

Knowing blood donation surroundings: Implications for nurse service in hemotherapy

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ABSTRACT

Objective: the study aims at discussing the significations apprehended by the non-blood donors, considering the context and the consequences of the acting of the nurse in hemotherapy. **Method:** it is a qualitative approach, with theoretical frame of Symbolic Interactionism and Grounded Theory method. The data production was carried out by intensive interview with subjects of three sample groups of a University Hospital of Rio de Janeiro City. **Results:** the phenomenon originated two analysis categories: "Perceiving the blood matter" and "Reflecting about the blood donation campaigns". It was observed that the environment of the donor is not composed by contact with the other and the information that it can achieve, including the media. **Conclusion:** these were the main basis for the knowledge of blood donation according to their beliefs, culture and values. Therefore, all these aspects must be considered by the nurse acting on donors capture.

Key words: Hemotherapy Service; Blood Donors; Nursing.

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INTRODUCTION

This study is part of the Nursing PhD thesis entitled: *O significado da doação de sangue para o não doador: implicações para a atuação do enfermeiro na Hemoterapia*⁽¹⁾. It is a phenomenon that reveals how the individual experiences symbolically blood donation, which is one of the targets of Hematology Services, held in order to care for the health client presenting haematological disorders. Thus, for the donation to take place, nurses who work in recruiting donors implement actions that seek to access the individual, making its participation effective and regular.

Despite the importance of hemotherapy, it is understood as a relevant investigative focus, the non-blood donor, the person who has faced experiences throughout his/her life and suffered influences that interfere with his/her perception as an active agent of the social environment where they live. Accessing this individual can enable nurses to interpret the meaning of the phenomenon and reflect on intervention strategies aimed to minimize or to resolve the issue.

It should be noted that, in Rio de Janeiro, donor recruitment is not an exclusive task of nurses, according to data from State Network of Hemotherapy, social workers, physicians, educators, biologists and other professionals are registered as responsible for recruitment donors programs. Understanding what nurses are responsible for is very meaningful to make sense of their actions in this process, in the way of being of nurses.

In this sense, when the nurse has to confront a situation in which he/she must act, "they actively constructs their line of action, observing, keeping and giving meanings from self-individual and collective interaction"⁽²⁾. This action enables him/her to walk along paths based on the socioeconomic and cultural reality of the client, since they consider the feelings, beliefs and values of the individual in the way of thinking and doing Nursing.

It should be noted that the existing scenario in the city of Rio de Janeiro is a gradual and continuous reduction in the number of donors, which causes blood bags deficit in hospitals and makes it difficult to meet the demand of existing blood transfusion. This problem is detected in nursing work both in attracting donors as in inpatient units, compared to hospitalized clients' needs and often lack blood to meet this need.

This study aimed to contribute to Nursing practice by presenting new knowledge about the meaning of blood donation for non-donor, providing the basis for the development and implementation of donor recruitment strategies in order to meet the existing demand in the hospital institutions. The aim was to discuss the meanings learned by non-blood donors, considering the context and consequences for the work of nurses in hemotherapy.

METHODS

The theoretical framework used in the study was Symbolic Interactionism, which allows nurses to understand the experiences lived by individuals and their attitudes in the world, which is influenced by their interactions and the meaning

that the subjects attribute their own actions as well as other people's actions⁽³⁾. So, human interaction is mediated by the use of symbols, and each individual can give a certain meaning to an object. Being human action constituted with bases in the meanings that individuals give to it⁽³⁾.

The qualitative approach was used, and as a method, the Grounded Theory (GT). This is a research methodology that proposes to formulate a substantive or formal theory based on the data collected from the social actors⁽⁴⁾. In GT, the analysis suggests the researcher an immersion by microanalysis and subcategories formulation, as well as categories that can generate a theory capable of elucidating the investigated object; that is, the method of application is the identification of the central idea that is permeated by the interconnection of the categories emerged⁽⁴⁻⁵⁾.

The research project was submitted to the Research Ethics Committee of the teaching Hospital Pedro Ernesto, and approved by protocol No. 3,088/2011, as recommended by Resolution No. 196/96 of the Brazilian National Health Council, thus enabling the beginning of data collection with the intensive interview technique used for the semi-structured script. Study participants received and signed the Consent Form before the interviews.

The interview questions were about learning the meaning of blood donation, the individual perception of the blood donation phenomenon, how they perceived actions of others, the causes for not donating blood, the identification of factors that influence their opinion, the existence or not of direct approach to donate blood and how they perceived their own action.

The setting of study was a teaching hospital in the city of Rio de Janeiro, where we interviewed 20 social actors. The initial sample was composed by patients' visitors in the hospital reception - ten (10) participants. Faced with the need to expand the view of the phenomenon under investigation, and based on flipflop technique, we constituted new groups of participants⁽⁵⁾. The second group consisted of passers-by surrounding the hospital, as workers, students, and they were invited to participate. In this group we interviewed six (6) participants. The third group was composed of four (4) participants and consisted of professionals working within the institution.

The interviews were recorded on electronic media, with the permission of the participants and transcribed immediately after completion. To preserve the confidentiality and anonymity of the subjects, each one of them received an alphanumeric code, for example: I1V, I8S and I13P, meaning, respectively: **I** - interviewee, number of the interview- sample group corresponding to **V** - Visitors; **S** - Surroundings; and **P** - Professionals. There was no concern of seeking individual discourses in groups, but rather to describe the code contained in the respective discourses, regardless of the sample category.

The interviews were subjected to rigorous reading and the data generated, called raw data, were analysed and revealed the preliminary codes. These, after comparing and identifying similarities, formed conceptual codes which emerged to categories.

For the composition of this phenomenon, we performed identification of similarities between the established categories and the proximity to the theme that emerged from this paradigmatic model context of the study. The context is what we call

circumstances or problems involving a certain phenomenon⁽⁵⁾. The categories, subcategories and phenomena were named according to the groups' concepts found in the data⁽⁵⁾, being highlighted the broader concept presented at the moment.

The development of categories involved the properties and dimensions design where a category is differentiated from another. The properties are "attributes, general or specific to a category" being the dimension "finding properties along a line or a track". The analysis of the properties and dimensions allowed us to assess whether a category was correct and complete⁽⁵⁾.

RESULTS

The phenomenon referred herein as the **blood donation surroundings** (box below), reflects the context, that is, the environment interactions which establishes or not blood donation. Composed of two categories - **perceiving blood donation implication and reflecting on the blood donation campaigns**, each with three sub-categories, which presents the existing reality, calling for a reflection.

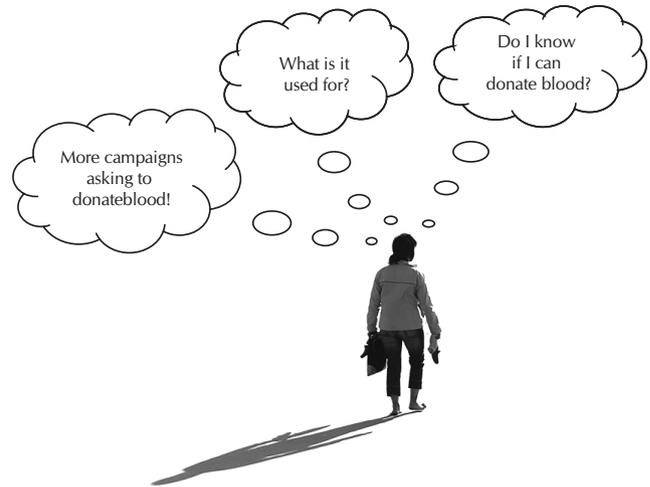
Quadro 01 - Os meandros da doação de sangue

PHENOMENON	CATEGORIES	SUBCATEGORY
BLOOD DONATION SURROUNDINGS	PARTICIPANTS' PERCEPTION OF BLOOD DONATION	Recognizing blood's application
		Sizing the problem of lack of blood
		Living the state of perplexity
	REFLECTING ABOUT BLOOD DONATION CAMPAIGNS	Perceiving blood donation campaigns
		Positively evaluating blood donation campaigns
		Negatively evaluating blood donation campaigns

In these surroundings, the non-donor starts his/her reflections about their **perception of blood donation**, that is, human blood begins to be noticed by him/her as something more than the existence of their body, but belonging to a social sphere, where he/she experiences the need of someone close or being involved in the demands of the environment of interaction in the social web.

For the non-donor to begin their mental construction around the topic and having a position about it, he/she needs to have knowledge of the reality around them: What is it? What is it used for? How is it within this context? That is, the challenge is related to the (re)cognition and identification of him/her as a possible donor. The information symbolically captured and their experiences (or the absence of them) are the basis. Thus, it is worth noting the following figure.

Figure 01 – Perception of blood donation



From data, one can understand that the environment explored by the non-donor is wide, it goes beyond the contact with each other. The subject is reached by the media that has a strong influence on them; they try to access some knowledge about donation in the media, and link it to beliefs, culture and values that are inherent to themselves. In this context, underlying this category, three subcategories were highlighted: **recognizing blood's application, sizing the problem of lack of blood and living the state of perplexity.**

At first, **recognizing blood's application**, the many uses of the product arising from the blood donation are presented. In this universe, we highlight receptors and the main indications, maintenance of a safety stock and the objective to be achieved with blood transfusion:

I believe that donating blood [...] is used when there has been an accident or when people need blood transfusion. Then you donate to anyone who is in need, for storage or to someone close to you. (I13P)

It is for a person who needs to do a major surgery or for someone who arrives in an emergency that needs blood and in the hospital there is not enough blood to that person. So, they need a donor, that is why I think blood donation is very important. (I5V)

In light of the data, it was found that participants had knowledge about the various possibilities of using human blood. In this sense, there is an association with diseases, surgical procedures and critical situations that lead to the need for transfusion.

Many people need blood due to various diseases, they need that. So, it is a good thing when you are able to help, the person is there sick and then you help with what is yours. (I15P)

This act helps saving the lives of others in a time of need, health problems or serious accidents, people who are at risk of death. I think that helps a lot. (I10S)

Thus, the individual learns the need for blood transfusion and this is not a hidden situation. Furthermore, the data indicate the presence of a driving force that leads to donation, that is, their sensitive side. It was observed that social agents were sensitive in perceiving that there is an indication of some people to perform the blood component therapy, but knowing the need of the other did not mean they were moved enough to perform a blood donation.

Additionally, we add the subcategory **sizing the problem of lack of blood**, from which emerged the finding that blood is a scarce resource, and that although people can acknowledge its scarcity, we still have an insufficient social response:

Of course it touches me. The other day I was listening to a broadcast about a hospital, [...] saying that although hospital's stock should have [...] 500 thousand liters of blood, they only had 38,000 or 48,000 liters, something like that. Then I said: Oh my God, what a difference to what they need, there are so many people in the world with good blood, who could donate, and it wouldn't make any difference to them. (17V)

I think there are many people in need of blood. Because I see, my father in need. Some days, the test is lower, then he has to take blood ... sometimes, they have to stay and wait for a little bit, because there is no one to donate blood. (16V)

Donating blood should help a lot, because a lot of people are in need in hospitals, living connected to a machine ... and the family cannot donate for problems and the stock of blood banks is decreasing, decreasing and no one is helping to stabilize it. (11S)

However, despite multiple reports and information referred to, participants remain in the non-donor situation, that means that knowing somebody's else need is not the only factor influencing the attitude of blood donation, despite this is a great motivational factor. Significant symbols that permeate social interactions that may or may not favor the process should also be the result of investigation by the recruitment nurse.

The experience of family with the institutional reality of lack of blood components cause outrage, astonishment and, above all, perplexity, but this still occurs insufficiently, being unable to cause mobilization. That is, the non-donor family member assumes the leading role and participates in the blood donation process. When there is no one to donate blood, one of the expected answers is the proactive action of the individual.

Also, data describe the fact that blood supplies are dwindling, which exactly matches the context of the city of Rio de Janeiro, showing that the non-participation of the population in the donation is not linked to the lack of perception of reality. In fact, there is no association between the reality experienced and individual action in the context, but between what is permeated symbolically in the interactions of subjects.

Despite the emerging need for blood transfusions in hospitals institutions, we should reflect on the attitude adopted by the population. The social permission for the non-donation is

disseminated at the time the individual, although has knowledge about the context where they live, does not perform blood donation, even if this posture entails risk to another person.

In this sense, the subcategory **living the state of perplexity** features data, individual response towards the small number of blood donors and, while contemplating the reality, referred to be astonished:

When someone talks about our blood donation reality I think ah!" because the hospital is low on stock, I wonder: Oh my God, so many people who can donate, who has blood and can donate to save these people, they do not donate, I think people are even able to die because they do not have blood [...]. (17V)

An observed data is that perplexity occurs when the experienced situation is considered extreme or when the person has difficulty to act given the facts. In these cases, strangeness facing a given reality could lead not only the subject to question, but to seek solutions. On the other hand, when the subject feels helpless about the situation, the answer may be paralysis and contemplation.

The category **reflecting about blood donation campaigns** consisted of the subcategories **perceiving blood donation campaigns**, **positively evaluating blood donation campaigns** and **negatively evaluating the campaigns of blood donation**.

In the context of blood non-donor are present the campaigns for donation, actions performed by the blood donor recruitment coordinators of health institutions and public authorities to encourage the population to donate blood. Data indicate that the campaigns are identified mainly in television but also through other media such as radio and outdoor signs. However, the perception of these campaigns is quite variable.

I think it's a positive thing. I think campaigns are good. I see all over the media, most of the time is on TV. (113P)

On television. I think people do not care much about participating. Campaigns are good, they try to attract a lot of people, but I think even those who have little information does not have access. (11S)

It is observed hegemony in identifying campaigns through television. The newspaper, despite being the oldest media, it was not mentioned on the data, similarly, the Internet, which has low cost of publishing. The perception of television as the biggest promoter of blood donation campaigns necessarily is influenced by the culture, both individually and collectively. In this sense, campaigns need to be extended to other forms of media for the general population.

I think everyone should donate, I think you do an important work. I have seen blood donation campaigns on television during Christmas, Carnival, times that have more accidents. I find it very important, campaigns come to call my attention. (11V)

Data has demonstrated that there is seasonality in blood donation campaigns. The periods of extended holidays (when large quantities of people travel from big centers is imminent, causing reduction of donors and the increasing movement of vehicles on the roads) are a warning both to reduce the number of donors, as the risk of major accidents which can cause increased consumption of blood components.

The periods described for the increase in blood donation campaigns in this context were Christmas and Carnival, times when there is a great reduction of donors. Moreover, the existence of campaigns does not mean participation of the population to be expanded immediately. Data shows that despite campaigns, we lack donors. The seasonality of the campaigns also deserves reflection, as, according to the data, conducting campaigns only in some periods, as described, generates mistrust on the part of social actors about the seriousness of blood donor recruitment actions. This distrust, in turn, can cause difficulty for the subject to interpret the existing reality and have a reliable picture of the context in which it appears.

It should be noted that at the time that the donors do not realize the blood donation campaigns, they automatically start evaluating them. In the subcategory **positively evaluating blood campaigns**, the non-donor perception, showed in the data, is that the campaigns are important, good, call for attention and try to attract the population.

The subject interaction process with the world around allows interaction with themselves, which may allow an inner transformation. In this sense, the perception of the campaign already appears as a social response, given the symbolic interaction arising from the involvement of the individual in the environment in which it appears, being able to listen and make a subjective assessment operation within the scenario.

In the subcategory **negatively evaluating the blood donation campaigns**, the non-donors present their perceptions:

I think it should be further advertised, encouraged, it should also be on all television channels so people can talk more about it. I think it is important. In fact, I think there should be more campaigns, with more emphasis. (17V)

I think it could have more campaigns in public and private schools, and should have more. I see very little. Even where I live, it is very hard to see, but when candidate wants to be promoted, then he/she put posters in social centers, "we will donate blood". (115P)

In the context of not donating blood, there are complaints about the donation campaigns. But it is worth noting that the enabling environment for the action of the individual should be the learning of the object (blood donation) by subject (non-donor). In this sense, the existing difficult is to get a favorable environment for this identification. In fact, campaigns must come to meet the needs of individuals, eliminating obstacles, particularly with regard to the unknown.

Campaigns sometimes fail. We need campaigns to provide information to the population about the right procedure.

What to do, what happens before, as one has to go, what you have to know. Lack of information really. Lack of enough information. (112P)

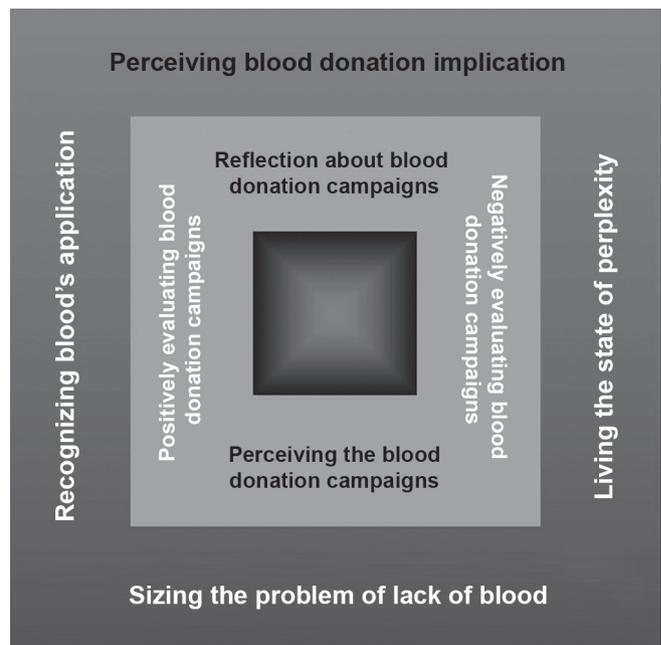
Even with the lack of information in campaigns. Hospitals could better explain what donation is, so that people are not afraid to donate or to be infected or something like that. (15V)

The action of the individual can be blocked when the development of internal justification to act is reduced. Not that it is necessary that all achieve the same kind of knowledge on a particular subject, but if the campaigns are failures as described in the data, the autonomy of the individual and the power of choice are compromised.

I have seen on television. I think we need more campaigns, I think there are many people in need of blood. I do not pay much attention in campaigns, sometimes I take a look of what is on television, but I never pay much attention. (16V)

However, the observation of facts of everyday life can pass imperceptibly before the eyes of inattentive observers, which can now be considered a position in the world, where the construction of a retract concept serves as an obstacle to the proposed change. In this situation, the individual will have to suffer intense experiences that place a reality coping situation.

Figure 02 – Visual representation of the context



The diagram (Figure 02) represents the context in which the non-donor experiences blood donation. The context is not uniform, not isolated; presents a superposition of factors that combine dimensionally in various patterns. Some of these are identified and reported; others remain closed and still unnamed, but cannot be excluded from the environment.

It is urgent, therefore, that the meanings associated with the need for blood donation campaigns reach echo in order to see and listen to them, the individual can be aware and experience and therefore, the chances of changing their status as non-donor to donor, considered basic for the existence of social identification with training and in favor of blood donation.

DISCUSSION

This topic proposes a dialogue from the phenomenon of the study- **knowing blood donation surroundings**, in order to confront the ideas presented, the theoretical considerations of scholars authors of the Symbolic Interaction, blood donation and human action. This approach allows nurses to understand the experiences lived by the individuals that permeate their way of acting in the world which is influenced by their interactions and the meaning that individuals give to each other's actions⁽³⁾.

Initially, I propose to present the characterization of the context or context conditions, such as names of authors. These are "specific sets of conditions that intersect dimensionally in this time and place to create the set of circumstances or problems", since there are many different conditions that go into a context⁽⁴⁾.

Regarding the use of human blood, the size achieved by donation is that it is a gesture of solidarity of those who propose to save the lives of thousands of people annually. This does not only occurs through blood transfusions, but the use of medications that are produced from a component of human blood, that is plasma, particularly those that are sent to the production of blood products⁽⁶⁾.

It should be emphasized that obtaining human blood is still reduced to meet the demands in Brazil because, despite all these benefits, voluntary donation is still considered insufficient. In other words, is less than 2%, while the World Health Organization (WHO) recommends that to maintain stocks, it is necessary that 3-5% of the country population is regular donor⁽⁶⁾. It is believed that the need for organization of stocks should be further increased, since the production of blood products, using as material from human plasma, will be the responsibility of a Brazilian industry, reducing imports of the product:

Hemobrás factory will ensure 100% self-sufficiency for SUS in albumin and factor IX. It will also promote the full self-sufficiency in von Willebrand factor and the prothrombin complex. As for the immunoglobulin, the expectation is to meet on average 50% of the needs of the country. For factor VIII, we estimate to supply 20%-40% of SUS demand. These levels will be achieved by processing 500 liters of plasma per year⁽⁷⁾.

It is noteworthy that in Brazil "there are about 3.6 million donations per year, resulting in 150,000 liters of plasma with industrial quality"⁽⁶⁾. The initial goal is to reach 500,000 liters of plasma/year, broad perspective that is a challenge to society, since the material used is human blood still remains scarce resource⁽⁶⁾.

Other relevant technical report is related to the seasonality of blood donation campaigns. Nurses working in recruiting

donors and other professionals try to meet a specific demand due to vacation period, when the blood component stocks begin to reduce, and other factors such as: the occurrence of rain, cold and holiday travel also help for its reduction. Reducing the number of donations of these times can be 20-25% in Brazil, and in the cities where it is needed most, such as Rio de Janeiro, Sao Paulo and Rio Grande do Sul, the number of donors can reach a decrease of 40%⁽⁶⁾.

In this sense, it is identified that the perception of non-donor on campaigns intensification in specific periods is dissociated from the real justification, considering that in society the individual uses symbols for communication, and elaborates meanings from them. So, occurs the need for significant symbols have a common sense, both for the individual and for Hematology Services. If there is no occurrence of a correct understanding of this context, the fact can influence the internal development of the subject and, similarly, their behavior, because social life is seen as a process, an ongoing activity, consisting of developments that the individual interprets its environment and acts based on that interpretation⁽⁸⁾.

Additionally, "the human being acts in the world as it defines the situation". Therefore, it is imperative that the message is captured correctly by the individual, because from the freedom assigned to it, they can make conscious choices, defining their own life and redirecting the way of acting in the world, where new possibilities are presented⁽⁸⁾.

We highlight that "society is the context within which the self emerges and develops"⁽⁹⁾. That is, the interaction with the social world is part of this movement. Given the data presented in the study, blood donor recruitment strategies linked to campaigns are identified and evaluated positively and negatively; and it is through symbolic interaction. Individuals view their campaigns, identify the subject but, symbolically, can interpret its contents as positive or negative, that influenced by multiple internal issues.

In this sense, the nurse must take into account that the environment is important as it is necessary to value factors such as socioeconomic and cultural, the interactive possibilities as well as "those of subjective nature related to the way each individual in its uniqueness, processes movements/events of everyday life"⁽¹⁰⁾. The nurse can change the environment, in the time to establish a communication channel that allows reflection on the part of the subject, one by one, becoming a chain in motion.

The identification of blood donation campaigns demonstrates a dynamic interrelation, where the donor seek a knowledge that can empower them to make decisions and at the same time, feel safe for their actions. Given the above, the non-donor, besides perceiving campaigns, need to understand its content, therefore the perception of the other's intentions becomes important for the individual, based on this idea, plan the answer in order to drive their own behavior and accommodate thus their actions⁽³⁾.

Also, as blood donation is not part of most people's life routine, it is essential for the donor recruitment nurse, planning, development, assessment strategies and their socialization. The use of this strategy should be consistent in order to make blood donation part of the habits and population values,

based on altruism⁽¹¹⁾. One of the possible actions is the face-to-face meet with individuals in small groups or work with businesses, schools or other settings. Not only information, posters, but individual speech can allow communication with meaning for the individual.

Altruism requires the interaction with others, allows life in society, the existence of relationships and also caring to meet the needs of the other. It is observed in the data, the concern of the non-donor to each other. It adds that the Symbolic Interaction

raises the question of the individual as a being who acts, coexisting in groups and playing various roles, incorporating the interaction, man can make decisions that result in individual and joint actions, it is important to mention that for the symbolic interaction man can be the object of their actions, where he has the ability to see how others are acting as if this were so, this ability is called Role Tracking⁽¹²⁾.

Thus, identifying the individual as a being who acts and plays roles in society implies the evaluation of the results of their non-donation attitude. Accordingly, it is added that the solidary spirit, altruist, which is obtained with the interaction in the social environment, "has great relevance in the decision of the data being possible donor, [...] which generates in these people noble feelings, welfare, high self-esteem"⁽¹³⁾. Therefore, the interaction is permeated also by the experience of blood donation campaigns.

Thus, for human social progress, individuals should employ the mechanism of consciousness in themselves, socially emerged, reaching the own development as a person, and enabling social change⁽⁹⁾. Additionally, in today's society,

subjects start to realize the identity of problems that they face. They are able to start wondering. There must be people who can help them analyze what they are doing, so that they can think of new projects, build new institutions, break the rules of no value and store those that are worth something, to go back to what they had forgotten, do social experimentation and perhaps one day form a new social and human paradigm⁽¹⁴⁾.

It is then reflected on the condition of non-donor in the social web, because the context in which this view of the act of another, identifies and decodes information on blood donation, recognizes the scarcity of blood in multiple situations

and the pressing need to achieve a better understanding of today's world and its needs. Furthermore, when the world presents a real problem that is socially shared, the first social response should be the subject of internal reorganization and, later, by the interaction of social integration.

The beginning of the transformation should occur at the moment when the individual, through the significant symbols that emerge in the communication process, achieve a new internal order, motivating them in favor of others. The nurse may act, especially when in contact with people, allowing the multiple knowledge sharing spaces. The proposal requires awareness of the continuous movement of construction and reconstruction of reality, which requires a nurse with knowledge, skills and attitude.

FINAL CONSIDERATION

Considering the non-donor context, the meanings learned, that are presented in a complex environment in which the subject perceives the surroundings of blood donation and can measure the problem of the lack of it, allow them to show perplexity facing the problem. Multiple factors are present, from the subject's own position in the world by the difficulty of capturing information to facilitate the performance of a movement in favor of blood donation.

In this sense, from the data presented, the work done in the social web seeking the participation of the population in blood donation has shown that campaigns are mostly seen on television. Despite being considered a "positive thing", they have not been able to transmit clear information, generating concern in the subject and taking them to a point to demonstrate a significant willingness to donate their blood.

Socially, campaigns, declared by some participants as "few, mainly carried out in some periods", end up being perceived as an activity of little importance, which can lead to lack of interest and depreciation of the act by the non-donor. Contrary to what occurs with others, who consider these campaigns "great" because it is an important job that draws attention.

The development of work in recruiting donors, the context of non-donors should be given special attention by the nurse, and the implementation of strategies should focus on enabling individuals to access information with enlightening content, and maintain a frequency of actions that reinforce the seriousness of the work, since blood donation is a continuing need in Hematology Services.

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