

The Aggravations in Health Services of Urgencies and Emergencies Having Alcohol as the Leading Cause: a Study of Social Representations

O Álcool Dentro dos Agravos em Urgências e Emergências: um Estudo de Representações Sociais

El Alcohol Dentro de Trastornos en Urgencias y de Emergencia. un Estudio de Representación Social

Silvio Éder Dias da Silva^{1*}; Erlen Priscila Fonseca Pinheiro²; Jessica Habr Tavares³; Roseneide dos Santos Tavares⁴; Fracilene Luz Belo⁵; Claudia Ribeiro Menezes⁶

How to quote this article:

Silva SED, Pinheiro EPF, Tavares JH, *et al.* The Aggravations in Health Services of Urgencies and Emergencies Having Alcohol as the Leading Cause: a Study of Social Representations. Rev Fund Care Online. 2019.11(n. esp):345-350. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i2.345-350>

ABSTRACT

Objective: The study's purpose has been to gain further understanding with regards to the social representations of alcohol users, and also to assess its complications within the health services of urgencies and emergencies. **Methods:** This is a descriptive study with a qualitative approach, which used the Moscovici's Social Representations in order to understand the representations about urgencies and traumatic emergencies related to alcohol abuse. **Results:** Based on the findings, the following three support meaning centers were identified: impressions and experiences with regards to alcohol intake; representations related to either the consequences or aggravations of the accident; and, representations by considering the family viewpoint. **Conclusions:** The participants' statements reveal a pronounced suffering of both the families and users due to the consumption and the abuse of alcoholic beverages. This study aimed to contribute towards improving the scientific knowledge about people's behavior, particularly, those who use alcohol regularly. Therefore, through this research, the health professionals may find a solid scientific support to helping them to stand against this issue, as well as preventing people's health aggravations.

Descriptors: Alcohol, Emergencies, Social Representations.

¹ Nursing Graduate by the *Universidade do Estado do Pará (UEPA)*, PhD in Nursing by the *Universidade Federal de Santa Catarina (UFSC)*, Adjunct Professor at *UFPA. Universidade Federal do Pará (UFPA)*, Brazil.

² Nursing Graduate by the *UFPA*, Specialist's Degree in Urgency and Emergency in Nursing Practice by the *UFPA. Universidade Federal do Pará (UFPA)*, Brazil.

³ Nursing Graduate by the *UFPA*, Specialist's Degree in Urgency and Emergency in Nursing Practice by the *UFPA. Universidade Federal do Pará (UFPA)*, Brazil.

⁴ Nursing Graduate by the *UFPA*, PhD in Nursing by the *UFSC*, Adjunct Professor at *UFPA*, Director of the Nursing School at *UFPA. Universidade Federal do Pará (UFPA)*, Brazil.

⁵ Nursing Graduate by the *UFPA*, MSc in Nursing by the *UFPA*, Professor of the Nursing School at *UFPA. Universidade Federal do Pará (UFPA)*, Brazil.

⁶ Nursing Graduate by the *UFPA*, PhD in Research Education by the *UFPA*, Professor of the Nursing School at *UFPA. Universidade Federal do Pará (UFPA)*, Brazil.

RESUMO

Objetivo: Compreender as representações sociais dos usuários de álcool e suas complicações para os agravos dentro das urgências e emergências. **Métodos:** Estudo do tipo descritivo, com abordagem qualitativa, utilizando o aporte das Representações Sociais de Moscovici para compreender as representações acerca das urgências e emergências traumáticas relacionadas ao uso abusivo do álcool. **Resultados:** Foram identificados três núcleos direcionadores: impressões e experiências quanto ao uso do álcool, representações quanto as consequências e/ou agravos do acidente e representações quanto a visão da família. **Conclusão:** As falas dos participantes revelam um grande sofrimento das famílias e usuários devido ao consumo e ao abuso de bebida alcoólica, aonde este estudo visou contribuir para o conhecimento frente ao comportamento das pessoas que fazem o uso do álcool com frequência, auxiliando no seu enfretamento e na prevenção de agravos.

Descritores: Álcool, Emergências, Representações Sociais.

RESUMEN

Objetivo: Comprender las representaciones sociales de los usuarios de alcohol y sus complicaciones a las quejas dentro de las urgencias y emergencias. **Métodos:** Estudio descriptivo, con enfoque cualitativo, mediante la aportación de las representaciones sociales de Moscovici comprender las representaciones sobre las emergencias de emergencia y traumáticos relacionados con el abuso de alcohol. **Resultados:** Se identificaron tres conductores principales: impresiones y experiencias en relación con el uso del alcohol, las representaciones sobre las consecuencias y / o lesiones del accidente y representaciones como la visualización de la familia. **Conclusión:** Los discursos de los participantes revelan un gran sufrimiento de las familias y los usuarios debido al consumo y abuso de alcohol, donde tuvo el propósito de contribuir al conocimiento contra el comportamiento de las personas que consumen alcohol con frecuencia, ayudando en su superación y la prevención de enfermedades.

Descriptores: El Alcohol, Emergencias, Representaciones sociales.

INTRODUCTION

Alcohol is considered a licit drug, since it is freely marketed in our society, being constantly involved in risk situations, thus aggravating the public health problem, with social and economic consequences. The World Health Organization estimates that 40% of the world's population over 15 years old consumes alcoholic beverages, and 2 to 2.5 million people die from alcohol consumption.¹

News of traffic accidents with fatalities involving alcohol use are frequent, although the majority of the population know of the relationship between high traffic mortality rates and the consumption of this substance, there are still many doubts about the use of alcohol by drivers, mainly about its effects on the body and the risks that it runs when driving drunk. Therefore, the study's goal was to understand the social representations of alcohol users about their complications to the diseases within the health services of urgencies and emergencies.²

Transversally, social representations make the logic possible to explain how individuals derive, experiment and conduct their actions on the effect of alcoholic drink, experienced by social groups in their daily life, it

is understood that social or consensual knowledge is not considered an evolution of knowing common sense to the scientist, implying a hierarchy between them, but a universe interceded by language and everyday, where they coexist and are structured through the incorporation of knowledge and practices anchored within the custom of dealing with the innovation in a collective, in this episode, the alcoholic beverage within the meanings of the users.²

Regarding the obstacles to accidents against alcoholism, we consider alcohol as a public health problem in the consensual daily life, being the third cause of death in the world, behind exclusively cancer and heart diseases, it is still considered the third reason absenteeism, incorporating as the most repeated pretext of early retirements related to mutilations and accidents related to alcohol, and the eighth reason for consent of sickness benefit by social security, where direct and indirect expenses arising from accidents related to alcohol abuse, are among the most significant in the field of public health.¹

The individual experiencing the effect of the alcoholic beverage when suffering a highly malicious accident, where it increases a weakened attention on its activities and sensitivities, thus causing a lowering of the level of consciousness and vision, disloyal perception of the activity in which an automobile vehicle causes, causing euphoria and difficulty in distinguishing distinct spatial notions and luminosities, as well as diminishing their perception and activity.³

The theory indicates specific form of knowledge, in which its contents are manifested in generative and functional processes marked socially, anchored through the quotidian and consensual knowledge or common sense knowledge designates a form of social thought, in other words, the way in which the individual particularly presents himself and how he interacts with society causes transformations, since his individual actions become social "contributing to the construction of the common reality to a social group".²

Daily it is possible to observe the number of accidents involving the use of alcohol, be it domestic accident through violence or even a traffic accident. From this reality, we seek to show to the nurse and community, in general, the importance of awareness of the problems that alcohol intake can lead. Thus, we observe that people who use alcohol do not realize what they do or even do not care about the results of their acts, thus arousing our interest in order to instigate the individual within an environment of urgency and emergency regarding their perception related to the aggravations due to the use of alcohol.³

Given the aforementioned, social representations support us in the elucidation of the anchorages of the consensual universe or the common sense of the subjects, as well as their everyday life, their exercises before them, therefore, social representations overlap this study, which, in turn, tries anchoring and accessing the common sense knowledge of

users. Hence, this study was designed to both identify and assess the social representations of abusive users of alcohol within the health services of urgencies and emergencies.⁴

METHODS

This is a descriptive study with a qualitative approach, which was supported by the theoretical basis of social representations that provided data for the scope of enumerations on how to reflect and to deal with alcoholic intake in the daily life context. It was used the door entry of a referral hospital to capture the quantitative urgencies and traumatic emergencies related to alcohol abuse, and the social representations of the subjects of the study with regards to the theme.⁵

The social representations were selected by investigating the object of study through the apprehension of the consensual universe or the common sense of a certain group of individuals, by believing that the real world and the subject are not divisible, this modality of study is based a dynamic relationship between the real world and the subject, a living interdependence between the subject and the object, an inseparable link between the objective world and the subjectivity of the subject.⁴

The technique used for data collection was through the evaluation of the risk classification, according to the Manchester Protocol, and through an interview with open and succinct questions at the time of the reception or in the emergency room. The interview with open questions also called free or not, are the ones that allow the informant to respond freely, using their own language, and to express opinions. It enables deeper and more accurate investigations.⁵

In order to accomplish the aforesaid, the data were analyzed through content analysis, considering that the data analysis seeks to understand, confirm the assumptions and answer the questions of the study, where the usual steps for the construction of the results were given by the employment and comprehensiveness of the context and of the discursive, divided into 6 essential stages: 1) Familiarization of the elements, which transcribes the data, just as it becomes necessary the strenuous reading of the initial data and comments; 2) Generation of codes, which happen set by means of the systematic codification of salient and important data; 3) Search of themes, in which an agglomeration of chosen codes permeate this phase in order to break down into possible themes; 4) Successive revision of the themes, considering the probability of new topics to be summarized; 5) Definition of the themes, regarding the analysis and improvement of the specificities of each theme; 6) Production of final notification, recommended through a self-explanatory comment.⁶

The data analysis was performed by the comparison of the interviewees' answers, starting from common questions to all. Aimed at discussing the answers based on

the theoretical and methodological reference of the social representation, creating opportunities to the exploration of the collected material to cause the sustainability of the reach of the proposed objectives and final considerations.⁵

The Social Representations Theory can make a great contribution to this study because they are considered a "particular mode of knowledge", in which its function tends to elaborate behavior and communication between individuals, developed by Moscovici, it refers to the way in which the subjects deal and elaborate on what is new and meaningful to them. This happens in a process in which, then, weave an entire network of meanings as a theory that guides them in dealing with such an object because they are a system of interpretation of reality, the result of a mental representation trapped in consciousness, orienting their attitudes in the social environment.⁴

This study complies with ethical and scientific norms, respecting autonomy, beneficence, non-maleficence, justice, and equity in relation to research subjects. Before the application of the data collection instrument, all the subjects were clarified for the purposes and ethical aspects of the research, after the clarifications they signed the Free and Informed Consent Term, and had their identities preserved in the description of the results, where the research complied with the precepts of the Resolution No. 466/12, submitted to the Ethics and Research Committee with human beings, located at the Health Sciences Institute from the Universidade Federal do Pará and under the Legal Opinion No. 55773016.8.0000.0018.

RESULTS AND DISCUSSION

After the data collection, it was possible to identify that among the subjects interviewed the male users was predominant. It was verified that of the 10 interviewed, 8 users were male, while only 2 were female, where the number of participants was justified because all the objectives were answered and no new information was being added to the study, reaching its point of saturation.

The subjects of the survey are the users who received urgent and emergency care at the Hospital from the metropolitan region of *Belém* city, victims of accidents involving alcohol use and who met the inclusion criteria. They are volunteers who, after being informed about the objectives and methodology of the study and their rights, decided to participate, where we characterize them as to gender and how often they use alcohol.

Impressions and experiences with regards to alcohol intake

In the analysis of the subjects' speeches, it was possible to identify the meaning centers: Impressions and experiences with regards to alcohol intake, showing the category: negative impressions and experiences, where this category demonstrated that such experiences and impressions have

several associations alcohol use, which has become a challenging moment for users due to the fact that they are in a hospital environment, the statements that express this category are presented:⁷

[...] It was the first and I hope the last. I was coming back from a party. I will never do that again, drinking and driving. (I3)

The acceptance and banalization of the consumption of alcohol are given because it is a drug easily accessible, legalized, and accepted in society, being included in various festivities such as dances, weddings, graduations, anniversaries, New Year's Eve, open bar parties, corroborating the consent social behavior of their consumption, where the behavior of the drunk driver varies from individual to individual and depends on the amount of alcohol ingested, leading to several types of reactions: from euphoria to depression, and can reach aggressiveness.⁸

It was the first yes, I do not want to imagine another accident, I have to take care of my life, I do not know, it gives to drink and preserve life, I will not drive anymore when I drink, in fact I always avoid driving when I drink, but sometimes there's no way, that's the way it is. (I7)

The effects associated with the consumption of alcohol imply in the reduction of the capacity: of perception of the real speed realized, of observing potential obstacles along the way and of maintaining the control of the vehicle. As a consequence, the driver has more difficulty in visualizing, for example, a motorcycle next to him or a pedestrian that crosses the track. Moreover, the driver under the effects of alcohol sees only what is in front of him, and his peripheral vision is reduced, which makes his reaction even more difficult when he is faced with some adverse situation or some eventuality, which can cause, in the worst case scenario, a traffic accident involving fatalities.

Representations related to either the consequences or aggravations of the accident

In this meaning center, representations were seized that evidenced the users' perceptions regarding the consequences of the accident, thus emerging, the category aggravations as a result of alcohol abusive intake, based on these indications of users' representations, some mention that most of the time they regret driving under the influence of alcohol, but still show insecurity in reporting that they will not do the same thing again, strongly present in the descriptions of the following lines:⁷

*I will stay a while without going out again, this time the accident was even worse than before. I already collected some platinum, but this time it was worse, right?... (I4)
First, that served to learn, to learn that I should not do it, that I should not drink and drive, that I left a lot of*

people worried, that I could have died, and it happened that people died like this in my family and neighbors too, that is the consequence. (I8)

Brazilian data associated with the use of alcohol and its consequences are still scarce. However, it is known that traffic accidents are often related to the high concentration of alcohol in the blood. Such accidents happen most often at night and on weekends, and most of those involved are men, mostly young and single.¹

These injuries and learning, besides the fright. I took the shots during a fight at the bar. (I9)

I think it was more the fright. So it was not a very serious accident, of course, it could have been worse, I know that very well, but thank God it was not worse. (I10)

The young population is vulnerable to the negative and often tragic consequences of using alcohol, such as traffic violence, or by assault with a firearm, a white weapon and other objects, even small amounts of alcohol, adolescents, who are more vulnerable to their effects, decrease motor coordination and reflexes, compromising the ability to drive vehicles or operate other machines, leading to more serious situations involving unintentional injuries or deaths.⁹

Representations by considering the family viewpoint

The family is the ethical and moral basis, facilitating a process of personal development that reflects in the acts and paths traversed by the children, these conscious of the path, it is difficult to maintain the family relations peacefully and affectionate, leaving that feelings of anger and frustration the relationships that were once considered solid, leading to discussions, fights, aggression and social and family group withdrawal, the overload that the alcoholic beverage brings to the family reaches several dimensions, includes losses in sociability, daily life, leisure and physical and emotional well-being.¹⁰

This meaning center was the generator of the following category: the family viewpoint regarding the situation occurred by the alcohol abuse. The category was expressed in the lines:

Habitually, after I drink I go home, take a shower and go to bed. I just did not pay enough attention to my family. My kids even complain that I smell bad due to alcohol intake, and I do not want them to follow the same path. (I1)

[...] No family supports alcoholism, right? At home, there is discussion constantly because my wife does not accept the fact that I drink. Only she knew me like this, she has to accept me as I am. (I5)

The behavior marked by physical and verbal aggression, or that covered by society, by the established standards, such as the permanence of the wife with the harmful husband of alcohol, even if she is unhappy and unsatisfied, help the banalization and consequently the naturalization of violence, making it difficult for professionals to identify it, since those who experience it do not perceive it as a form of hostility.⁹

[...] I get angry; I do not have the patience for anything. My wife loses all desire to leave, to go somewhere with me, distances me even from the children.” (17)

Under the effect of alcohol, the individual may present with slurred speech, motor incoordination, decreased judgment, increased self-confidence, non-inhibition, and euphoria. On the other hand, the humor can become withdrawn, relaxed or even aggressive, so the consumption of alcoholic beverages can lead to dependence and the disorders, which are due to irregular and abusive use, negatively affect the family and contribute massively to the domestic violence, interpersonal conflicts, separation of the couple, child neglect, financial and legal complications, and clinical problems.¹¹

For the elaboration of the categories was carried out the identification of the units of context and of registration based on the social representations of the individuals of the research, resulting in the meeting of meaning centers and the categories. Finalizing in the support meaning centers: impressions and experiences with regards to alcohol intake; representations from either the consequences or aggravations of the accident; and, representations by considering the family viewpoint.

The consensual universe, described by the users, was immersed in concepts and symbology, as the collected sentiments disseminated what we hope to be the central nucleus of the speeches. These procedures were updated through the representations of the aggregation of expressions who cite the alcoholic beverage for the users, changes a precipitation, that way, the alcoholic beverage present in the daily space can cause damages and accidents, damages these anchored in the speeches of the participants as being at extreme risk to health and life.¹²

Considering the gender, the exposure is particularly intense when we consider young men, for this specific stratum, the consumption of alcohol is related to the exercise of masculinity itself, in a broader context, which recognizes a link between the high rates of morbidity and mortality and the process of socialization of men, the consequence of the association between alcohol and masculinity can be observed in the Health Ministry data, for instance, which indicate that 89.1% of deaths between 2000 and 2006 resulting from consumption of alcoholic beverages in Brazil were men.¹

Government policies have recently recognized male vulnerability as the product of socialization. Occasionally,

dangerous and non-beneficial behaviors are understood by men as characteristic of the masculine condition. So, actively involved in a process of learning and building the rules and expectations to which they submit, even if the actions associated with these rules and expectations mean in various situations a risk to their physical integrity, the male subjects may be understanding the consumption of alcoholic drinks as something naturally expected of their masculine condition.³

Social representations are behavioral and cognitive rearrangements social phenomena and appreciated objects to the lucidity of the worldview of the subjects of common sense, the elements that surround in their social environment that they take in relation to the object and its anchorage, where in this study was represented the alcoholic drink as an accident mitigation, so each user suffers the extension of his social environment for alcohol consumption, to consist of one of the qualities for the production of social representations, the fact that they are conditioned to this medium.¹³

Through the research, it was identifiable that the frequency with which they use alcohol ranges from moderate to heavy drinking. The truth is that alcohol consumption in contemporary society is still seen positively by certain groups, which makes it difficult to recognize certain patterns of consumption as a disease and, at the same time, the mobilization of health professionals to reduce problems indexes due to the use of alcohol.

The concept of consumption patterns addresses both medical and psychosocial aspects of alcohol use, where the main patterns of alcohol consumption mentioned in the scientific literature are moderate use, heavy drinking and episodic heavy drinking. Nevertheless, the moderate use of alcoholic beverages is a concept that is difficult to define, since it is interpreted in different ways according to the perception of each individual. Usually, this definition is confused with drinking socially, which means using alcohol within accepted standards by society. Nonetheless, moderation is often viewed erroneously as a form of alcohol use that has no adverse consequences to the consumer.⁴

A growing body of epidemiological evidence has consistently demonstrated that heavy drinking is associated with a significant range of adverse health and societal situations, such as physical health damage, risky sexual behavior, unwanted pregnancy, acute myocardial infarction, alcohol intoxication, falls and fractures, violence, traffic accidents, psychosocial problems antisocial behavior and school difficulties, both in young people and in the general population, in addition to being associated with an increase in all-cause mortality from heart disease and related to a greater risk for disorders psychiatric disorders, cancer and gastrointestinal diseases.⁷

The health professional in this context takes a distinct place as the “keeper of scientific knowledge”, because it provides a discourse characterized by academic scientism about the approach, the health of the other, in other words,

of the users. This object deserves evidence in this consensual design, because it involves within the argument of the health user, as being one of the workers and constructors of elements, by themselves anchored in studies and scientific experiments, that help the users in the conception and movement of the social representations in front of the accidents on the context of the alcoholic beverage, occupational hazards and health hazards.¹⁴

CONCLUSIONS

This study sought to emphasize the social representations about alcohol and its implications for the users for the aggravations within the emergencies and emergencies, regarding the social, psychological and physiological domains and their negative impact on the family group and society as a whole.

The speeches of the participants reveal a great suffering of the families and users due to the consumption and the abuse of alcohol, leading to disrespect, violence, negative feelings that end up affecting everyone around them. There is also a departure from social interaction, in an attempt to preserve the family and adapt to a situation caused by the behavior of the dependent member.

Therefore, the importance of strategies that seek to raise the awareness of the entire population about the harm of alcohol use, through public policies that also contribute to the reduction of the aggravations resulting from this use. Reasonably, the issues involved are related to structural and organizational issues in the health service, which, despite identifying the need for public policies focused on health education, still have obstacles that hinder not only access, but also the integration of this population with the activities that involve health.

The limitations of the study included its accomplishment in a hospital of High Complexity, which possesses diverse bureaucracies, as well as some refusals of the individuals for the involvement in the interviews. This may be a reason to consider how much alcohol is stigmatized, including by consumers themselves.

This study aimed to contribute towards improving the scientific knowledge about people's behavior, particularly, those who use alcohol regularly. Therefore, through this research, the health professionals may find a solid scientific support to helping them to stand against this issue, as well as preventing people's health aggravations. Hence, it is necessary to be knowledgeable about the theme, its social representations and everything that permeates the use of alcohol to the detriment of health and life.

REFERENCES

1. Jomar RT, Abreu MM, Griep RH. Padrões de consumo de álcool e fatores associados entre adultos usuários de serviço de atenção básica do Rio de Janeiro, RJ, Brasil. *Ciência & Saúde Coletiva*. 2014 19(1), 27-38.

2. Sousa LGS, Menandro MCS, Menandro PRM. Alcoolismo, suas causas e tratamento nas Representações Sociais de profissionais de Saúde da Família. *Rev. Physis (R. Janeiro)*. 2015;25(4):1335-1360
3. Sureca X, Villalbi JR, Espelt A, Franco M. Living under the influence: Normalisation of alcohol consumption in our cities. *Gac Sanit*. 2017; 31(1):66-68.
4. Silva SED, Padilha MI. História de vida e representações sociais sobre o alcoolismo. *Novas Edições Acadêmicas*. 2016
5. Triviños ANS. Introdução à pesquisa em ciências sociais, a pesquisa qualitativa em educação, São Paulo, editora atlas; 2015
6. Clark V, Braun V. Teaching thematic analysis: Over-coming challenges and developing strategies for effective learning. *The psychologist*. 2013; 26(2):120-123
7. Silva SED, Padilha MI, Araujo JS. A interação do adolescente com o familiar alcoólico e sua influência para a adição do alcoolismo. *Rev Enf. UFPE on-line*. 2014; 8(1):59-69
8. Araújo JS, Silva SED, Conceição VM, Santana ME, Souza FS. A bebida alcoólica no contexto laboral: um diálogo mediado pelas representações sociais. *Revista Tempus Actas de Saúde Coletiva*. 2012; 06 (2): 217-233.
9. Lavigne AM, Wood MD, Janssen T, Wires RW. Implicit and explicit alcohol cognitions: the moderating effect of executive functions. *Alcohol Alcohol*. 2017;52(2):256-262.
10. Wiers CE, Gladwin TE, Ludwig VU, Gropper S, Stuke H, Gawron CK et al. Comparing their cognitive biases for alcohol cue in alcohol dependence. *Alcohol Alcohol*. 2017;52(2):242-248.
11. Freitas NO, Souza JC, Araújo EC. As representações sociais. *Revista de enfermagem da UFPE on-line*: 2015;9(7):16-30
12. Almeida AMO, Santos MFS, Trindade ZA. Teoria das representações sociais, 50 anos, Technopolitik Editora, Ybook, pdf, 2 edição. 2014.
13. Ferreira MA. Teoria das Representações Sociais e Contribuições para as Pesquisas do Cuidado em Saúde e de Enfermagem. *Esc. Anna Nery*. 2016;20(2):58-70
14. Fernandes MA. Percepção dos enfermeiros sobre o significado dos cuidados paliativos em pacientes com câncer terminal. *Ciência & Saúde Coletiva*. 2013;18(9): 2589-2596

Received on: 06/12/2017

Required Reviews: 07/12/2017

Approved on: 08/24/2017

Published on: 01/15/2019

***Corresponding Author:**

Sílvio Éder Dias da Silva

Passagem Boaventura da Silva, 129

Fátima, Pará, Brazil

E-mail address: silvioeder2003@yahoo.com.br

Telephone number: +55 91 98158-0748

Zip Code: 66.060-470

The authors claim to have no conflict of interest.