

Representational Structure of Nursing Students Regarding the Unified Health System

Estrutura Representacional dos Acadêmicos de Enfermagem sobre o Sistema Único de Saúde
Estructura Representacional de los Estudiantes de Enfermería sobre el Sistema Único de Salud

RESUMO

Objetivou-se analisar a estrutura representacional dos acadêmicos de enfermagem sobre o SUS. Trata-se de pesquisa quanti-qualitativa, sustentada pela TRS em sua abordagem estrutural (Abric). Para apreender estas representações sociais utilizou-se, como membros para a pesquisa, estudantes do curso de Enfermagem da Universidade Estadual do Sudoeste da Bahia do município de Jequié-BA. A primeira fase desta pesquisa foi desenvolvida pelo Grupo de Pesquisa Estudos Interdisciplinares em Saúde Coletiva da Universidade Estadual do Sudoeste da Bahia onde foi aplicado o questionário sociodemográfico no período de julho a agosto de 2022 e a técnica de evocações livres. Na segunda fase, retornou-se ao campo de pesquisa para aplicação dos testes de centralidade: Mise-en-cause e pares pareados. Evidenciou-se uma estrutura representacional com diferentes significados, o que indica uma variação no perfil representativo. Por fim, foi possível identificar elementos que compõem a estrutura representacional do Sistema Único de Saúde para os acadêmicos de enfermagem.

DESCRIÇÕES: Sistema Único de Saúde; Representação Social; Enfermagem

ABSTRACT

The objective was to analyze the representational structure of nursing students regarding the Unified Health System (SUS). This is a quantitative-qualitative study, supported by the Theory of Social Representations (Abric), in its structural approach. To understand these social representations, the study involved students from the Nursing program at the State University of Southwest Bahia, in the municipality of Jequié-BA. The first phase of the research was conducted by the Interdisciplinary Research Group in Public Health at the same university, during which a sociodemographic questionnaire and the free word association technique were applied between July and August 2022. In the second phase, the research team returned to the field to apply centrality tests: mise-en-cause and paired comparisons. The results revealed a representational structure with different meanings, indicating a variation in the representative profile. Finally, it was possible to identify the elements that compose the representational structure of the Unified Health System among nursing students.

DESCRIPTORS: Unified Health System; Social Representation; Nursing

RESUMEN

El objetivo fue analizar la estructura representacional de los estudiantes de enfermería sobre el Sistema Único de Salud (SUS). Se trata de una investigación cuanti-cualitativa, sustentada en la Teoría de las Representaciones Sociales (Abric), en su enfoque estructural. Para comprender estas representaciones sociales, se contó con la participación de estudiantes del curso de Enfermería de la Universidad Estatal del Sudoeste de Bahía, en el municipio de Jequié-BA. La primera fase de esta investigación fue desarrollada por el Grupo de Investigación Estudios Interdisciplinarios en Salud Colectiva de la misma universidad, en la cual se aplicó un cuestionario sociodemográfico y la técnica de evocaciones libres, entre julio y agosto de 2022. En la segunda fase, se regresó al campo para aplicar las pruebas de centralidad: mise-en-cause y pares emparejados. Se evidenció una estructura representacional con distintos significados, lo que indica una variación en el perfil representativo. Finalmente, fue posible identificar los elementos que componen la estructura representacional del Sistema Único de Salud para los estudiantes de enfermería.

DESCRIPTORES: Sistema Único de Salud; Representación Social; Enfermería

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Received: 05/23/2025

Approved: 06/15/2025



INTRODUCTION

Brazil's Unified Health System (SUS) is a public system based on a decentralized, hierarchical and regionally integrated territorial project through healthcare networks. The entire architecture of this project is based on the principles of universality, equity and comprehensiveness described in the constitutional provisions of everyone's right to health, regardless of where they are in the country, and the duty of the state to provide the means to make this a reality⁽¹⁾.

In the 1980s, the country went through a process of re-democratization, which in the health sector resulted in the movement called Health Reform. This movement took place during a period of political transition marked by the struggle against the military dictatorship. The health conditions of the population were precarious, with great inequality in access to health services, especially for the poorest populations⁽²⁾.

In 1986, the 8th National Health Conference was the main milestone in the demands of these social movements. Understanding health as a fundamental right to guarantee citizenship, the Conference enabled the discussion of health to go beyond technical issues. Involving students, researchers, trade unions and community organizations, health was defined as a fundamental right to guarantee citizenship.

The 8th National Health Conference can be considered one of the main milestones in the organization of society to establish public policies. The discussions presented at the Conference were the basis for the constitutional text on health described in articles 196 to 200 of the 1988 Federal Constitution, creating the Unified Health System (SUS). Since then, health has become a right for all and a

duty of the state⁽³⁾.

Law No. 8.080 of September 19, 1990, known as the Organic Health Law, is a fertile field for detailed research and analysis, especially when considering the challenges and prospects faced in the Brazilian context. This legislation establishes the parameters for health actions and services within the scope of the Unified Health System (SUS). Enacted on September 19, 1990, this legislation came as an extension of the rights guaranteed by the Federal Constitution of 1988, which elevated health to the status of a right of all and a duty of the State⁽⁴⁾.

Law 8142/90 seeks to incorporate social participation in the drafting and implementation of its policies in order to give democratic legitimacy to the Unified Health System (SUS), in accordance with article 198, II, of the Federal Constitution (CF). By regulating this constitutional precept, it incorporated two instances of social participation within the SUS, namely the National Health Conferences and the Health Councils.

Academic training requires future professionals to have consistent tools that contribute to a debate based on reflections that go beyond the teaching-learning model based on fragmented, curative care, centered on disease and biomedical practice, to the detriment of aspects of collective health promotion and prevention, and with a focus on socio-cultural diversity and the determinants that impact on the health of the population⁽⁵⁾.

In this sense, Resolution No. 573, of January 31, 2018, which establishes the National Curriculum Guidelines (DCN) for Undergraduate Nursing Courses, states that "...The training of nurses must meet social health needs, with an emphasis on the Unified Health System and ensure comprehensive care and the quality and humanization of care...". However, in order for nurses to contribute to the

effective implementation of the principles that govern the SUS, it is necessary for them to know, understand and incorporate these principles into their daily practice, regardless of their area of activity and at the various levels of health complexity. This understanding must begin in the nurses' training process and continue in their day-to-day work, since concepts are reformulated as new situations and new knowledge arise⁽⁶⁾.

Therefore, the study's guiding question is: What are the social representations of the Unified Health System for nursing students?

This study aims to analyze the structure of nursing students' social representations of the Unified Health System and its specific objective is to identify the central core of nursing students' social representations of the Unified Health System.

METHODS

This is a quantitative qualitative study based on the Theory of Social Representations (TSR) in its structural approach, with the aim of analyzing and discussing the meanings attributed by nursing students to the Unified Health System.

In order to understand these social representations, the research participants were nursing students from the State University of Southwest Bahia in the municipality of Jequié-BA. For the purposes of this study, the nursing course was chosen in view of the training of these professionals within the Unified Health System. Thus, the group of participants was made up of students of all genders, considered to be older and enrolled in the Nursing course - a total of 193 - who were invited to take part in this research by means of the Free and Informed Consent Form (FICF), of which 140 accepted, thus obtaining a response rate of 72.5%.

The first phase of this research was carried out by the Research Group: Interdisciplinary Studies in Collective Health (GPEISC) of the State University of Southwest Bahia (UESB), which administered the socioeconomic characteristics questionnaire and the free evocations instrument to 193 students in July and August 2022. The evocation technique is the most widespread technique in Brazil for prototypical analysis. The free recall questionnaire works as follows: participants were asked to recall five words in order of relevance that immediately came to mind when they heard the inducing term: Unified Health System.

In the second phase of the study, we returned to the research field with the same participants as in the first phase and applied the centrality tests: the *Mise-en-cause* questionnaire (appendix C) and the matched pairs questionnaire (appendix D), which are complementary techniques for understanding the internal structure of the representation and highlighting the central core.

Mise-en-cause, also known as the questioning technique, is a method of verifying the centrality of the central core, where participants are asked whether or not they recognize the central object⁽⁷⁾. In this method, participants are asked, by means of a negative question, yes, no or maybe, to indicate whether disregarding the element would allow them to maintain the identity of the social object of interest. Thus, the salience of the items that make up the object of representation is an indicator of centrality, helping to identify the structure and organization of the representation (8-9).

The second test for confirming the central nucleus was the constitution of word pairs. This data collection tool consists of identifying the quantitative property of the elements of the central nucleus, by means of their connected-

ness, described by Abric as follows: it involves asking the subject, from a corpus that they themselves have produced (in this case evocations about the Unified Health System), to constitute a set of word pairs that seem to "go together". The analysis of each pair thus makes it possible to specify the meaning of the terms used by the subjects, reducing their possible polysemy. But also - insofar as a word can be chosen several times - the method favours the identification of polarized terms or conduit words associated with numerous elements of the representation and which can be its organizers.

The empirical data from the free evocations was processed and analyzed using the software Ensemble de programmes permettant l'analyse des evocations (EVOC), version 2005, which statistically verifies the textual data of an associative network, in which it is possible to combine the frequency of appearance of evoked words with the attribution of their order of importance. The data was then subjected to prototypical analysis and analysis of similarity by co-occurrence.

To analyze the empirical data from the free evocations, prototypical analysis (also called evocation analysis or four-house analysis) will be used with the help of the EVOC software version 2005. The dictionary of variables will be formulated based on the standardization of words (lemmatization process) whose synonyms will be aggregated into equal lexicons. After the systematic categorization of the words evoked by the participants, EVOC will process the evocations for statistical analysis, which will be based on calculating the frequencies and average orders of evocation of the words.

Vergès developed a technique to characterize the structure of a social representation based on word evocations. This technique consists of two

stages: the first, called prototypical analysis, is based on calculating the frequencies and average orders of word evocations, while the second stage focuses on formulating categories encompassing the evocations and evaluating their frequencies, compositions and co-occurrences⁽¹¹⁾.

According to Flament and Rouquette (2003), the prototypical analysis at this point is based on the principle that the sooner a person remembers a word, the greater the representativeness of that word. The crossing of the two coordinates, classified into high and low values, generates four zones that characterize the results table of the prototypical analysis.

The central core zone comprises words with a high frequency and low recall order: in other words, responses provided by a large number of participants and readily recalled. Thus, the combination of these two factors: frequency of evocation and average order of evocation of each word, gave rise to the table of four boxes where it was possible to identify those words or expressions belonging to the probable central core of the representations of integration of teaching, service and community, due to their prototypical character, and the peripheral systems.

The *Mise-en-cause* technique is based on a fundamental theoretical point in central core theory: the central elements of a representation cannot be changed, their questioning must lead to a change in representation. It is based on the logic of double negation in which the central elements of the social representation are those whose questioning (first negation) causes the massive refutation (second negation) of the object to induce the social representation. The advantage of using the double negative is that it would be psychologically stronger than a mere indication⁽¹¹⁾. For the data collected using the question-

ing technique, we calculate the percentage to find out which of the three answers was most chosen, yes, no and maybe. If the answers to a negative question are more than 70% concentrated in the negative answer, we can deduce that the cogneme present in this question is part of the central core of the representation⁽¹²⁾.

In the construction of word pairs, the connection of each item is calculated from the similarity index: the relationship between the number of co-occurrences between two words and the number of individuals. The operation is carried out for each pair of cognates and makes it possible to develop the similarity between all the items in the corpus within the same group of individuals⁽¹³⁾. The closer the similarity index is to 1, the more the items in question are related. It is the combination of relevance and connectivity that makes it possible to consider cognemes as a central element⁽¹⁴⁾. The data resulting from the four-house table will undergo a new analysis, the technique of similarity analysis, which is the main technique for detecting the degree of connectedness of the various elements of a representation. Similarity analysis will be carried out on a set of paired or grouped pairs, calculating a similarity index between each pair of items. To facilitate understanding and interpretation, a "maximum tree" will be constructed.

The study complied with the guidelines and norms of Resolution 510/16 of the National Health Council and was approved by the Research Ethics Committee (CEP) of the State University of Southwest Bahia on April 28, 2022, with CAAE No. 56120821.9.0000.0055 and opinion No. 5.376.331, and authorization was obtained from the institution and also from the participants expressed in the signature of the ICF. According to this Resolution, "All research involving

human beings is considered to involve risk. The possible damage may be immediate or delayed, compromising the individual or the community"⁽¹⁵⁾.

RESULTS

In the first phase, for the prototypical analysis of free evocations, the corpus was prepared and analyzed

using EVOC 2005 software. The following parameters were defined for the construction of the four-box table: minimum frequency equal to 11, intermediate frequency equal to 23 and average evocation order (Rang) equal to 2.8. The software then generated the four-house table, as shown in Chart 1.

Chart 1 - Four-box table for the inductive term "Sistema Único de Saúde - SUS" (Unified Health System - SUS) among nursing students at the Universidade Estadual do Sudoeste da Bahia, Jequié, Bahia, Brazil, 2022.

< 2,80				≥ 2,80		
Freq. Média	Termo evocado	Freq.	Rang	Termo evocado	Freq.	Rang
≥ 23	Equidade	26	2,53	Acessibilidade	24	3,41
	Saúde	51	2,17	Cuidado	33	2,90
< 22				Demora	37	3,02
				Direito	28	2,82
				Universalidade	36	2,91
	Ajuda	12	2,58	Assistência	11	3
	Gratuito	22	2,40	Atendimento	11	2,81
	Público	17	2,35	Integralidade	22	2,81
				Necessário	20	3,05
			População	14	3,35	
			Precário	18	3	

Fonte: arquivos da pesquisa.

Table 1 shows the four-box table that indicates the probable structure of the social representations of nursing students at the State University of Southwest Bahia about the Unified Health System. As such, it is possible to observe the distribution, described below, by quadrant, of the terms evoked.

The top left quadrant indicates the possible central nucleus, represented by the cognemes 'equity' and 'health', which are considered to be stable and confident elements, due to the fact that they have higher frequencies and lower average evocation orders.

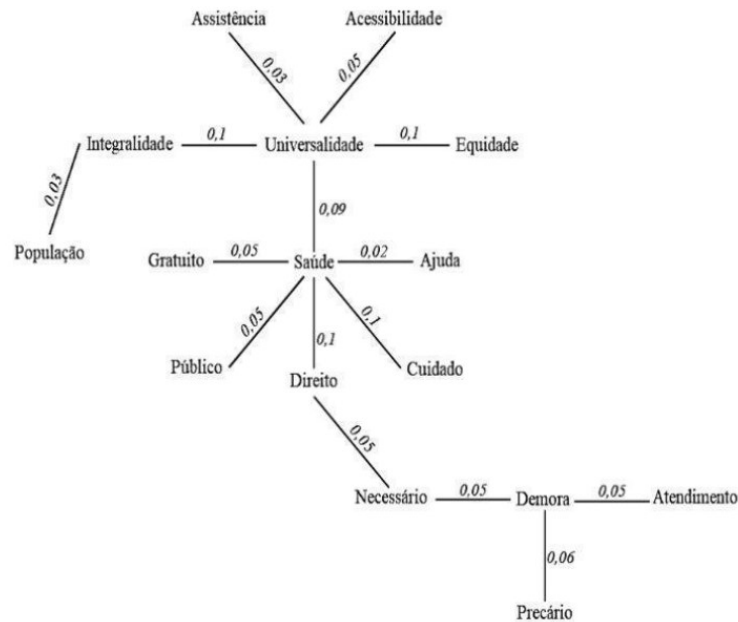
The cogneme is the basic cognitive element, in other words, the smallest unit of cognition at this level of anal-

ysis. A representation is then made up of ideas (or cognemes or elements) that are activated when a group thinks about an object. When thinking about the object, many ideas are activated but not all of them are equivalent, some have more value than others.

The other quadrants made up of the cognemes 'accessibility, care, delay, right, universality, assistance, service, integrality, necessary, population, precarious, help and free' represent the peripheral system of the representational structure.

In view of the data resulting from the prototypical analysis, the maximum similarity tree was obtained, as shown below in figure 1.

Figure 1 - Maximum similarity tree by co-occurrence of the evocations of nursing students from the State University of Southwest Bahia to the inducing term: Unified Health System. Jequié, Bahia, Brazil, 2022.

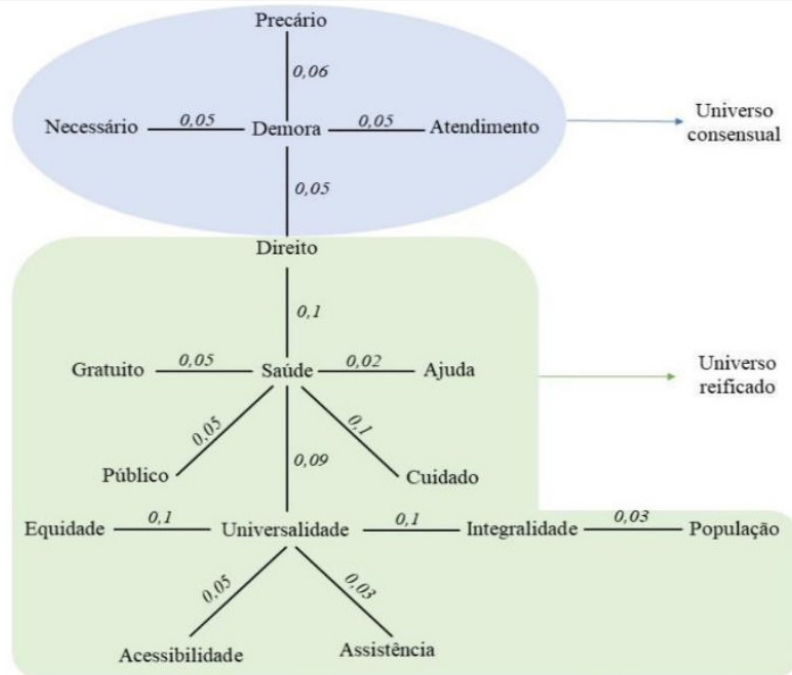


Source: research archives

In the maximum tree, it is possible to identify the largest number of connections between the elements and the cogneme 'health', with 6 connections; secondly, 'universality', with 5 connections; thirdly, 'delay', with 3 connections; 'right' and 'integrality' with 2 connections, and the others with only 1 connection each. Considering the relationship between the representational cognemes, it can be concluded that this analysis provides the idea of centrality for the term health, since it is the cogneme that has the greatest number of connections in relation to the other elements that make up this representational structure.

Based on this, considering that social representations are made up of universes of consensual and reified thought, it can be assumed that the representational structure of the maximum similarity tree has the possible central core making up the reified dimension and the peripheral system making up the two dimensions, as shown in figure 2.

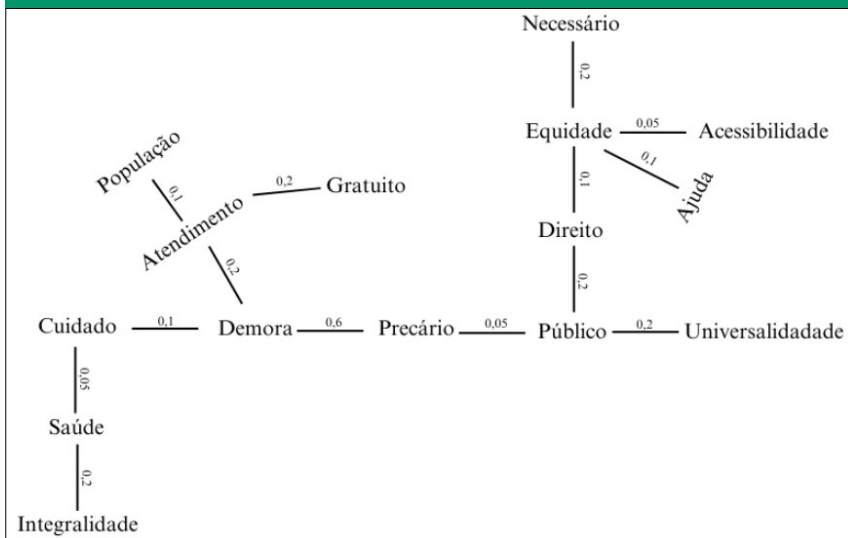
Figure 2 - Schematization of the consensual and reified universes based on the maximum tree of similarity. Jequié, Bahia, Brazil, 2022.



Fonte: arquivos da pesquisa.

The maximum tree resulting from the analysis of similarity by matched pairs pointed to the formation of sets of meanings that are related to the stigmatized image of the Unified Health System, thus pointing to the cognemes 'delay' and 'precarious' as the possible central core of the representation, as shown in figure 3.

Figure 3 - Maximum similarity tree of the evocations of nursing students from the State University of Southwest Bahia to the inductive term Unified Health System. Jequié, Bahia, Brazil, 2024.



Source: research archives

In the maximum tree, it is possible to identify the largest number of connections between the elements and the cogneme 'delay' with 11 connections; in second place 'equity' with 5 connections; in third place 'help' with

4 connections; in fourth place 'necessary' with 3 connections; in fifth place 'right' with 2 connections and the others with only 1 connection. Considering the relationship between the representational cognemes, it can be

concluded that this analysis provides the idea of centrality for the term 'delay', since it is the cogneme that has the greatest connection with the other elements that make up this representational structure.

Table 1 - Distribution of responses to the questioning technique (mise-en-cause-) for the term 'Unified Health System' among nursing students at the Universidade Estadual do Sudoeste da Bahia. Jequié, Bahia, Brazil, 2024.

ELEMENTOS APRESENTADOS	CENTRAL NEGATIVE RESPONSE		CENTRAL POSITIVE RESPONSE		MIGHT	
	f	%	f	%	f	%
Fairness	57	95	0	0	3	5
Health	53	88	4	6	3	5
Accessibility	54	90	1	1	5	8
Care	52	86	3	5	5	8
Time-consuming	3	5	32	53	24	40
Law	49	81	2	3	9	15
Universality	49	81	6	10	5	8
Help	44	73	2	3	13	21
Service	41	68	5	8	14	23
Comprehensiveness	48	80	0	0	12	20
Necessary	43	71	1	1	15	25
Population	47	78	1	1	12	20
Precarious	14	23	29	48	16	26
Free	40	66	6	10	13	21
Public	50	83	0	0	10	16

Source: research archives.

The questioning technique showed that most of the cognemes from the prototypical analysis are non-negotiable, with a percentage greater than 70%, indicating centrality in the representational structure, especially the equity and health cognemes, which were also prominent in the other tests carried out.

Based on this, a synthesis of the centrality tests carried out in this study can be made, highlighting the cognemes that were prominent in at least two results: the cognemes 'equity', 'health', 'delay' and 'universality'. These terms play a normative role in relation to the representational object and academics, with their ideas, thoughts, meanings and representations, will be able to establish care strategies aimed at qualifying the sys-

tem.

Even before starting their undergraduate studies, students have a negative conception of the system. These conceptions are deconstructed when students receive positive theoretical exposures right at the start of the course or when they are introduced to the Family Health Strategy. We can therefore say that there is a clear influence of training in terms of professional insertion and the use of the SUS by future nurses, whether in a positive or negative way, which depends on the undergraduate stage and the student's experience⁽¹⁷⁾.

In view of this, it is possible to see the nursing students' perception of the Unified Health System below in Chart 1.

cal participation.

Equity is a challenge not only for nursing, but also for other professional categories and for the SUS, given its magnitude in extrapolating access to health services to incorporate other elements, such as social, economic and environmental determinants. In this way, equity is also linked to the principle of comprehensiveness⁽¹⁹⁾.

Nurses, as leaders of the nursing team, must be attentive in order to perceive the difference between the equal and the unequal, contributing to meeting needs in an equitable manner and providing ongoing education for the members of their team in this regard. In addition to working with the nursing team, they must also be aware of, implement and contribute to the formulation of policies to promote health equity with their peers and higher authorities⁽¹⁹⁾.

In this scenario, practicing nursing with equity presupposes overcoming complex challenges that can be analyzed based on the four dimensions of professional nursing practice, namely care, teaching, research and management, to which we propose adding the dimension of political engagement⁽²⁰⁾.

With regard to political engagement, it is important to recognize the need to broaden the political involvement of nursing professionals in their dialogue with society, governments, supervisory boards and trade associations. From this perspective, it is necessary to establish an agenda that is propositional for both the profession and society, since both the profession and society must be clear about what nursing wants for the coming years and decades.

The prototypical analysis together with the analysis by co-occurrence indicated that nursing students have knowledge about the Unified Health System (SUS) in both the consensual and reified universes. The consensual universe would be that which is con-

Chart 01 - Summary of centrality tests for the inducing term: "Unified Health System" by nursing students at the State University of Southwest Bahia, Jequié, Bahia, Brazil, 2024.

Candidates for centrality	Prototypical analysis	Word pairs	Mise-en-cause	Occurrence
Equity	X	X	X	----
Health	X	--	X	X
Delay	----	X	X	----
Universality	X	----	X	----

Source: research archives

DISCUSSION

Through prototypical analysis, the representational structure of nursing students about the Unified Health System pointed to the cognemes 'equity' and 'health' as a possible central nucleus. These terms were confirmed as elements of the central core after being subjected to centrality tests: the paired pairs constitution and the mise-en-cause questionnaire.

The concept of equity in health was formulated by Margaret Whitehead, in her famous text "The concepts and principles of equity in health". For the author, equity in health requires that,

ideally, individuals should have fair opportunities to develop their health potential and that no one should be disadvantaged in achieving it. Equity in health, therefore, is a corrector of situations of equality, in that the adoption of policies should reduce or eliminate differences in health that are the result of factors considered avoidable and unjust⁽¹⁸⁾.

The principle of equity is the cornerstone of the SUS and is a sensitive indicator of health policies, in fact one of the most desirable, cutting across all social policies. It is applicable to all dimensions of the nursing work process, namely: care, administration, teaching, research and politi-

stituted mainly in informal conversation, in everyday life, while the reified universe is crystallized in the scientific space, with its language canons and internal hierarchy. Both, therefore, despite having different purposes, are effective and indispensable for human life. Social representations are more often constructed in the consensual sphere, although the two spheres are not completely separate.

The majority of the *mise-en-scène* cognemes reached a value above 75%, which shows that there is a strong connection between the central core and the peripheral system. The Central Core theory, as one of the strands of the larger Theory of Social Representations, proposes the existence of a central system of representation, which has the following characteristics: it constitutes the common consensual and shared basis; it is stable and coherent; it is not very sensitive to the social context. On the other hand, it presupposes the existence of a peripheral system, with the following characteristics: it supports the heterogeneity of the group and contradictions, it is evolutionary and sensitive to the social context⁽¹⁶⁾.

On the other hand, the matched pairs showed a different result for the possible central nucleus, pointing to the cognemes 'delay' and 'precarious' as the elements with the greatest connection, thus showing a possible difference in meanings in the representational structure itself. These cognemes strengthen the idea of institutional and political neglect of the federated entities (municipalities, states and the Union) in the health sector.

Based on these core elements, the social representation was understood by the nursing students as follows: despite the precariousness of the Unified Health System, nursing students seek to treat users according to their needs; therefore, different people have different needs, so different treatment

is necessary to promote health and well-being.

Faced with the reality we are experiencing, we cannot fail to highlight the significant progress represented by the creation of the SUS in Brazil, especially when we think of the social rights won by the population. However, it is equally important to point out that the establishment of this system took place at a time when the population still bore the marks of an authoritarian, repressive context and low political awareness⁽¹⁹⁾.

With the synthesis of the centrality tests, it can be said that the cognemes equity and health, which appear in three of the centrality test results, are in fact considered to be the constituent elements of the central core. In this way, by identifying the central core of academics' social representations of the SUS, we highlight its main meanings, strengthening the idea of structural thinking based on both the consensual universe and the scientific universe.

In order to confirm the centrality of the probable central nucleus of the SRs and information on the degree of connection between the elements of the central nucleus and the peripheral system (PS), the choice of similarity analysis became fundamental for understanding the groupings and connections between the elements identified, indicating, according to Alves Mazzotti (2007, p.299)⁽²⁰⁾ that the organization of the elements of the representation helps us to understand the meanings of the terms.

With regard to the limitations of this study, it can be said that other centrality tests could be applied, which include methodological techniques related to the structural approach to social representations. Another limiting factor is the theoretical gap with more up-to-date articles on the Unified Health System, especially using TRS resources, which could

deepen the discussion with the representations produced by social groups in other national or international contexts.

CONCLUSION

Based on this study, it was possible to identify some of the elements that make up the representative structure of the Unified Health System for nursing students. In this way, the central core qualified for the organization of representation was described and presented, as well as the peripheral system used to support it.

Taking into account the elements that organize the social thinking of this group, it can be pointed out that there are differences in the representative profile, since it is about knowledge derived from common sense and correct positions, and since the participants come from different periods, it is suggested to reconfigure the perception of the SUS and adopt a more academic image. In view of this, it is important to recognize that this study shows the formation of a professional profile in line with what the DCN suggests for the nursing course.

The idea of analyzing the university context and its influence on the training of new professionals for the SUS was an excellent alternative for strengthening teaching-service-community integration. Based on the knowledge regarding the representational structure of the Unified Health System for nursing students, this study seeks to collaborate with the academic community in order to qualify training to provide the experience of care in a humanized way.

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