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The Dentists of the Family Health Strategy: Study on the Taste Related to their Practices

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ABSTRACT

This study aimed to characterize origin and social trajectory as well as the taste relative to the professional practices of dentists working in the ESF of the municipal network of Salvador-BA. This is a cross-sectional, quantitative and exploratory study involving dentists who worked at the ESF in Salvador-BA. Data collection was carried out through structured questionnaires. Simple, relative frequencies were obtained and the Chi-square test was performed. 72 dentists who worked in the FHS participated in the study. There was a predominance of female dentists (80.28%) and with an average age of 39.2 years. As for social origin, 13.46% had a popular social origin, and 76.79% had an upward trend. About what they most like to do in the clinic, 58.82% answered procedures involving the restorative clinic. The taste for surgical clinic seems to have a correlation with popular social origin (28.57%). The study confirmed a phenomenon already described in the literature as feminization. Most dentists have an upward trend, which points to a rise in accumulated school capital. The taste was preferably for the restorative clinic. Therefore, the taste of professionals of popular origin for the surgical clinic can be the expression of a class habitus. This study points to a relationship between the taste for surgical clinic among professionals of popular origin.

Keywords

Dentists, Practice Management, Family health strategy, Oral health.

Introduction

The organization of public health actions and services in Brazil, throughout the 20th century and even in the first decades of the 21st century, reflects, to some extent, rearrangements, disputes and changes in the economic, political, social scenario and in the world of work. In this direction, it is worth highlighting the creation of the Unified Health System (SUS) in 1988; milestone in the political reorientation of health with a view to structuring an integral model of care, guided by an expanded conception of health, capable of concretizing its principles and intervening in the determinants of the health-disease process [1].

Therefore, counter-hegemonic proposals to the private health care model – previously shaped by the SUS – were implemented in the country, following the example of the Health Surveillance model [2]. However, such proposals "are subsumed under the private medical care model and the sanitary model" [3]. The author adds that the Family Health Strategy (ESF) made it possible to experiment alternative proposals in Brazilian municipalities [3].

Therefore, the Family Health is considered as an inducer of changes in the care model, reinforcing the humanization of care and the link between services and users [1]. I thave been launching in 1994 and later recognized as the Family Health Strategy, made it possible for the population to have greater access to health actions within the scope of primary care [4]. The actions developed by the teams (ESF) are aimed at the family nucleus, which is understood

from its physical and social environment, which enables a better understanding of the health-disease process [5].

In the context of oral health, it is necessary to historically rescue Ordinance 1,444, enacted in December 2000 by the Ministry of Health, which established a financial incentive for an organization of oral health care through the PSF [6]. Thus, from 2001 onwards, there was a certain growth in the implementation of Oral Health Teams (ESB) in the ESF, strongly boosted by the launch, in 2004, of the National Oral Health Policy (PNSB/2004), called Brasil Sorridente [7].

The PNSB/2004 represented changes in Brazilian public oral health, especially as it does not only deal with primary care and expands the target population. The main objectives of this Policy point to the reorganization of public dental services with a reorientation of the care model, qualification and strengthening of the ESF and comprehensive care through the implementation of Dental Specialty Centers (CEO) and Regional Dental Prosthesis Laboratories [7,8].

The expansion of oral health actions within the scope of the SUS also took place in Bahia and can be evidenced by the considerable growth of dentists included in the ESB. In December 2002, there were 206 ESB/ESF implemented in the state and in December 2019 there were 2,643 teams [8].

The conception of the organization of oral health care, particularly at the primary care level, through the implementation of ESB, represented changes in the dental surgeon's (CD) work process in order to establish the production of care. One of the most important foundations for effective care is teamwork, based on interdisciplinarity and multiprofessionalism. In addition, the adequacy of the work process requires comprehensive care, intersectoriality, expansion and qualification of care and adequate working conditions. In this way, a new space of practices and relationships to be built is created, aimed at improving the quality of health services and deepening the humanization of practices [7].

Studies indicate that the organization of oral health care through the expansion of the number of ESB in the ESF contributed to an improvement in the oral health condition of the Brazilian population, either through the indicators of national epidemiological surveys [9] or from the expansion of access and use of public dental services [10].

They carry out activities that enable an active posture in primary care in oral health, through actions that go beyond clinical care, incorporating- epidemiological surveys, preventive and health education actions and an articulation with the community in the catchment area [7]. In this direction, in the years following the PNSB/2004, the increase of dentists hired in the public service, the increase of resources destined to oral health, the number of procedures performed and the total number of first dental consultations programmatic, had denote the expansion of access and use of public services [11].

The growth in the number of dentists working in the public service due to the implementation of ESB also fostered research whose themes were related to the "world of work". Thus, studies indicate that these professionals are mostly female and young (age range between 23 and 45 years old) and a significant part had up to five years of graduation [12-15]. Although, the irregular employment equivalent to precarious work predominated, as well as low pay and the lack of a career plan.

Regarding the perception of dentists, the space of professional practice, investigations identified that the motivating factor for working in the public service was the possibility of financial stability and the affinity with preventive dentistry and public health [14,16].

In addition to the positive effects presented by studies on the expansion of oral health in the public sphere, especially in the ESF, few studies in the literature focus on professional practice in the light of the provisions of professionals and whether these provisions can contribute to the implementation of the PNSB in each place.

In this direction, the theoretical arsenal of the social sciences can contribute to investigations that seek to analyze elements of professional practice from the professional trajectory. Anchoring the French sociologist Pierre Bourdieu's theory of social action, it is assumed that professional behavior and choices can be understood as the product of a dialectical relationship between the situation and a habitus, understood here as a set of dispositions and perception schemes that retranslate the intrinsic and relational characteristics of the agent's position in the social space into practices and is inculcated by the social environment, as a set of unconscious, socially acquired dispositions [17].

Habitus is what makes an agent possess a taste, because preferences are associated with objective conditions of existence. In this way, taste is understood as the product of a cultural capital acquired at school, but also inherited from the family, so taste classifies and distinguishes. Therefore, the practices encouraged by this cultural capital distinguish the taste of the middle or popular class agent from a bourgeois.

To explore the relationship between the dentist's position in the social space and his decisions, this study aims to characterize sociodemographically the dentists inserted in public health in Salvador-BA, as well as to characterize their origin and trajectory. and relationships with taste related to their professional practices.

Methodology

This is a cross-sectional, quantitative and exploratory study involving dentists who worked in the Family Health Strategy (ESF) of the city of Salvador-BA between 2017 and 2019. The choice of the capital of Bahia was due to the size of the city and because of its be the one with the highest number of professionals working in the FHS in the state (n=159).

For data collection, structured questionnaires were applied, both in person and in electronic format (sent by e-mail). For face-to-face application situations, visiting the Family Health Units (USF) or even scientific events/courses promoted in the municipality and by the municipal health department for professionals were used as strategies.

The questionnaire included sociodemographic variables and variables about social origin and social trajectory and training and professional trajectory (occupied jobs). Sociodemographic variables included age, sex, ethnicity and marital status. In order to characterize the origin and social trajectory, questions about school capital and the occupation of the professionals' parents and grandparents were included. He was also asked about the likes and dislikes of professionals in relation to their practice. The answers were grouped according to the area or procedure in restorative clinic, surgical clinic and general clinic and promotion/ prevention actions (Chart 1).

Chart 1- Variables

Variables	Categorization	How it was measured
Social origin	Popular; Average; High	The analysis of the combination of schooling and maternal and paternal occupation was grouped according to the analysis.
Social Trajectory	Downward; Stable; ascending	It was grouped based on the analysis of the parents' occupation and education in relation to the same variables of the investigated dentists.
Restorative clinic	-	It included the following areas: Dentistry, Prosthodontics, Pediatric Dentistry, Endodontics, Periodontics, Orthodontics
Surgical clinic	-	It included the following areas: Surgery, Urgency, Implantology.
General clinic and promotion and prevention actions	-	It included the following areas: Prevention and adequacy of the oral environment, Educational activity, General practice.

The collected data were reviewed and entered into Excel spreadsheets. Data processing and analysis were performed using the Minitab statistical package version 14, with 95% confidence, so that simple, relative frequencies were obtained, and the chi-square statistical test was also performed.

The work was carried out following the rules that regulate research with human beings, having obtained the Free and Informed Consent Term (ICF) from the participants, as well as the Institutional Consent of the Health Department. It is noteworthy that the present work is part of a research project approved by the Research Ethics Committee (CEP) of the UFBA School of Dentistry (CAAE 47158615.0.0000.5024).

Results

71 dentists participated in the study, with a predominance of females (80.28%), who declared themselves to be brown or black (56.34%) and married (54.93%) in terms of marital status (Table 1), with a mean age of 39.2 years-old.

With regard to the educational capital of fathers and mothers, it can be observed that almost half of the fathers had at least completed graduation (49.30%) and that, among mothers, this percentage reached 57.75%. It is also worth noting that about 25% of the mothers had a specialization degree. The analysis of the combination of schooling and maternal and paternal occupation showed that most professionals had a medium social origin (57.59%). On the other hand, the analysis of parents' occupation and education in relation to the same variables of the investigated dentists revealed an ascending (76.79%) or stable (19.64%) trajectory for almost all professionals.

Table 1: Sociodemographic characterization, origin and social trajectory of dentists in the Family Health Strategy in the city of Salvador, Bahia.

Variáveis sociodemográficas	N	%
Gender		
Male	14	19.72
Female	57	80.28
Skin Colour		
Withe	30	42.25
Black	6	8.45
Brown	34	47.89
Indigenous	1	1.41
Marital Status		
Single	18	25.35
Married	47	65.21
Divorced	6	8.45
Father´s Schooling		
Elementary	8	11.27
High school	20	28.17
College	32	45.07
Pos Graduation	11	15.50
Mother´s Schooling		
Elementary	6	8.45
High school	19	26.76
College	26	36.62
Pos graduation	20	28.18
Social origin related with their parents		
Popular	7	13.46
Average	30	57.69
High	15	28.85
Social Trajectory related with their parents		
Downward	2	3.57
Stable	11	19.64
Ascending	43	76.79

The data obtained on professional training show that 39.44% graduated less than 15 years old (between 2005 and 2019), although the highest percentage was concentrated in the period 2000-2004 (35.21%) (Table 2).

In relation to the higher education institution where the professionals were trained, almost all graduated from public institutions; 63% in federal institutions and 22.54% in state institutions. Almost all of them had some postgraduate degree; 74.65% were specialists and 16.9% had already completed their master's degree. It was also possible to identify that 11.3% had another degree (Table 2).

Table 2: Characterization of the professional training of dentists in the Family Health Strategy in the city of Salvador, Bahia.

	N	%
Year of graduation		
1975-1989	5	7.04
1990-1994	4	5.63
1995-1999	9	12.68
2000-2004	25	35.21
2005-2009	18	25.35
2010-2014	9	12.68
2015-2019	1	1.41
Kind of Institution		
Federal	45	63.38
Estadual	16	22.54
Privaty	10	14.08
Highest Degree		
Graduation	6	8.45
Especiality	53	74.65
Master degree	12	16.90
Has another graduation		
Yes, before dentistry graduation	1	1.41
Yes, during dentistry graduation	2	2.85
Yes, after dentistry graduation	5	7.04
No	63	88.73

Asked about what they most liked to do in the clinic (actions and procedures), most answered actions and procedures involving the restorative clinic (58.82%), followed by the surgical clinic (23.53%) and, finally, actions and procedures of promotion or prevention in health (17.65%) - Table 3. Regarding what they did not like to do in the clinic, there was a balance between actions and procedures of the restorative clinic (46.97%) and surgery (43.94%). A smaller percentage (9.09%) mentioned some action or procedure related to health promotion or prevention that they did not like to perform.

Regarding job satisfaction, a considerable percentage said they were satisfied or totally satisfied (45.07%) while 12.68% showed some degree of dissatisfaction. It can also be identified that 52.11% would do dentistry again (Table 3).

Table 3: Distribution of dentists in the Family Health Strategy of the city of Salvador according to taste related to their practices (actions and procedures) and professional satisfaction.

	N	%
What do you like to do most at the clinic?		
Restorative clinic	40	58.82
Surgical Clinic	16	23.53
General Clinic, Promotion and prevetion	12	17.65
What don´t you like to do most at the clinic?		
Restorative clinic	31	46.97
Surgical Clinic	29	43.94
General Clinic, Promotion and prevetion	6	9.09
Are you satisfied with the work?		
Totally satisfied	7	9.86
Satisfeid	25	35.21
Midlle satisfeid	30	42.25
Insatisfeid	8	11.27
Totally insatisfeid	1	1.41
I would do dentistry again		
Yes	37	52.11
No	15	21.13
Maybe	19	26.76

When analyzing the taste of professionals, it was observed that among female dentists, the taste for restorative clinic actions and procedures prevailed (62.96%), followed by those of promotion and prevention and general practice (20.37%). Among male dentists, most of the taste (50%) was revealed by the surgical clinic procedures (Table 4). These findings were statistically significant.

As for ethnicity, a greater preference for the restorative clinic among those professionals who declared themselves white, black and brown. The only self-declared indigenous professional expressed his liking for the surgical clinic (Table 4).

The taste for the surgical clinic seems to be correlated with the popular social origin. The group of popular social origin had the highest percentage of liking for the referred procedures (57.14%). It was also observed that, among professionals of medium and high social origin, a statistically significant liking for the restorative clinic procedures prevails (60.71% and 57.14%, respectively) (Table 4).

Although the results related to the taste according to the social trajectory of the professionals did not show statistical significance, among professionals with an ascending trajectory (larger number among the participants) the taste for the actions of the restorative clinic prevailed, followed by the surgical clinic and, finally, actions preventive measures and general practice (Table 4).

Table 4: Análise do gosto relativo à prática profissional, segundo variáveis de estudo, entre os dentistas da Estratégia de Saúde da Família do município de Salvador, Bahia.

Variables	What do you like to do most at the clinic?			
	Restorative Clinic n (%)	Surgical clinic n (%)	General Clinic, Promotion and prevetion n (%)	P -value
Gender				
Male	6 (42.86)	7 (50.00)	1 (7.40)	**0.028**
Female	34 (62.96)	9 (16.67)	11 (20.37)	
Skin Colour				
Withe	20 (68.97)	6 (20.69)	3 (10.34)	
Black	3 (60.00)	2 (40.00)	-	0.09
Brown	17 (51.52)	7 (21.21)	9 (27.27)	
Indigenous	-	1 (100)	-	
Social origin related with their parents				
Popular	1 (14.29)	4 (57.14)	2 (28.57)	
Average	17 (60.71)	5 (17.86)	6 (21.43)	**0.04**
High	8 (57.14)	6 (42.86)	-	
Social Trajectory related with their parents				
Downward	-	1 (100)	-	
Stable	8 (72.73)	3 (27.27)	-	0.25
Ascending	21 (51.22)	11 (26.83)	9 (21.95)	
I would do dentistry again				
Yes	19 (52.78)	10 (27.78)	7 (19.44)	
No	9 (64.29)	3 (21.43)	2 (14.29)	0.85
Maybe	12 (66.67)	3 (16.67)	3 (16.67)	

Regarding the displeasure related to professional practice, it can be observed that among male dentists the highest percentage was for the restorative clinic actions group (50%) and, among female dentists, the displeasure was both for the actions of the clinic restorative and surgical clinic (46.15% for both). Regarding the ethnic group, the dislike for the restorative clinic was more prevalent among whites, blacks and indigenous people. Among the browns, dislike for the surgical clinic prevailed (Table 5).

The analysis of grief as a function of origin and social trajectory failed to point to a P-value. However, the relative values point to a lower dislike for the prevention/promotion and general practice procedures. Finally, the doubt about taking another course in dentistry or even the certainty of not wanting the course reveals a statistically significant correlation with the dislike for the surgical clinic (55.56% and 69.23% respectively) (Table 5).

Table 5: Análise do desgosto relativo à prática profissional, segundo variáveis de estudo, entre os dentistas da Estratégia de Saúde da Família do município de Salvador, Bahia.

Variables	What do not you like to do most at the clinic?			P -value
	Restorative Clinic n (%)	Surgical clinic n (%)	General Clinic, Promotion and prevetion n (%)	
Gender				
Male	7 (50.00)	5 (35.71)	2 (14.29)	0.67
Female	24 (46.15)	24 (46.15)	4 (7.69)	
Skin Colour				
Withe	13 (44.43)	12 (42.86)	3 (10.70)	
Black	3 (60.00)	2 (40.00)	-	0.83
Brown	14 (43.75)	15 (46.88)	3 (9.38)	
Indigenous	1 (100)	-	-	
Social origin related with their parents				
Popular	3 (42.86)	3 (42.86)	1 (14,29)	
Average	15 (53.57)	12 (42.86)	1 (3,57)	0.91
High	6 (42.82)	5 (35.71)	3 (21,43)	
Social Trajectory related with their parents				
Downward	1 (100)	-	-	
Stable	4 (36.36)	5 (45,45)	2 (18,18)	0.63
Ascending	21 (52.50)	16 (40,00)	3 (7,50)	
I would do dentistry again				
Yes	21 (60.00)	10 (28.57)	4 (11.43)	
No	3 (23.08)	9 (69.,23)	1 (7.69)	**0.03**
Maybe	7 (38.,89)	10 (55.56)	1 (5.56)	

Discussion

The present study revealed that most of professionals participating in the study and who worked in the Family Health Strategy in Salvador, Bahia were female, confirming a phenomenon already described in the literature- the feminization of the profession that, particularly in dentistry, points to since the 1980s- more women dentists have graduated than men [12,13]. Economic and cultural factors seem to be strictly related to this transformation process, which involve the search for equality of social rights between genders [15].

For professional training, the highest prevalence was of dentists from public institutions, which can be explained by two potential factors. First, it is worth remembering that until 1999, in the state of Bahia, there were no undergraduate courses in dentistry offered by private institutions. Next, it is important to temporally dimension the realization of the contest held in the municipality of Salvador. The Public Notice was published in 2011 and, at that time, the largest portion of professionals were graduates of public institutions. It is important to highlight these factors because the national scenario, not only in Bahia, points to changes in professional training, with a considerable growth in vacancies in private institutions. In this direction, the investigation by Martin et al. [18] identified 220 undergraduate and dentistry courses in Brazil, mostly private institutions (75%).

The time since graduation among the population were up to 15 years, is in some way consistent with reflections from other studies on the growth of jobs in the public sector – especially in oral health teams and from the PNSB/200419. The insertion in the public dental service can also be understood for the young graduate as an opportunity to enter the job market, even if it does not configure the professional ideals in the liberal model [20]. This makes special sense, considering the particularity of the municipality of Salvador to have held a public tender (statutory regime and with one of the highest salaries for a dentist) for the public health, which may also have attracted a greater number of them, especially the newly graduated professional. , those who perceive such insertion as a security [20,21].

Most dentists showed an ascending social trajectory compared to their parents, thus, there is an increase in accumulated school capital due to the degrees obtained, corroborating the study by Chaves and Vieira-da-Silva [21].

Since it is recommended by the PNSB/2004 that the dentist should work by developing actions to promote and protect health and prevent injuries, at an individual and collective level, a profile of dentists is expected to be consistent with such precepts. In general, it was possible to observe that even a considerable percentage claiming to be satisfied or totally satisfied with the work, the preference was for actions/procedures of the restorative clinic, followed by the surgical and, finally, for the general clinic and promotion actions. /prevention. These findings can be understood through the symbolic perception of dental practice; characterized as a profession dominated by individual, liberal practice, with very striking biological technical objectives [22].

For Bourdieu [23], the taste or preferences manifested through consumption practices is a product of the elements associated

with a class. The author even alerts us to situations of change of social position in which there is no automatic "conversion" of taste. That is, taste will reflect "the conditions in which the habitus was produced". Such reflections are quite opportune to discuss the main finding of the statistical analysis that seems to reveal an "adjustment" between the taste for certain actions/procedures of professional practice with the social origin. Therefore, it is necessary to history oral health policies in Brazil, in which until very recently (before the PNSB/2004) they did not guarantee comprehensive care, allowed the consolidation of "market dentistry" and, consequently, configured the popular classes exclusive access to mutilating procedures. Therefore, the taste of professionals of popular origin for the actions/procedures of the surgical clinic may be the expression of a class habitus, as the agents would adopt a disposition associated with their social origin.

However, these findings need to be considered. Although they allow reflections on the adjustment of taste, as an expression of habitus, in relation to professional practices, it is necessary to consider the methodological limits. A first aspect is the size of the study population, which is insufficient for the findings to be extrapolated. Another question is about the question posed to professionals who sought to identify in the "free and spontaneous response" about professional taste and did not expressly determine that clinical practice established each and every act of the practice of a dentist inserted in public health.

Conclusion

The consolidation of a health policy also requires that the guidelines and transversal actions are implemented in different spaces (or micro spaces). The implementation of the PNSB/2004 foresees a list of actions to be carried out by dentists at different levels of care, also including specificities of the oral health teams in the ESF. This study sought to give relevance to other dimensions of professional practice and points to a relationship between the taste for the surgical clinic among professionals of popular origin. Even considering the limits of the investigation and the fact that it is a preliminary study on the issue, the investigation points to the need for debates on the perspective of sociology for the analyzed practice and for the development of more robust studies, including possible relationships between the " taste" of agents and implementation of the PNSB.

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