

PERFIL DO CIRURGIÃO-DENTISTA NA REDE PÚBLICA DE SAÚDE DE SANTA MARIA/RS E A PERCEPÇÃO SOBRE O PROCESSO DE TRABALHO¹
PROFILE OF THE DENTAL SURGEON IN THE PUBLIC HEALTH NETWORK OF SANTA MARIA/RS AND THE PERCEPTION OF THE WORK PROCESS¹

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ABSTRACT

Aiming to evaluate the profile of dentists working in the public health network of Santa Maria/RS, Brazil, and analyze their perception about service conditions and the new financing program for primary care, a study was conducted with 27 dentists working in the municipal public health network. This work is a qualitative quantitative cross-sectional study with participation of the professionals to verify socioeconomic variables, work process and their perception about the change in financing of primary care. This information was analyzed descriptively. The research results found more experienced professionals, with graduate degrees and a longer time working in public health. Many of them have complementary activities and consider their remuneration to be regular. In the professional practice they consider important to have technical, relational, and personal skills, and report facing challenges mainly related to management (lack of materials and delay in repairs), users (high demand) and the practice of the profession (lack of appreciation). Not everyone was aware of the new funding for Primary Care - *Previner Brasil* Program -, so there was no consensus about the benefits and harms of its implementation. Considering the lack of research in this area, this study did not aim to exhaust the theme, but to stimulate new research. Knowing the profile of professionals and their perception of the work process is important for the development of public health policies. Thus, it is expected that the data collected, and the results presented when they reach the government, contribute to the qualification of services through the training of professionals and to assist in the planning and implementation of policies that enhance the dentist's role in public service.

Keywords: Dentists; Health policy; Unified Health System

RESUMO

Com o objetivo de avaliar o perfil do cirurgião-dentista atuante na rede pública do município de Santa Maria/RS e analisar a sua percepção sobre condições de serviço e do novo programa de financiamento da atenção primária, foi realizado um estudo com 27 dentistas que trabalham na rede pública de saúde municipal. Este trabalho é um estudo transversal quantitativo qualitativo respondido pelos profissionais para verificar variáveis socioeconômicas, de processo de trabalho e sua percepção sobre a mudança no

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financiamento da atenção primária. Essas foram analisadas de forma descritiva. A pesquisa encontrou profissionais mais experientes, com curso de pós-graduação e com tempo maior de atuação na saúde pública. Muitos exercem atividade complementar e consideram sua remuneração regular. No exercício profissional consideram ser importante ter habilidades técnicas, relacionais e pessoais, e relatam enfrentar desafios com questões ligadas principalmente à gestão (falta de materiais e demora para consertos), aos usuários (alta demanda) e ao exercício da profissão (falta de valorização). Nem todos conheciam o novo financiamento da Atenção Básica - Programa Previnde Brasil -, portanto não houve consenso quanto aos benefícios e malefícios da sua implementação. Considerando as escassas pesquisas nessa área, este estudo não teve o objetivo de esgotar o tema, mas de estimular novas pesquisas. Conhecer o perfil dos profissionais e a sua percepção do processo de trabalho é importante para a elaboração de políticas públicas de saúde, assim, espera-se que os dados coletados e resultados apresentados ao chegarem ao Poder Público, contribuam para qualificar os serviços por meio de capacitação dos profissionais e para auxiliar no planejamento e implementação de políticas que valorizem a atuação do dentista no serviço público.

Palavras-chaves: *Dentista; Política de saúde; Sistema único de saúde.*

INTRODUCTION

In 1990, after the publication of Law no. 8080/90, Brazil began the restructuring of health services through the Unified Health System (SUS). From that moment on, health is seen not only as the absence of disease, but also in its social determination (BRASIL, 1990). However, for a long time dentistry was on the margins of public policies. The low supply of services coupled with limited access for the population and the delay in seeking services by patients, often due to lack of information or fear of going to the dentist for care, led to the proliferation of a mutilating and mechanistic work practice (BRASIL, 2016). In 2003, with the implementation of the Brazil's National Oral Health Policy (PNSB) (BRASIL, PNSB, 2003) that came with the intention of ensuring access to oral health services in the country, there was a, increase in the coverage of these services, raising the space of the dental surgeon in the public health system. One of its main lines of action is the reorganization of Primary Care and Specialized Care (Centers for Dental Specialties - CEO - and Regional Laboratories for Dental Prostheses - LRPD) (BRASIL, 2016), ensuring actions of promotion, prevention, and recovery of oral health. However, despite the benefits brought by PNSB, there is still low coverage of dental/oral health services in many regions of Brazil. Thus, knowing the perception of the work process and the profile of these professionals, previously referred to as technical and individualistic, has become a necessity to promote improvements in the health of the population.

Currently, there is a lack of research on dental surgeons who work at different levels of care in public health. These studies, for the most part, are focused only on professionals working in the Family Health Teams (eSF). In addition, these professionals have recently undergone changes in the work process after the approval of the new financing model for Primary Care - *Previnde Brazil* Program - which provides for changes in the forms of transfer of funds to the cities, reduction in the workload of professionals and flexibility in the way they are hired (BRASIL, 2019). This set of measures deserves

attention because it has raised debates among health professionals about the impacts for SUS and the possible effects on Primary Health Care. (MOROSINI; FONSECA; BAPTISTA, 2018).

Thus, to have effective care with quality in public health services, several issues must be analyzed. It is necessary, above all, dental surgeons with a differentiated profile who work with competencies according to the level of care in which they are working, having an environment with adequate structure, and receiving support for their professional development. Therefore, this work aims to evaluate the profile of dental surgeons in public health and to analyze their perception of the context of professional practice and the current change in the work process, to understand the reality of Santa Maria/RS, Brazil.

METHODOLOGY

RESEARCH DESIGN

This paper is a quantitative qualitative cross-sectional study.

SAMPLE AND PLACE OF THE RESEARCH

The research was conducted in the public network of primary, secondary, and emergency care in the city of Santa Maria/RS, Brazil.

According to the municipal health management, the city has nineteen Primary Health Care Teams (eAP), twenty-one Family Health Teams (eSF), one Center for Dental Specialties (CEO) and one Emergency Care (PA). Currently, there is dental care in ten eSF, eleven eAP, in PA and CEO, which means that there are 30 dentists working in these networks. The survey was carried out with all professionals, except those who did not want to participate in the research or who were not working due to medical certificate, award license, or health, maternity, or unpaid leave.

DATA COLLECTION PROCEDURES

At first, the questionnaire and the informed consent term in research (TCLE) were sent to the dental surgeons' personal e-mail to be answered. Due to the low adhesion, schedules were organized in the workplace, according to the availability of the dentists, so that the researcher could go to the place and apply the questionnaire directly to the person, as an interview, and the answers were recorded and transcribed. The questionnaire consisted of open and closed questions, with the objective of verifying the socioeconomic variables and work process, the challenges of working in public health, and the perception about the new financing of Primary Care.

DATA ANALYSIS PROCEDURES

After collection, the data were grouped in order to facilitate understanding and contribute to the didactics in the construction of the tables. The results were quantitatively analyzed using the *Stata 13* program (*Stata Corp LP*, College Station, USA). For this, the answers were transcribed in *Excel* and there was a descriptive analysis of all the variables collected to verify the profile of the dentists and the perception about the work process in the public network. In a second moment, the interpretation of qualitative data was performed based on the thematic analysis of Braun and Clarke (2006), consisting of six steps: familiarization with the data, generation of initial codes, search for themes, review of themes, definition and naming of themes and production of the report.

ETHICAL PROCEDURES

This study was approved by the Research Ethics Committee, number: 5.006.234. For the development of this research, ethical issues were ensured, according to Resolution No. 466/2012 that governs research with human beings in Brazil.

RESULTS

All the dental surgeons who work in the municipal public network of Santa Maria, RS, were invited to participate in the research by answering a questionnaire that used a quantitative and qualitative approach. Of the 30 dentists, there were 27 responses and three losses - one refused to participate, one was on award license, and one was on maternity leave.

Table 1 describes the quantitative data about the professionals' profile. Of the 27 interviewees, 14 (51.85%) were female and 10 (37.03%) were between 41 and 50 years old. The professionals had graduated from four different universities, 23 (85.18%) from the Federal University of Santa Maria (UFSM) and 02 (7.40%) from the Franciscan University Center (UNIFRA). Regarding the time since graduation, there was a predominance between 11 and 20 years, a sum of 10 professionals (37.04%). Regarding post-graduation courses, 20 (74.07%) declared they only had specialization/residency, 05 (18.51%) had specialization and Master's, and 02 (7.40%) had specialization, master's and PhD. All interviewees have at least one or more specialization courses, and only 07 (25.93%) have no specialization in collective health.

In table 2, it is possible to observe the form of entry of the dentists in the service where they work: 19 (70.37%) through public tests, 07 (25.93%) through contracts and 01 with a labor contract (3.7%). In this context, 07 (25.93%) work 20 hours a week in the public service, 03 (11.11%) work 30 hours a week, 16 (56.29%) work 40 hours a week, and 01 (3.7%) reported having another workload.

As for the place of work, 23 (85.19%) dentists work in only one place in the public network and the other 04 (14.8%) divide their working hours among eSF and eAP, eAP and Emergency Care (PA), and PA and municipal management. Regarding the time working in the public health service, 20 (70%) dentists declared they had been working for more than 11 years, and 04 (14.81%) for more than 30 years. Moreover, 15 (55.5%) interviewees reported performing complementary activities to those developed in SUS and 12 (44.44%) cited the private practice. When questioned about their remuneration, 05 (18.5%) considered their remuneration terrible, 05 (18.5%) bad, 13 (45.1%) regular, and 04 (14.8%) good.

In table 3 there is information about the work process. Regarding the activities developed, 05 (18.5%) perform exclusively clinical activities and 12 (44.4%) declared they perform clinical and preventive/educational activities. In addition, the work with supervision of educational/preventive activities, training of auxiliary staff, and management organization were also scored. As for teamwork, 22 (81.4%) interviewees declared they work in a multiprofessional team. Participation in team meetings occurs once a week for 10 (37%) interviewees, every two weeks for 04 (14.8%), and monthly for 08 (26.6%). Only 05 (18.5%) of the dental surgeons declare not to participate in team meetings.

The interviewees also answered about the new funding for Primary Care, the *Previne Brasil* Program. Of the interviewees, 23 (85.19%) had already heard about the funding and when asked if the program values the work of the dentist, 9 (33.33%) agreed, 12 (44.4%) disagreed and 6 (22.2%) said they did not know. About the benefits for primary care, 13 (48.15%) think that the new program brings benefits, 06 (22.2%) think it does not bring any benefits and 08 (29.6%) said they did not know.

Table 1 - Description of the profile of oral health professionals in the public network, Santa Maria-RS, Brazil, 2021.

Variable	Total of Sample	
	N	General %
Gender		
Female	14	51.85
Male	13	48.15
Age		
Between 25 and 30 years	4	14.81
Between 31 and 40 years	7	25.92
Between 41 and 50 years	10	37.03
Between 51 and 60 years	3	11.11
Between 61 and 70 years	3	11.11
71 years or more	0	0
Graduation Institution		
UFSM	23	85.18
UNIFRA	2	7.40
UFPEL	1	3.71
UNISC	1	3.71
Other	0	0

Graduation time		
Less than 5 years	2	7.41
Between 5 and 10 years	3	11.11
Between 11 and 20 years	10	37.04
Between 21 and 30 years	6	22.22
More than 30 years	6	22.22
Post-graduate courses		
Specialization/residency only	20	74.07
Specialization and masters	5	18.51
Specialization, master's, and Ph.	2	7.40
None	0	0
Which Specialization do you hold?		
Collective health only	7	25.93
Collective health and other	13	48.12
Other	7	25.93
TOTAL	27	100

Table 2 - Description of the variables related to the oral health service. Santa Maria - RS, Brazil, 2021.

Variable	Total of Sample	
	N	%
Q8 Period of experience in the public health service		
Less than 5 years	5	18.50
Between 5 and 10 years	2	7.41
Between 11 and 20 years	10	37.04
Between 21 and 30 years	6	22.22
More than 30 years	4	14.81
Q9 Place of work		
ESF	7	25.93
UBS/eAP	11	40.74
CEO	5	18.52
Emergency care (PA)	0	0
City management	0	0
ESF and UBS/eAP	1	3.70
UBS/eAP and PA	2	7.40
PA and city management	1	3.70
Q7 Type of employment		
Employee (CLT)	1	3.70
Public admission worker	19	70.37
Contract/consortium	7	25.93
Temporary hired directly by the city	0	0
Other	0	0
Q8 Working hours within SUS		
12h	0	0
20h	7	25.93
30h	3	11.11
40h	16	59.26
Other	1	3.70

Q10 Practice complementary activity to SUS		
Yes	15	55.56
No	12	44.44
Q11 Complementary activity to SUS		
Private practice	12	44.44
Contract in private practice	0	0
Teaching	0	0
Private practice and teaching	1	3.70
Private practice, teaching and other	1	3.70
Teaching and other	1	3.70
No complementary activity to SUS	12	44.44
Q11 How do you feel about your remuneration in the public service		
Terrible	5	18.52
Bad	5	18.52
Regular	13	48.15
Good	4	14.81
Very good	0	0
TOTAL	27	100

Table 3 - Description of the variables of the professional performance context. Santa Maria - RS, Brazil, 2021.

Variable	Total of Sample	
	N	General %
Works in a multi-professional team		
Yes	22	81.48
No	5	18.52
Participates in team meetings		
Yes, weekly	10	37.04
Yes, every two weeks	4	14.81
Yes, monthly	8	26.63
No	5	18.52
Type of work		
Clinical	5	18.52
Clinical and preventive/educational	12	44.44
Management	0	0
Clinical, preventive/educational and supervision of educational/preventive activities	4	14.81
Clinical, preventive/educational, training of auxiliary personnel and supervision of educational/preventive activities	5	18.52
Clinical and preventive/educational. Training of auxiliary personnel. Supervision of educational/preventive activities and Management	1	3.70
Have you heard about the <i>Previne Brazil</i> Program?		
Yes	23	85.19
No	4	14.81
Do you think the new program values the work of the dental surgeon in Primary Health Care?		
Yes	9	33.33
No	12	44.44
I don't know	6	22.22

Do you think the new program brings benefits to Primary Health Care?		
Yes	13	48.15
No	6	22.22
I don't know	8	29.63
TOTAL	27	100

In addition to the quantitative questionnaire, the interviewees also answered the qualitative questionnaire, which was later submitted to thematic analysis by Braun and Clarke, 2006. The themes of the questions were categorized into professional achievement, academic training related to SUS, professional practice, and challenges. For better understanding, the interviewees are identified with the codename “CD” (for dental surgeon) and numbered according to the interview order.

When asked about professional fulfillment, two subthemes emerged: satisfied and dissatisfied. The professionals who are satisfied said: “I feel very good and happy to help others (CD22)”, “I do what I like (CD5)”. Others, although professionally satisfied, reported difficulties: “Professionally satisfied, but financially unsatisfied (CD1)”, “Accomplished and sometimes frustrated (CD2)”. Other interviewees, however, declared they were dissatisfied in their profession: “I feel unappreciated, unrecognized, and socially belittled (CD3)”, “Tiring and discouraging (CD20)”.

In the theme professional practice, the interviewees listed some skills for the development of their work in the public network, highlighting technical, relational, and personal skills. In technical skills, the specific skills of the profession were mentioned as “Technical and theoretical capacity (CD8)”, “Having knowledge for the function and commitment to quality (CD5)”. About relational skills, the interviewees scored: “You have to know how to deal with the lowly population and provide humanized care (CD18)”, “know how to work as a team (CD5)”, “have resilience against the abusive management of the city (CD4)”. In personal skills: “We must have good will, patience, and love for SUS (CD19)”, “Dedication, knowledge, responsibility, and compassion (CD23)”, “Patience and the ability to improvise in some cases (CD8)”.

About challenges, the dentists reported not finding major challenges in public service; some, however, listed issues related to management, users, and the practice of the profession as the main challenges. In management there are aspects related to administration and infrastructure: “Management lacks support and guidance in the work process (CD11)”, “Physical conditions of the workplace (CD14)”, “Lack of materials and delays for repairs (CD16)”. The challenges regarding users were related to the management and high demand: “There is high demand for care (CD22)”, “Frequency and compliance with guidance from patients (CD8)”, “Patient information and culture (CD7)”. In addition, in the challenges of practicing the profession, the interviewees reported: “Lack of planning and updating (CD3)”, “Lack of professional appreciation (CD26)”, “Working in a team (CD21)”.

Finally, in the category of academic training related to SUS, three subthemes emerged: None, insufficient, and good. Some dentists reported having had no training. “There was no SUS yet (CD17)”,

“Zero (CD26)”. Those who called their training insufficient reported: “It was incomplete. There was teaching about legislation, but few things could be applied in actual practice (CD8)”, “At the time it was not very in-depth (CD13)”. Those interviewees who thought the training was sufficient stated “It was great (CD24)”, “It was good (CD7)”.

DISCUSSION

In the present study, it was possible to know the profile of dental surgeons and their work process in the city of Santa Maria/RS. The data found in Table 1 demonstrate a slight predominance of female dentists in public service, which can be explained by the records of the Federal Council of Dentistry in the year 2018, in which women represented more than 60% of dental surgeons in the country (CFO, 2018).

As for the analysis of the age of the interviewees, the age range between 41 and 50 years stood out with a time of 11 to 20 years of public service, configuring professionals with experience in their field of work. These data differ from a study conducted by Silva in the city of Nossa Senhora do Socorro/SE, Brazil, in which most of the dentists, working in public health, interviewed by the author were between 20 and 30 years old (SILVA *et al.*, 2011), which demonstrates a difference in the dentist profile in different regions of the country.

As for graduation, the vast majority had graduated from universities in Santa Maria, which is a positive point for the service, because they are professionals with prior knowledge of the workplace and with better understanding of the epidemiological characteristics (MORITA *et al.*, 2010). All interviewees have a graduate course, demonstrating a qualified professional force, different from what was found by Almeida, in which only 61.4% of the interviewees were in a graduate course (ALMEIDA *et al.*, 2020). In addition, there is a considerable number of subjects who have a graduate degree related to collective health (74.05%), which may be linked to the need for continuing education or by insufficient training during graduation (LENZI; ROCHA; DOTTO, 2010), a fact reported by the interviewees. Continuing education through training and updates in the area enrich the curriculum of the professional who benefits when applying for a job position in the public sector either by competitive examination or hiring. The insufficient training on the SUS can be explained by the longer time dentists have been trained - “The older university curricula emphasized the fragmentation of dental care focused on curative actions and little emphasis on the health-disease process” (TEIXEIRA; COELHO; ROCHA, 2013).

Regarding the work process, five (18.52%) interviewees said they did not participate in team meetings and developed only clinical work. Although the respondents were from both primary and secondary care, team meetings for planning and discussing cases and care beyond curative treatment are important factors to break with the biomedical model (FERTONANI *et al.*, 2014). As members

of the health team, the dental surgeon has the responsibility to promote healthy public policies and encourage self-care in search of a better quality of life for individuals (MOYSÉS, 2004). In addition, primary care has undergone changes in the work process after the change in funding. The *Previne Brazil* Program was established recently, so we still do not know the real impacts for the SUS and for the health coverage of the population. Of those interviewed, some did not know what it was about and those who knew divided their opinions between being a program that brings benefits or harms, both to public health and to the dental professional category. The Program was criticized by the Brazilian Association of Collective Health: “the new funding associated with other recent proposals by the Ministry of Health, may deeply affect the APS (primary health care) model in the country.” (ABRASCO, 2019). Thus, the importance of expanding the debate on the new changes and identifying possible impacts on public health is reiterated.

A worrisome data is the dissatisfaction of professionals regarding salary and professional achievement. Of those interviewed, 85.19% considered that they received a regular to terrible salary, which is in agreement with the study by Medeiros *et al.* (2009) where he reports that 91.8% considered that the salary could be higher and 8.1% considered insufficient. As for the professional relationship and the workload, most have a formal relationship (public and private employment contract) with a 40-hour per week regime or more and, even so, more than half of the interviewees have a complementary activity to the service in the public network. According to the Inter-Union Department of Statistics and Socio-Economic Studies, this fact can be explained by the decline in salaries of professionals in the health services area between 1988 and 2008, which contributes to the increase of workers with a double shift and the extension of the average shift beyond 44 hours a week. It is possible to point out that the 40-hour professional contract adds to the process of bonding with the community, which is a positive aspect of the great majority of the professionals who work in the city. It is essential that care is guided by the principles of universality, accessibility, connection, continuity of care, comprehensiveness of care, accountability, humanization, equity, and social participation (BRASIL, 2012). However, the double shift can interfere with the performance and quality of care for the population.

Allied to this, some respondents report feeling unappreciated and encounter challenges to perform their work, mainly because of professional demotivation, physical condition of the place and lack of materials. Evidence suggests that dissatisfied professionals and structural and organizational problems in the workplace influence the quality of services offered to the population (MATTOS *et al.*, 2014).

It is important to reiterate that these results were known by conducting a census with all professionals and therefore reflect the reality of a medium-sized Brazilian city (300,000 inhabitants) located in the central region of Rio Grande do Sul, and it is also possible to be the reality of several other cities in the country. As a limitation, we can highlight the difficulty in being able to measure the motivation of each professional to enter the public service and the impossibility of comparing with other places, due to the diversity of questionnaires found in the literature without validity tests.

Even with the need for changes in the working conditions of these professionals, there are several positive aspects in the profile of the dental surgeon, which with age, time in the service, experience and education suggest qualified professionals who are aware of the demands. Finally, one of the biggest challenges found during the development of the research was to get in touch with the professionals to apply the questionnaires and collect the data. Thus, we suggest greater incentive to integrate teaching-research-service and expand the access of students to health fields and professionals.

CONCLUSION

Despite the need for changes in working conditions and greater incentives to professionals, there are several positive aspects in the profile of dental surgeons in the city, especially the qualification for the service they perform. Knowing the profile of the professionals and their perception of the work process is important for the development of public health policies. Therefore, it is expected that the data collected, and the results presented, will contribute to qualify the service provided to the population and to assist in the planning and implementation of policies that value the dental surgeon in the public health service.

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