coherent; not very sensitive to the social context. On the other hand, it presupposes the existence of a peripheral system, with the following characteristics: it integrates individual experiences and stories; supports the heterogeneity of the group and contradictions; it is evolutionary and sensitive to social context. [15]

The upper right quadrant, which corresponds to the first periphery, presented the cognems that can be distinguished through the possible meanings attributed from the terms of the central core. It was noticed that the cognems lack of resources and poverty are related to ignorance and neglect, constituting a social dimension linked to health promotion and disease prevention.

The cognems that comprise this dimension are closely related to social and individual determinism, as they are considered the main causes of neglected diseases. Such terms structured in the central core are consistent with the historically and socially characteristics that neglected diseases have come to have, always associated with the precarious living conditions of people affected by such diseases (poverty and misery). [1,6] Previous results of another social representation survey, also carried out in the city of Jequié with professionals, showed this political-social dimension of State failures and negligence. [16]

The term poverty has a unique meaning in the representation of neglected diseases, as it determines and triggers the entire process of social vulnerability of the individual, caused by the lack of economic strategies in countries to reduce social inequalities. Neglected diseases exist because poverty exists, so government actions that reduce social inequalities need to be strengthened. [17]

The other cognems (diseases, leprosy and tuberculosis) are close to the imagery dimension of the representation, as they give concreteness to the thought through diseases that have a high prevalence in the region and can be avoided with simple measures. [16] In this sense, it seems that professionals establish a symbolic association between them and the ignorance and neglect of those involved (people, professionals and government).

In the "Brazil Health Report 2017: an analysis of the health situation and the challenges for achieving the Sustainable Development Goals, the Ministry of Health listed the following diseases as neglected: Chagas disease, schistosomiasis mansoni, leprosy, lymphatic filariasis, tegumentary leishmaniasis, visceral leishmaniasis, onchocerciasis, human rabies, trachoma. [18]

The imagery dimension built from the meanings attributed to the cognems diseases, leprosy and tuberculosis are consistent with the illnesses presented as neglected by the Ministry of Health and strengthens the idea of the social imaginary of health professionals who live with these morbid entities daily in their work.

In the lower left quadrant, or contrast zone, they found elements that can be presented as a representational subgroup, making a contrast to the central core, or, on the other hand, that reinforces it. The cognems inefficiency, lack of commitment and government, for example, strengthen the idea of institutional and political disregard of federated entities (Municipalities, States and Union) with diseases that promote poverty, while irresponsibility, on the other hand, is related to ignorance that approaches individual causality and personal responsibility for these diseases.

Results of a previous study, developed with people affected by tuberculosis and their social representations about the disease, showed that stigma and discrimination are factors that make up the representations and are associated with low adherence to treatment. Such situations happen precisely because these people, most of whom live on the margins of society and make up the lowest layer of the social pyramid and, thus, experience failures in the care provided by professionals who work in the care network. [19] In this way, the individual dimension covered the approach to personal knowledge or its absence about the idea of health and disease, and, in this particular case, about neglected diseases.

The meaning of the cognem ignorance related to irresponsibility reproduced a type of thinking of professionals about

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the individual's behavior in the face of the disease, establishing a position of the professional to explain the behaviors that promote the continuity of these illnesses. The cognems that made up the lower right quadrant are those that had lower frequency of evocation and evoked later, composing the elements of the second periphery of the representations. They can be analyzed into two groups that refer to the meaning or correlate to the central core terms.

The first group, composed of the cognems of lack of assistance, inhumanity and professionalism, related to the cognem of neglect and referred to the absence of health service strategies to combat diseases, including in relation to the attributions of health professionals. The second group constituted by the cognems STD (Sexually Transmitted Diseases), hepatitis, HIV (Human Immunodeficiency Virus), leishmaniasis and syphilis that encompassed the imagetic dimension and presented the consequence of neglect and ignorance, that is, the various diseases that plague the socially vulnerable population.

The social limitation refers to the prejudice suffered by these people, and therefore, it is associated with the neglect and inefficiency of the care provided by health professionals, since there is a lack of strategies to include family members in the treatment and health education actions that make it possible to understand the illness process, its complexes and myths. These ideas composed the results of a study of social representations developed in Juiz de Fora, Minas Gerais, regarding the meanings of experiencing tuberculosis illness, which go beyond physical limitations. [20]

When analyzing the results from the centrality tests, it can be stated that in addition to confirming the centrality of the cognems ignorance and neglect, there was a strengthening of the construction of the dimensions that formed the content of the representational structure: individual, social and imagery.

It was seen that in the maximum tree resulting from the analysis of similarity by co-occurrence, the cognems neglect and ignorance were connected to the elements that attributed meanings related to the individual and social dimensions of the representation.

The cognem neglect appeared surrounded by elements that represent, mainly, the social factors that provoke the emergence of neglected diseases, such as, for example, inefficiency and lack of assistance while the cognem ignorance was connected to elements that represent the social condition such as poverty, a determining factor in the perpetuation of diseases, and the lack of resources and investment by the government in actions to confront these problems.

The maximum tree resulting from the similarity analysis by paired pairs pointed to the formation of sets of meaning that are related to neglected diseases and their occurrence in this region, according to the social representations of health professionals. During his analysis, he noticed the presence of meanings that related the cognems poverty, illness and responsibility to the social, imagetic and individual dimensions respectively. The cognem poverty initially linked to the term lack of resources promotes reflection on the social inequalities that plague municipalities and that imply the perpetuation of neglected diseases. [21]

It is understood that tackling social inequalities makes it possible to reduce social vulnerability, emphasized in this representational dimension, and therefore, become determinant in the eradication, elimination and control of neglected diseases. [16,19]

The cognem disease was connected to the elements that constitute the imagery dimension of the social representations of health professionals when identifying the illnesses that are part of their work process, such as assistance with sexually transmitted diseases, hepatitis, syphilis, which are endemic in the region where these professionals work, in addition to the presence of diseases considered neglected, such as leishmaniasis, leprosy and tuberculosis.

The individual dimension in this analysis was constituted by the cognem responsibility linked to the elements “inhumanity”, “attention”, professionalism. It is a perception of the individual participation of both health professionals and individuals in the process of care and prevention of neglected diseases. This professional-individual relationship in terms of care can help or hinder collaborative practices to cope with these illnesses.

The representations of health and care can be seen in different ways, pronounced as prejudice, conditioned to medical care and calm when associated with the adoption of healthy habits. The dimension of choosing and adhering to healthy lifestyles is related to the person and directly influences their cognitive and emotional response to their disease and their behavior to deal with it, as indicated by a previous study, also based on TRS, carried out in Governador Valadares, Minas Gerais. 22 It is noteworthy that the perception of the disease focuses on cognitive aspects (identity, consequences of the disease, personal control and effectiveness of treatment) and emotional aspects (awareness of the disease, understanding it and emotions generated). [23-24]

Of the valences shown in the results of the BCS, the one with the highest index, both for the cognem neglect and for ignorance, was the attribution valence that corresponds to the normative dimension. Thus, for health professionals, the central core performs the function of evaluating the representational object (neglected diseases), therefore, this result defines that the attitude towards neglected diseases permeates more through the normative sense than through practices.

The normative dimension corres-

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ponds to a part of the RS that forms a set of affective and evaluative ideas, which are related to each other, thought by a group about a certain social object. When evaluative elements are central to the RS, it is acceptable to deduce that social norms strongly influence the thinking of the group in question. Naturally, the activation of these elements is influenced by the social context and the contingencies of the moment, in situations of conflict over the object, the evaluative elements tend to be over-activated. [9,22,25]

It is noteworthy that these health professionals work directly in the care of people affected by diseases considered neglected. However, their social thinking reflects a normative meaning by attributing the causes of these injuries mainly to health services and the lack of care and knowledge of the general population. [22-25]

From these constituent elements of the central nucleus, the social representation was understood by three dimensions that intertwined and articulated the construction of this knowledge elaborated by health professionals: the individual dimension, the social dimension and the imagetic dimension. The structure of social representations about neglected diseases showed the main characteristics of the psychosocial thinking of health professionals, as it listed the causes of diseases, their consequences and even their image in society.

Furthermore, when analyzing the evoked elements that most appeared in the results, it is considered that the terms neglect and ignorance are part of the central core of this representation due to the fact that they emerge in the four analyzes defined in this study, with the structure of the representation being determined. In this sense, the results contribute to professional practice, to the extent that the components of the central nucleus that exercise a normative function in relation to the representational object are known and health professionals, with their ideas, thoughts, meanings and representations, will be able to establish care strategies aimed at preventing and minimizing the causes of diseases , even helping to combat poverty and the health needs arising from it.

With regard to the limitations of this study, it can be stated that other centrality tests could be applied that comprise the methodological techniques related to the structural approach of social representations. Another limiting factor is the theoretical gap with more up-to-date articles on neglected diseases, especially using TRS resources, which can deepen the discussion with the representations produced by social groups from other national or international contexts.

CONCLUSION

It is concluded that the representational structure is organized with the lexicons neglect and ignorance, which permeate issues related to invisibility, stereotypes and the social image that neglected diseases have in society. In addition, it is considered that the social representations of health professionals are structured in conceptual aspects perceived in the lexicons diseases, tuberculosis and leprosy, as well as social characteristics that neglected diseases have, sedimented in the evocations of lack of resources and poverty, two constitutive conditions that refer to the little importance given by the State and the pharmaceutical industry.

The representational structure points to the need to build collaborative practices of health professionals, managers and individuals in the control and coping strategies for neglected diseases, with a view to improving the quality of life, well-being and living conditions of the affected population, through access to more effective treatments and dignified living conditions made possible by the State, since the poverty and misery routinely associated with diseases are collaborated by social vacuums made possible by governments.

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