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PERCEPTION OF BONDS IN THE PROFESSIONAL PRACTICE OF DENTISTS IN THE PUBLIC HEALTH SERVICE OF SANTA MARIA - RS

PERCEPÇÃO DOS VÍNCULOS NA PRÁTICA PROFISSIONAL DOS DENTISTAS DO SERVIÇO PÚBLICO DE SAÚDE DE SANTA MARIA - RS

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ABSTRACT

This study aimed to analyze dentists' perceptions of bonds between professionals and users of the dental care service in the public health system of the city of Santa Maria, in Rio Grande do Sul. This is a descriptive exploratory research, within a qualitative approach. The participants of the research were dentists, working in Family Health Team in the city of Santa Maria. Interviews were conducted and the intentional sample was defined by saturation. The data were analyzed following Bardin's proposal, and four categories emerged during the analysis: family health strategy: potential for building the bond between dentist and user; time as a potentiator of the bond between dentist and user; clinical procedure, anamnesis, and odontogram, allied to the construction of the bond; and difficulties and management strategies for the bond with children. Dentists' relationships cannot be limited to only technical situations; a process of humanization in management is needed. However, this process is still in development and demands time, since it will be necessary to modify the professional profile and to seek knowledge on the subject, applying it to the clinical routine. With this study, it was possible to observe that it is not evident the bond in the relationships between dentists and the users of the health service.

Keywords: *Object attachment, Empathy, Humanization of care, Dentistry, Psychology.*

RESUMO

Este estudo teve o objetivo, de analisar a percepção do cirurgião-dentista acerca das relações de vínculo com os usuários, no atendimento odontológico, na saúde pública da cidade de Santa Maria, Rio Grande do Sul. Trata-se de uma pesquisa de caráter exploratório descritivo, dentro de uma abordagem qualitativa. Os participantes da pesquisa foram cirurgiões-dentistas que atuam nas Equipes de Saúde da Família da cidade Santa Maria - RS, foram sete cirurgiões-dentistas do serviço de saúde pública, escolhidos aleatoriamente. Foram feitas entrevistas e a amostra intencional, foi definida por saturação. Os dados foram analisados seguindo a proposta de Bardin, e emergiu quatro categoria durante a análise: potencial para construção do vínculo entre dentista e usuário, tempo como potencializador do vínculo entre o dentista e o usuário,

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procedimento clínico, anamnese e odontograma, aliados à construção de vínculo, dificuldades e estratégias de manejo para o vínculo com as crianças. A relação do dentista não pode ser limitada a situações apenas técnicas, é necessário um processo de humanização no manejo. Todavia, este processo ainda está em desenvolvimento, e demanda tempo, já que será necessária uma modificação do perfil profissional, pois, se faz necessário buscar conhecimento sobre o tema e aplicar na rotina clínica. Com este trabalho, foi possível analisar que não está evidente a relação de vínculo no cotidiano do cirurgião-dentista, em sua atuação com os usuários do serviço de saúde.

Palavras-chave: *Apego ao objeto, Empatia, Humanização da assistência, Odontologia, Psicologia.*

INTRODUCTION

Bonding can be contemplated with different views. According to Houaiss (2008), bond means “what ties, binds or tightens” (HOUAISS, 2008, p. 771). In dentistry, it refers to a technology categorized as soft technology, which consists of welcoming and creating bonds (MERHY; ONOCKO, 1997), to contribute to the longevity and acceptance of the treatment, through the bond of trust established with the professional (BARBOSA; BOSI, 2017). In the view of psychology, the bond refers to the connections between individuals, which can be influenced by previous experiences, positive or negative, characterizing a transference process (SEGER, 2002).

The act of bonding presents a difficulty, since dedication to the maximum for better performance in daily life can generate excessive fatigue because prioritizing several activities can generate isolation, and each individual tries to deal with their fatigue and exhaustion, creating barriers to the creation of bonds (HAN, 2017). For dental care, professionals and users of the health system must be willing and available to the possibility of bonding, establishing boundaries, and creating trust in the relationship (SEGER, 2002).

The bond aims to understand the singularities of the user and to understand his difficulties, fears, and anxieties. One realizes the need to adapt dental care, as sensitivity and preference change from one user to another. It is necessary to maintain an ethical posture, thus creating a bond of trust and respect (WOLF, 2002).

The bond is built over time and trust must be earned. The user-professional relationship must be based on ethics, resulting in a union of mutual respect. A welcoming dental setting transmits tranquility, competence, and organization of the dental surgeon. It favors the bond, respecting the integrity and the time of each person to create confidence (WOLF, 2002).

In the health services of the Unified Health System (SUS), soft technologies, such as welcoming, creating a bond, and socializing knowledge, must be applied before the physical welcoming and hard technologies, which consist of technical management and clinical procedures (MERHY; ONOCKO, 1997). In this way, the procedures should be explained to the user, talking to him or her and always trying to understand him or her, and not only performing the service. As a way to regulate

this professional attitude, in 2003, the National Policy for Humanization, also known as "Humaniza SUS", began, which aims to welcome, understand, and meet the singularities of the team and the professional, complementing each other in favor of improvements for the population (BRASIL, 2008).

The concept of dental treatment has changed and studies show that more attention and interest have been given to a new form of treatment in oral health, in which one should not only perform curative and/or restorative care but also preventive (ANJOS et al., 2011). With updates in undergraduate programs, professionals learn, through new teachings, knowledge more focused on humanization, prevention, and health promotion, no longer treating only the consequence of the problem, but also seeking ways to prevent oral health through dialogue (AMORIM; SOUZA, 2010).

In the literature, a study conducted with dentists working in private services and in SUS analyzed the need for the inclusion of care management technologies in dental practice (AMORIM; SOUZA, 2010), reviews discussed the bond (REZENDE et al., 2015; SANCHEZ et al., 2015) and research addressed the relationship between the health team and the user (SCHIMITH; LIMA, 2004), but the relationship of the bond between the dental surgeon and the user is still not clear.

This study aimed to analyze the perception of the dental surgeon about the bonding relationships with users of dental care in public health in the city of Santa Maria, Rio Grande do Sul.

METHODOLOGY

A descriptive exploratory research was carried out, within a qualitative approach. The proposal was to answer very particular questions, which could hardly be translated into numbers and quantitative indicators, but by the in-depth study of a specific situation. It was based on observable data, in which the researcher uncovered representations, values, customs, and attitudes and, subsequently, interpreted the complex multiplicity of facts that constitute the investigated subjects (MINAYO, 2012).

The participants were dental surgeons working in Family Health Teams (FHTs) in the city of Santa Maria, randomly chosen among the public health service professionals, of both genders, between 32 and 38 years old, and working in the FHTs for five to eight years. The inclusion criterion was being a dentist working in a Family Health Team in the city of Santa Maria, Rio Grande do Sul. The exclusion criterion was not agreeing to participate in the study or having resigned from the Family Health Team.

The data collection occurred in the months of March to August 2018. The number of participants was defined during the course of the research and totaled seven participants. It was taken into account the achievement of the proposed objectives by the saturation of the content of the interviews (MINAYO, 2012).

A semi-structured interview script was used, since this technique, while enhancing the presence of the researcher, allows the informant to achieve the necessary freedom and spontaneity, enriching the investigation, from previously formulated questions (MINAYO, 2012).

The interviews were recorded separately and later transcribed in full. They were scheduled in advance with each professional, at times when they were at the Health Unit, not interfering with their professional activities. The participants were asked about the bonding and welcoming relationships in dental care.

The research data were analyzed qualitatively using content analysis proposed by Bardin (2008). To begin this analysis, first, the interviews were transcribed in text form, aiming to facilitate the understanding of the context of each interviewee and faithfully keeping the answers of the interviewees. In the pre-analysis, the data were individually analyzed through a reading that sought to relive the interviewer's first impressions, and only then, in the coding and categorization stage, were they regrouped and analyzed in their entirety.

The coding was carried out through codenames, related to types of flowers, some natural species and others fictitious, to preserve the identity of the interviewees, which were: primrose, verbena, black rose, white rose, water star, red tulip, and pansy.

The validity and reliability of this analysis were obtained through rigor in all procedures performed throughout the research and externally validated by the supervision of another researcher (GIBBS, 2009, TURATO, 2013). This study was approved by the Research Ethics Committee of Universidade Franciscana (Opinion no. 2.271.016).

RESULTS

The interviewees, seven dentists who work in the FHT, were identified by a codename, avoiding professional's exposure. There were three male and four female interviewees, with ages ranging from 32 to 38 years. Their experience in the FHT ranged from 5 to 7 years.

Table 1 - Interviewees' characterization - Santa Maria/RS

Codename	Gender	Age	Time working in the FHT
Primrose	Female	35	5
Verbena	Male	35	5
Black Rose	Male	36	7
White Rose	Female	34	7
Water Star	Female	35	5
Red Tulip	Male	32	5
Pansy	Female	38	5

Source: Elaborated by the author.

Four categories emerged during the data analysis, named: family health strategy: potential for building the bond between dentist and user; time as a potentiator of the bond between dentist and user; clinical procedure, anamnesis, and odontogram, allied to the construction of the bond; and difficulties and management strategies for the bond with children.

FAMILY HEALTH STRATEGY: POTENTIAL FOR BUILDING THE BOND BETWEEN DENTIST AND USER

Issues emerged regarding the bonding in the professionals' routine. To contribute to bonding, dental surgeons seek to conduct a dialogue during consultations:

> *"I would say it is good [refers to dialogue]. As I work in the family health strategy, I already have a certain bond and that's why they end up coming back a lot. So, as I work with a restricted group of users, it ends up after a certain moment creating a bond, they already look specifically for that reference dentist." (Black rose)*

Moreover, the dental surgeon tries to know the history of the user and his motivation for dental care, and, based on this information, does the planning and treatment: *"We know that the person comes and that they have a whole life history and a motivation to be here, and a relationship with his oral health and dentition, we will try to get in there and see what they want" (Water star).*

TIME AS A POTENTIATOR OF THE BOND BETWEEN DENTIST AND USER

One of the aspects considered for the bond building was the time it took to get to know each person.

> *"I think that... Well, with time we build this bond, we get to know the user's history, a little bit of the user's history, we know their realities here, they know the reality of our work here, it's knowledge, exchange of information" (Red Tulip).*

CLINICAL PROCEDURE, ANAMNESIS, AND ODONTOGRAM ALLIED TO THE CONSTRUCTION OF THE BOND

However, it seems that the way to conduct this dialogue during the clinical routine is not yet well established:

> *"So, usually the user will have his mouth open, but I explain everything that will be done and that's it, they will have his mouth open most of the time, they won't be able to talk much, so" (Verbena).*

In this speech practical management occurs, linked to communication, during dental care:

> *"No, I would say that they always have a moment of clinical procedure alone, it's not just dialogue. It is altogether, we always try to talk before, see the complaint that they have and then we explain the care they have to take, as well as the clinical procedure" (Black Rose).*

But, in certain cases, the division of these moments is still present, performing only dialogue or procedures:

> *"Usually I start with the anamnesis and the odontogram, so I do the anamnesis and the initial examination of the user in the chair and write it down in the odontogram and then I move on to the clinical part" (Pansy).*

However, some reports seem not to consider the participation of the user, there is only concern with the clinical conduct:

> *"I usually follow the clinical approach, honestly, I hardly ever need an x-ray, ... then you kind of already know" (White Rose).*

DIFFICULTIES AND MANAGEMENT STRATEGIES FOR THE BOND WITH CHILDREN

To adapt the bond with children, the dentist modifies techniques and performs management during the dental procedure:

> *"...always start with conditioning, and sometimes, on the first appointment, the child doesn't even sit in the chair yet. According to the child, we talk more, we give them a little brush, and the parents are usually very receptive to this, and bring the children as many times as necessary so that by the time of the intervention the child is already conditioned. And we work in the schools, we brush, orient, examine... So many children that come here have already seen us at school, we already have a bond" (Water Star).*

However, it seems that there are strategies in child management, complemented by the lack of dedicated space for this public:

> *"When the child helps and collaborates, there are some that don't, they cry and kick, then I don't restrain them, I don't restrain them. I try to talk and say 'Talk to them at home and bring them to me when they are calmer'. It makes no difference in the waiting room and there are no employees for that" (White Rose).*

DISCUSSION

With this study, it was possible to observe that the relationship of bonding is not evident in the daily life of professionals in their work with users, a fact that corroborates the findings in the literature. Many dentists understand the importance and theory on the subject but have difficulty reconciling knowledge with dental practice (BARK, 2018). For it is perceived that a model of technical care is still prioritized, without interaction and with little communication between user and professional, limited only to the physical environment of the dental office, facts that contribute to the lack of bond building.

An essential way for the bond to occur is the dialogue, which occurs before and during dental procedures, evaluating the complaint and care with the user. However, there are still reports that the user will have his mouth open most of the time and will not be able to talk much, so

the dialog becomes only an explanation of the procedure by the dentist. All users should receive quality listening, welcoming reported information, and evaluating the user's preferences and well-being, so that it becomes a technical and human management (BRASIL, 2013).

In the performance with children, it is easier to handle them when the bond is present, through conditioning consultations and work in schools. However, when this does not occur, professionals do not achieve the proper management. For this unique service, there is a predominance of adaptation of techniques, adapting them to the age group of development (BRASIL, 2008). But when it comes to welcoming and bonding, it is essential that the professional achieves this connection with the child and often with the parents, who actively participate and become a reference of security in a new environment. Besides the fact that promoting health and creating new habits requires trust, making the office suitable for the moment. Agility and precision are also required: the instruments can be frightening, because it's something new, in a different environment, and they can generate both curiosity and anxiety. The act of showing how it works, naming the actions and procedures, and maintaining good communication, reflects in the security transference (WOLF, 2002).

Thus, the dentist's relationship cannot be limited to technical situations only; a humanization process is necessary for the management. Studies must be carried out on the theme, using humanization policies and data from psychology, an area that can contribute to dentistry. However, it is necessary to apply this knowledge in practice, respecting others, and being an empathetic and humane professional (BARK, 2018).

Among the limitations of this study, we highlight the possibility that dentists have taken the opportunity of the interview to express their anguish, which may have increased the number and intensity of negative emotions. The qualitative approach was suitable for the study because it offered greater explanatory value to the subjective aspects of the actors involved.

FINAL CONSIDERATIONS

With this study, it was possible to observe that the relationship of bonding is not evident in the daily routine of the dental surgeon in their work with users of the health service. It is perceived that there is still a service with little interaction and difficulty in building a bond. Further research is suggested to continue on this theme, due to its relevance as an aid to professionals in the area, so that the technical and welcoming management can be improved. As a limitation of this study, one can highlight that the professionals may have expressed anguish, an increase in the number or intensity of negative emotions.

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