Insertion of graduates of a Dentistry course in Piauí in the job market

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ABSTRACT

Existent transformations and complexities within dental labor market raise doubts about dentists' inclusion in professional practice, and their training. This research, therefore, aimed to evaluate the entry of Federal University of Piauí dentistry course graduates into the labor-market. This crosssectional, quantitative study, conducted by sending an online auto-questionnaire to 76 dentists, graduated between 2017 and 2018, addressing sociodemographic data, postgraduate studies and entry into the labor market, receiving response-rate of 92.1%. Descriptive data analysis performed showed the majority of graduates (88.6%) had or were taking a postgraduate course, mainly in Surgery, Endodontics and Orthodontics. Relative to market entry, 4.3% had never practiced the profession, and 75.7% entered within 3 months after graduation. Dentists were equally divided between public and private sectors, primarily working 40 hours/week (75.4%), earning monthly income of up to 5 minimum salaries (91.3%). Only 11.4% were not satisfied with the chosen profession, and 40% judged the level of market difficulty was intermediate. Among the difficulties reported at the beginning of the profession, the majority of dentists cited the low salaries (82.1%) and insecurity in clinical practice (70.1%). As a suggestion for the undergraduate course, they indicated that they could focus on Administration, Marketing and Entrepreneurship. The market was observed to provide opportunities for rapid inclusion, however with a reduction in exercising the profession in a strictly independent manner. Graduates placed value on postgraduate studies, and despite difficulties, they were satisfied with the profession.

Descriptors: Job Market. Dentistry. Dental Staff.

1 INTRODUCTION

The dental job market is inserted in a dynamic scenario, determined by several factors, among which there is evidence of the epidemiological patterns, cultural and economic contexts, models of service provision and labor supply¹. A progressive movement towards a reduction in strictly autonomous private practice has been observed, with the popularization of group dentistry systems and expansion of work in the public service².

Until the end of the 20th century, the dental profession was predominantly autonomous, based on a technical, curative and specialized approach³. From the 1990s onwards, the health labor market in the country (Brazil) began to show flexibility as regards the ways in which workers were inserted in it, and this let to changes in the dental scenario that had been predominantly autonomous up until then⁴.

In the private sphere, supplementary health plans began to gain space^{4,5}. Health insurances providers had become intermediaries in the patient-professional relationship, as a strategy to attract patients⁴. In the public sector, the insertion of oral health teams in the then Family Health Program, at the beginning of 2001, expanded the job market⁶ and redefined the role of dentists in public health⁷.

Three years later, the National Oral Health Policy – Brazil Sorridente, expanded the oral health teams and organized a referral and counter-referral network through the Dental Specialties Centers (CEO)⁸. Since then, the Unified Health System (SUS) has become a major employer of dental surgeons (DS)⁹. Currently, there are over 28 thousand jobs in Brazil for DS in the Family Health Strategy (ESF)¹⁰.

The changes in this context have shown the inadequacy of traditional dental formation – with an emphasis on fragmented practices and dentists

working almost exclusively in the private market, which has pointed out new challenges in dental education¹¹. As a theoretical-methodological marker of the higher education reform process, the National Curricular Guidelines (DCN) for dentistry courses were launched, in 2002. The DCN established new references for the curriculum, in order to approximate the graduate's profile to social demands, and in alignment with SUS¹².

In parallel, there was a significant increase in dentistry graduation courses. From 2015 to 2018, the number of courses increased from 241 to 385^{13,14}. The larger offer of vacancies for dentistry graduation culminated in the increase in the labor supply, without any planning for the distribution and capacity of the labor market to absorb this increase¹⁵. Today, Brazil has over 339 thousand dentists, with 52.7% of them concentrated in the Southeast region¹⁶. In the Northeast, in addition to the concentration of DS in the capitals, there is also a deficit of professionals in the interior of the states¹⁷. This is reflected in saturation of the autonomous with market. consequent increase in competitiveness, precarious working conditions and devaluation of the profession^{18,19}.

The dentistry course of the Federal University of Piauí (UFPI), motivated by the National Program for the Reorientation of Professional Formation in Health (Pró-Saúde), in 2007, reformulated its pedagogical project and curricular matrix in line with the DCN, in order approximate the graduate profile to the needs of a job market that was directed towards other sectors, especially the public sector, within the scope of the Unified Health System²⁰.

The difficulties that permeate the present dental labor market scenario, have raised questions about the insertion of dentists, especially at the beginning of their professional career, when they have not yet established themselves in the profession. Knowing the profile of these professionals, will make it possible to "guide changes in the profession, new trends and needs in the labor market, in addition to guiding future decisions of course managers"²¹.

In this context, the aim of this study was to evaluate the insertion of dentistry Course graduates from the Federal University of Piauí in the job market, by identifying their profile, career choices and the possible difficulties they faced.

2 METHODOLOGY

This was a cross-sectional, quantitative study. The population consisted of dentists who had graduated from the dentistry course of UFPI in 2017 e 2018, totaling 80 individuals. For the sample calculation, the prevalence of 95.1% of DS insertion in the labor market was adopted²². A study design correction factor of 1.8 was applied to increase sample accuracy, with a 95% confidence interval and a 5% margin of error. Thus, the minimum sample size was defined as being 69 graduates, with the addition of 10% to compensate for possible losses, thus 76 individuals were invited to participate in the research.

The collection instrument consisted of a self-administered online questionnaire, hosted on the Google-Forms® platform (Mountain View, CA, USA: Google LLC), composed of 20 questions (12 closed and 8 open). The variables addressed were: age, sex, postgraduate modality and area, time to market entry, county and work sector, type of employment link, workload, remuneration, perception of the labor market, job satisfaction, reasons for not practicing dentistry, difficulties faced at the beginning of professional practice and suggestions for improving the graduation course.

After a pilot study with a convenience sample and instrument adjustment, data were collected. The graduates were identified in the course coordination office and contacted via WhatsApp ® (Menlo Park, CA, USA: WhatsApp Inc) in September 2019, to send the term of free and informed consent and the link to access the questionnaire. In cases where there was no return within 7 days, two further attempts were made to contact the graduate, with an interval of 7 days between each attempt.

Data processing and statistical analysis was performed with the Statistical Package for the Social Sciences program (SPSS® for Windows, version 20.0, Armonk, NY, USA: IBM Corp). The absolute and relative frequencies of the variables were described. Due to the great diversity of responses to two open questions, referring to county of work and the suggestions for the graduation course, it was necessary to group them into categories for descriptive analysis. For the first question, the type of region (metropolitan or inland) and the state (if in Piauí and/or another state) were used as criteria. Regarding the suggestions for the course, the answers were categorized according to the suggested areas of knowledge to improve the approach and those to be implemented in the course.

This study was approved by the UFPI's Research Ethics Committee (Approval Protocol No. 3.553.410/2019).

3 RESULTS

Of the 76 graduates invited to participate in the survey, 70 responded to the questionnaire (response rate of 92.1%). Table 1 describes the profile of the participants. The majority were female (68.6%), aged between 22 and 25 years (81.4%). The majority of graduates (88,6%) had or were taking some type of postgraduate course, among which specialization (54.3%) and improvement (42.8%) were outstanding. The most cited areas were Surgery, Endodontics and Orthodontics (table 1).

Table 1. Profile of study participants

Variables	n	%
Sex		
Male	22	31,4
Female	48	68,6
Age range (in years)		
22 - 25	57	81,4
26 - 31	13	18,6
Period when graduation was concluded		
2017.1	13	18,5
2017.2	20	28,6
2018.1	17	24,3
2018.2	20	28,6
Postgraduate studies		
Improvement	12	17,1
Specialization	20	28,6
Residence	1	1,4
Master's degree	8	11,4
Improvement and specialization	13	18,6
Improvement and master's degree	3	4,3
Specialization and master's degree	3	4,3
Improvement, specialization and master's degree	1	1,4
Improvement, specialization and residence	1	1,4
Participant did not do postgraduate studies	8	11,4
Postgraduate area*		
Surgery	23	37,1
Endodontics	19	30,6
Periodontics	2	3,2
Orthodontics	15	24,2
Implantology	4	6,5
Collective health	6	9,7
Prosthesis	3	4,8
Radiology	1	1,6
Special patients	1	1,6
Forensic dentistry	1	1,6
Orofacial harmonization	2	3,2
Dentistry clinic	12	19,4
Total	70	100,0

*Participants could answer more than one postgraduate área and valid percentages were considered.

According to table 2, 81.4% were inserted in the market. The time it took to be inserted in the job market was up to 3 months after graduation for 75.7% of graduates, with 45.1% joining in less than 1 month. As regards geographical distribution, the dentists had established themselves professionally in a comparable way between the metropolitan region of Teresina (52.6%) and the interior (47.4%). It should be noted that 36.8% worked in other states – Maranhão, Ceará, Pará and Mato Grosso. Among the 13 participants who were not

employed in dentistry (18,6%), the main reason was their dedication to postgraduate studies (12,8%).

Only two graduates reported the pursuit of another degree, due to frustration with dentistry (2.9%) (table 2).

Table 2. Characterization of dentists regarding professional practice, region and state whe	ere they
worked, reasons for not practicing dentistry, and time taken to enter the market	

Variables	n	%
Professional practice		
Currently practices	57	81,4
Has practiced, but not at present	10	14,3
Never practiced dentistry	3	4,3
Region type*		
Metropolitan Region of Teresina	26	45,6
Metropolitan Region of Teresina and inland	4	7,0
Inland	27	47,4
State*		
Piauí	36	63,2
Piauí and another state	4	7,0
Another state	17	29,8
Reasons for not practicing dentistry		
At present, practices	57	81,4
Dedication to postgraduate studies	9	12,8
Sought another graduation	2	2,9
Another	2	2,9
Time to market entry (months)		
Never practiced dentistry	3	4,3
<1	32	45,7
1 – 3	21	30,0
4-6	8	11,4
> 6	6	8,6
Total	70	100,0

*n=57 wich corresponds to dentists who practice the profession at present and valid percentages were considered.

As regards the sectors of activity, mutual practice in both public and private sectors predominated (38.6%). Table 3 describes the employment link, workload, monthly income, ideal remuneration and salary classification, according to the sector.

In the public sector, the predominant link was the formal contract (57.1%), followed by work without a contract (23.8%). In the private sector, the most cited form of activity was the provision of

services (43.2%), and the autonomous practices, the least prevalent (21.6%). For 68.4%, the corresponding workload was between 31 and over 40 hours a week. The monthly remuneration varied between 1 and 9 minimum wages, and the majority received up to 5 minimum wages (91.3%). The graduates classified their salary as good or regular (77.2%) and considered an ideal remuneration in the range of 3 to 10 minimum wages (82.5%) (table 3).

		Sector			
Variables	Public	Private	Public and Private	Total	
	n (%)	n (%)	n (%)	n (%)	
Public link					
Formal signed contract (CTPS**)	13 (65,0)	-	11 (50,0)	24 (57,1)	
Signed contract (no CTPS**)	2 (10,0)	-	3 (13,6)	5 (11,9)	
Statutory	1 (5,0)	-	2 (9,1)	3 (7,1)	
No contract	4 (20,0)	-	6 (27,3)	10 (23,8)	
Total	20 (47,6)	-	22 (52,4)	42 (100,0)	
Private link					
Service provision	-	7 (46,7)	9 (40,9)	16 (43,2)	
Profit sharing	-	4 (26,7)	9 (40,9)	13 (35,1)	
Autonomous	-	4 (26,7)	4 (18,2)	8 (21,6)	
Total		15 (40,5)	22 (59,5)	37 (100,0)	
Weekly workload (hours)*					
≤ 20	4 (20,0)	4 (26,7)	0 (0,0)	8 (14,0)	
21 - 30	2 (10,0)	2 (13,3)	5 (22,7)	9 (15,8)	
31 - 40	13 (65,0)	6 (40,0)	7 (31,8)	26 (45,6)	
>40	0 (0,0)	3 (20,0)	10 (45,5)	13 (22,8)	
Not answered	1 (5,0)	0 (0,0)	0 (0,0)	1 (1,8)	
Monthly income (minimum	wages)*				
> 3	7 (35,0)	8 (53,3)	1 (4,5)	16 (28,1)	
3-5	11 (55,0)	6 (40,0)	19 (86,4)	36 (63,2)	
> 5	1 (5,0)	1 (6,7)	2 (9,1)	4 (7,0)	
Not answered	1 (5,0)	0 (0,0)	0 (0,0)	1 (1,8)	
Ideal remuneration (minimu	im wages)*				
3-5	7 (35,0)	5 (33,3)	0 (0,0)	12 (21,1)	
6 - 10	10 (50,0)	9 (60,0)	16 (72,7)	35 (61,4)	
11 - 15	1 (5,0)	1 (6,7)	4 (18,2)	6 (10,5)	
16 - 20	1 (5,0)	0 (0,0)	2 (9,1)	3 (5,3)	
Not answered	1 (5,0)	0 (0,0)	0 (0,0)	1 (1,8)	
Salary classification*					
High	2 (10,0)	0 (0,0)	1 (4,5)	3 (5,3)	
Good	5 (25,0)	4 (26,7)	9 (40,9)	18 (31,6)	
Regular	5 (25,0)	10 (66,7)	11 (50,0)	26 (45,6)	
Bad	7 (35,0)	1 (6,7)	1 (4,5)	9 (15,8)	
Terrible	1 (5,0)	0 (0,0)	0 (0,0)	1 (1,8)	
Total	20 (35,1)	15 (26,2)	22 (38,6)	57 (100,0)	

Table 3. Employment link, weekly workload, average monthly income, ideal remuneration and salary classification of the dentists who practiced the profession, according to the working sector

* n = 57 that correspond to dentists who currently practice and valid percentages were considered. **Employment and Social Security Record booklet Table 4 details the market perception, professional satisfaction and challenges faced. As regards perception of the labor market, the largest portion considered it to be regular (40%). Concerning job satisfaction, only 11.4% reported not being satisfied with dentistry (table 4). The 67 participants who had already entered the market (95.7%) were asked about the difficulties experienced at the beginning of their professional practice. All difficulties were reported by a considerable portion of the graduates; the most cited were low remuneration (82.1%) and insecurity in clinical practice (70.1%).

Table 4. Perception of dental surgeons about the dentistry labor market, job satisfaction and difficulties reported at the beginning of professional practice.

Variable	n	%
Market perception		
Great	0	0,0
Good	17	24,3
Regular	28	40,0
Bad	19	27,1
Terrible	6	8,6
Job satisfaction		
Very satisfied	8	11,4
Satisfied	36	51,4
Neither satisfied nor dissatisfied	18	25,7
Dissatisfied	7	10,0
Very dissatisfied	1	1,4
Difficulties at the beginning of professional practice		
Insecurity in clinical practice		
Yes	47	70,1
No	20	29,9
Difficulty to finding first job		
Yes	28	41,8
No	39	58,2
Low remuneration		
Yes	55	82,1
No	12	17,9
Inadequate working conditions		
Yes	35	52,2
No	32	47,8
Difficulty in attracting patients		
Yes	27	40,3
No	40	59,7
Lack of administrative experience		
Yes	36	53,7
No	31	46,3

* n = 67 who corresponded to dentists who worked in the market or have already entered, but did not practice the profession at present, and the valid percentages were considered

As suggestions for the UFPI dentistry course, the graduates pointed out mainly the approach to Administration, Marketing and Entrepreneurship (55.7%), going more deeply into Surgery (17.1%) and the implementation of other disciplines (14.3%), such as Special Patients and Psychology for Dentistry.

4 DISCUSSION

In the present study, the majority of participants were female, up to 25 years old. The female presence in dentistry has strengthened since the 1980s, and at present 56.3% of DS in Brazil are women².

The yearning of graduates to seek postgraduate studies was observed to be a characteristic that persists, corroborating other studies^{1,21-24}. The first years of the profession are focused on consolidating themselves in the labor market and specializing⁵. Continuing education is seen as a qualifying and differentiating factor, a competitive strategy for the job market 22,23,25, or as a way to overcome undergraduate deficiencies²⁴. The predominance of the lato sensu type is also related to the preference for traditional clinical practices¹. Although there is a demand for lato sensu postgraduate courses, UFPI offers only two courses in this modality for dentistry, specialization in Orthodontics and residency in Oral and Maxillofacial Surgery and Traumatology. In this study, the areas most frequently mentioned by the interviewees were Surgery (mainly in improvement), Endodontics and Orthodontics. The latter two are the areas with the highest number of specialists DS in Brazil¹⁶.

Despite the saturation suggested by the increasing number of courses and professionals¹⁷, the majority of graduates managed to enter the market within 3 months, as observed in other studies^{1,22}. The fact is associated with the increase in the number of new jobs, both in the public service, by the expansion of oral health in the

sector, and in the private market, due to the increase in popular clinics and health plans^{1,22,23,26}.

The distribution of the dental workforce in Brazil is marked by imbalance¹⁷, with a concentration of professionals in urban centers^{2,27}. In the results of the present study, the DS were observed to be equally established between the RMT and the interior, in agreement with a study from Piauí²¹, in which 60% of dentists work within the state. This better distribution is assumed to be associated with the possibility of job opportunities in the interior regions that have a lower number of professionals and greater demand for oral health care, in contrast with the saturation of DS in the capital¹⁷.

Relative to the sectors of activity, the DS were observed to be inserted comparatively evenly between the public and private sectors, however, with a reduction in exclusively private practice and predominance of practice in both sectors. Within the private sector, the forms of outsourced activity prevailed over the autonomous types. This result was in line with the situation observed in a study with recent graduates from Ceará²², but contrasted with others, conducted in Rio Grande do Norte¹, Tocantins²³ and São Paulo²⁵, in which private activity predominated. However, the result confirmed the trend towards a progressive reduction in autonomous practice, in parallel with the expansion of public service and group dentistry practices^{1,19}. Employment with fixed income, previously viewed with reservations, gained the perspective of the desired financial stability, considering the uncertainties of managing an autonomous practice¹⁵.

The absorption of professionals into the private market has partly been due to the rise in supplementary health care^{1,26}. However, this segment sometimes prioritizes market ideals to the detriment of professional autonomy and working conditions^{5,19}. In the public sector, the number of professionals who work without contracts is

highlighted, denoting the precariousness of labor links.

Most of the DS inserted in the market had a monthly income of up to 5 minimum wages, similar to the average income found in a study with recent graduates²² and a value lower than that of other studies that approached DS who had been in the profession for a longer period of time 1,21,23,25 , in which the predominant range was up to 10 minimum wages. Relative to satisfaction with salary, the majority considered their income as good or regular, and pointed out the range between 6 and 10 minimum wages as being the ideal target remuneration - an average consistent with the Brazilian reality^{1,2,21,23,25}.

The participants judged the labor market mainly as being regular, a more withdrawn view than that observed in other studies^{1,22}, in which $40\%^1$ and $41,4\%^{22}$ pointed out good prospects for the profession. However, in relation to the satisfaction with the career choice, only a small portion declared themselves dissatisfied.

During the transition from university to professional life, recent graduates face difficulties in entering the labor market²⁸. The difficulties mentioned by the DS, although somehow to be expected at the beginning of their professional practice, could signal the unfavorable situation of a saturated market, as well as partially reflecting a gap between academic life and reality²⁹. Despite the fact that the majority had entered the market within 3 months after graduating, it was also observed that 41.8% reported difficulties in finding their first job.

As a suggestion for improving the graduation course, the participants pointed out an increase in the number of hours dedicated to notions about Administration, Marketing and Entrepreneurship in the existing disciplines, or even the creation of a new curricular component of the UFPI's dentistry course, which could contribute to the adaptation of recent graduates to the labor market, a fact also observed by other authors^{21,24,25,29}. This need does arise, since dentistry allows professionals to work in several modalities, and the competitive autonomous scenario requires DS to be capable of assuming these types of assignments^{24,29}. There are still further challenges to overcome in order to approximate the formation and reality of dental surgeons, especially in terms of providing graduates with better preparation for facing the adversities experienced in the period of transition from the university to the labor world.

As limitations of the present study, the amplitude of the sample is pointed out, since it refers to only one educational institution; moreover, the summarized approach to the difficulties faced by the newly graduated dentists deserves further discussion.

5 CONCLUSÕES

The profile of graduates from the UFPI dentistry course in 2017 and 2018 was predominantly that of young women, who placed value on postgraduate education. The market provided opportunities for insertion in a timely manner, with satisfactory monthly remuneration, however, with a reduction in strictly autonomous practice and a greater tendency to seek employment with fixed income. In general, despite the difficulties, the graduates were satisfied with the profession.

RESUMO

Inserção no mercado de trabalho de egressos de um curso de Odontologia do Piauí

As transformações e dificuldades que permeiam o mercado de trabalho odontológico despertam questões sobre a inserção dos cirurgiõesdentistas e sua formação diante do exercício profissional. O objetivo deste trabalho foi avaliar a inserção de egressos do curso de Odontologia da Universidade Federal do Piauí no mercado de trabalho. Neste estudo transversal de caráter quantitativo, um questionário online autoaplicável foi enviado a 76 cirurgiõesdentistas formados entre 2017 e 2018, abordando dados sociodemográficos, investimento em pósgraduação e ingresso no mercado de trabalho. Foi realizada análise descritiva dos dados. A taxa de resposta foi de 92,1%. A maioria dos egressos (88,6%) possuía ou cursava algum tipo de pósgraduação, principalmente nas áreas de Cirurgia, Endodontia e Ortodontia. Quanto ao ingresso no mercado, apenas 4,3% nunca exerceram a profissão e 75,7% se inseriram em até 3 meses de formados. Os cirurgiões-dentistas estão divididos de forma equiparável entre os setores público e privado, possuem em sua maioria jornadas de até 40 horas (75,4%) e renda mensal de até 5 salários mínimos (91,3%). Apenas 11,4% não estão satisfeitos com a profissão escolhida e 40% julgam o mercado como regular. Entre as dificuldades relatadas no início da profissão, as mais citadas foram baixa remuneração (82,1%) e insegurança na prática clínica (70,1%). Como sugestão para o curso de graduação, indicaram а abordagem de Administração, Marketing e Empreendedorismo. Observou-se que o mercado proporcionou oportunidades para uma inserção rápida, no entanto, com redução do exercício estritamente autônomo. Os egressos valorizam a pósgraduação e apesar das dificuldades, estão satisfeitos com a profissão.

Descritores: Mercado de trabalho. Odontologia. Recursos Humanos em Odontologia.

REFERENCES

- Pinheiro IAG, Noro LRA. Egressos de Odontologia: o sonho da profissão liberal confrontado com a realidade da saúde bucal. Rev ABENO. 2016;16(1):13-24.
- Morita MC, Haddad AE, Araújo ME. Perfil Atual e Tendências do Cirurgião Dentista Brasileiro. Maringá: Dental Press International, 2010.
- Lucena EHG, Pucca Júnior GA, Sousa MF. A Política Nacional de Saúde Bucal no Brasil no contexto do Sistema Único de Saúde. Tempus (Brasília). 2011;5(3):53-63.
- 4. Cardoso AL, Vieira ALS, Machado MH.

Mercado de trabalho dos odontólogos no Brasil. Divulg saúde debate. 2010;(45):71-9.

- Freitas CHSM. Dilemas no exercício profissional da Odontologia: a autonomia em questão. Interface Comun Saúde Educ. 2007;11(21):25-38.
- Brasil. Portaria nº 1.444, de 28 de dezembro de 2000. Estabelece incentivo financeiro para reorganização da saúde bucal prestada nos municípios por meio do Programa Saúde da Família. Diário Oficial da União 29 dez 2000;Seção 1.
- Moretti-Pires RO, Bueno SMV. Freire e formação para o Sistema Único de Saúde: o enfermeiro, o médico e o odontólogo. Acta Paul Enferm. 2009;22(4)439-44.
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Coordenação Nacional de Saúde Bucal. Diretrizes da Política Nacional de Saúde Bucal. Brasília; 2004.
- Moura MS, Ferro FEFD, Cunha NL, Sousa Nétto OB, Lima MDM, Moura LFAD. Saúde bucal na Estratégia de Saúde da Família em um colegiado gestor regional do estado do Piauí. Ciênc Saúde Colet. 2013;18(2):471-80.
- 10. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Cobertura da Saúde Bucal set 2019. e-Gestor Atenção Básica. [Cited November 24, 2019]. Avaliable at: https://egestorab.saude.gov.br/paginas/acess oPublico/relatorios/relHistoricoCoberturaS <u>B.xhtml</u>.
- Silveira JLGC, Garcia VL. Mudança curricular em Odontologia: significados a partir dos sujeitos da aprendizagem. Interface (Botucatu). 2015;19(52):145-58.
- Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES 3, de 19 de

fevereiro de 2002. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Odontologia. Diário Oficial da União 4 mar 2002;Seção 1.

- Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. Sinopse Estatística da Educação Superior 2015. Brasília: Inep, 2016. [Cited June 21, 2019]. Avaliable at: <u>http://portal.inep.gov.br/basicacenso-escolar-sinopse-sinopse.</u>
- 14. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. Sinopse Estatística da Educação Superior 2018. Brasília: Inep, 2019. [Cited November 10, 2019]. Avaliable at: <u>http://portal.inep.gov.br/basica-censo-escolar-sinopse</u>.
- 15. Cascaes AM, Dotto L, Bomfim RA. Tendências da força de trabalho de cirurgiões-dentistas no Brasil, no período de 2007 a 2014: estudo de séries temporais com dados do Cadastro Nacional de Estabelecimentos de Sáude. Epidemiol Serv Saúde. 2018;27(1):e201723615.
- Conselho Federal de Odontologia. Estatísticas.
 2020. [Cited July 28, 2020]. Avaliable at: <u>http://website.cfo.org.br/estatisticas/</u>.
- 17. San Martin AS, Chisini LA, Martelli S, Sartori LRM, Ramos EC, Demarco FF. Distribuição dos cursos de Odontologia e de cirurgiões-dentistas no Brasil: uma visão do mercado de trabalho. Rev ABENO. 2018;18(1):63-73.
- Ferreira NP, Ferreira AP, Freire MCM. Mercado de trabalho na Odontologia: contextualização e perspectivas. Rev Odontol UNESP. 2013;42(4):304-9.
- Moraes DA, Maluf F, Tauil PL, Portillo JAC. Precarização do trabalho odontológico na saúde suplementar: uma análise bioética. Ciênc Saúde Colet. 2019;24(3):705-14.
- 20. Nétto OBS, Moura MS, Lima MDM, Lages

GP, Mendes RF, Moura LFAD. O Pró-Saúde no curso de Odontologia da Universidade Federal do Piauí (UFPI): relato de uma vivência de cinco anos. Cienc Cuid Saude. 2013;12(2):391-7.

- 21. Ferraz MAL, Nolêto MSC, Martins LLN, Bandeira SRL, Portela SGC, Pinto PHV, et al. Perfil dos egressos do curso de Odontologia da Universidade Estadual do Piauí. Rev ABENO. 2018;18(1):56-62.
- 22. Pinheiro VC, Menezes LMB, Aguiar ASW, Moura WVB, Almeida MEL, Pinheiro FMC. Inserção dos egressos do curso de odontologia no mercado de trabalho. Rev Gauch Odontol. 2011;59(2):277-83.
- 23. Costa BAO, Gonçalves CF, Zanin L, Flório FM. Inserção de egressos de Odontologia do Tocantins no mercado de trabalho. Rev ABENO. 2016;16(2):93-104.
- 24. Melo Júnior PC, Gurgel LGF, Gimarães RP, Beatrice LCS, Pedrosa MS, Silva CHV. Perfil dos egressos do Curso de Odontologia da Universidade Federal de Pernambuco. Rev ABENO. 2018;18(3):93-104.
- 25. Mialhe FL, Furuse R, Gonçalo CS. Perfil profissional de uma amostra de egressos da Faculdade de Odontologia de Piracicaba. UFES Rev Odontol. 2008;10(2):31-6.
- 26. Pietrobon L, Silva CM, Batista LRV, Caetano JC. Planos de assistência à saúde: interfaces entre o público e o privado no setor odontológico. Ciênc Saúde Colet. 2008;13(5):1589-99.
- 27. Gabardo MCL, Ditterich RG, Cubas MR, Moysés ST, Moysés SJ. Inequalities in the workforce distribution in the Brazilian Dentistry. Rev Gauch Odontol. 2017;65(1):70-6.
- Teixeira MAP, Gomes WB. Estou me formando... e agora? reflexões e perspectivas de jovens formandos universitários. Rev Bras Orientac Prof.

2004; 5(1):47-62.

29. Saliba NA, Moimaz SAS, Prado RL, Garbin CAS. Percepção do cirurgião-dentista sobre formação profissional e dificuldades de inserção no mercado de trabalho. Rev Odontol UNESP. 2012;41(5):297-304.

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