

Day-to-day representations about practice by dentists in primary care: a scope review of the literature

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ABSTRACT

Although much is known about measurable data on Oral Health in Primary Health Care (PHC), little is known about the individual and subjective aspects of the dental professional. In the performance of their functions, dentists keep in touch with some environmental and technological aspects, and with people in their total complexity. In response, these conditions trigger a series of emotions in the [dentist's] body, which are consciously expressed through their feelings. Given this scenario, the present study arose from the assumption that dentists have a great deal to say about the everyday representations they have about their job. The objective of this study was to identify the feelings expressed by dentists in their practice in PHC, based on the data that has been produced in the. The scope of the review was chosen due to the limited number of researches in this field. The present study was conducted taking into consideration the twenty essential items and the two optional items of the Prisma Extension for scope reviews presented by Tricco et al. in 2018. The search was conducted in the period from August to October 2020, by using the construction of the mnemonic research question that represented Population, Concept and Context, which was defined as follows: P = Dentists, C = feeling and C = primary care. Based on this study, we were able to perceive the extent to which dental practice was subject to emotions and feelings that were frequently antagonistic and, therefore, it was necessary to examine them in greater depth.

Descriptors: Primary Health Care. Dentists. Emotions.

1 INTRODUCTION

In Brazil, oral health was incorporated into primary care (PC) at the beginning of the 21st century and this has been translated into a unique experience in the global context, since there are no records that any other country in the world has incorporated Dentistry into this level of care in the

same way as has been done in Brazil¹.

The National Oral Health Policy (NOHP) (Política Nacional de Saúde Bucal - PNSB), also denominated “Smiling Brazil” has undoubtedly been a milestone in this sense because since its origin, based on a national effort to strengthen oral health actions and provide greater coverage these

actions in the country, this policy has been consolidated as the largest public oral health policy in the world². This has been responsible for the exponential growth of the Oral Health Teams (OHTs) [“Equipes de Saúde Bucal” (ESB)] in the context of the Family Health Strategy (FHS) [“Estratégia de Saúde da Família” (ESF)]³.

This recent scenario - that has prevailed in the last two decades - has, however, been opposed to the model that has historically guided dental practices in Brazil. In the period from the 1920s to the 2000s, the dynamics of care adopted was restricted to curative procedures - usually mutilating - that served urban workers, in order to guarantee their productive capacity by expanding the private network contracted for this purpose⁴. This was the logic of biopolitics⁴. That is to say, for over a century, dentistry in Brazil had nothing to do with the macro and micro social contexts that determined and circumscribed the health-disease process⁵.

The inclusion of oral health (OH) in the sphere of primary care (PC) has, therefore, brought undeniable advances, especially in the context of the FHS. The expansion of access⁶, to coverage of the population by OHTs⁷ and reduction in tooth loss⁸, for example, are irrefutable facts.

However, although much is known about measurable oral health data in the post-NOHP period, little is known about the individual and subjective aspects of the oral health professional. Thus, the questions of this research are: what do dental professionals who work in the PHC sphere feel? The hegemonic biomedical paradigm guides health professions - and therefore dentistry as well - and this paradigm focuses on curativism and disease, in addition to fostering market expectations and the configuration of working in an individualized and productivist manner. Thus, the issue that motivated this study was to find out the way it should be for dentists educated/trained according to this paradigm, to perform/operate? in

a logic of work that differs from the hegemonic type, in which the work is done by a team, inserted into the community, in an intersectoral manner, centered on individuals and groups according to their social inclusion and recommending health promotion actions?

This concerns a radical change in perspectives and work routines, which involves breaking down paradigms, applying new significance of concepts, readjusting postures and complex technical realignment, changes that have not always been accompanied by appropriate training and have occurred in the short space of less than two decades. The aim of dentists' work in the current scenario of primary care practices, therefore, goes beyond the individual and biomedical dimension. It assumes the social determination and the family and community relationship, which corroborates the high degree of complexity that guides the work within the scope of Family Health⁹. Bearing in mind that the human essence is not abstract, it is not an internal element of each isolated individual, but a product of the social relations of production. Moreover, it is constructed based on a practical existence¹⁰, thus it is clear that the concrete conditions of work are responsible for the subjective processes through which professionals go. In the performance of their duties, therefore, dentists - who were not prepared to do so - come into contact with environments, technologies and people in their total complexity, causing them different types of strangeness, triggering a series of emotions, as the body's responses that are consciously expressed through feelings. Emotions and feelings¹¹ are linked to subjective phenomena that cannot only influence but shape the individual's social structure and guide the dynamics of human activity.

Therefore, this study began, based on the assumption that given the socio-historical construction of dentistry in Brazil, as well as the present conditions of work done by dentists in the

FHS. Therefore, Dentists would have a great deal to say about their feelings, and they would express these in terms of the day-to-day representations perceived by them about the situation prevailing at present time. The feelings of dental professionals, notably dentists, will have an impact on their work in PC. The aim of this scope review, therefore, was to identify the feelings expressed by dentists, which emerged as day-to-day representations concerning their practice in PHC based on the data that has been produced and revealed in the literature on the subject.

2 METHOD

The option decided on was to conduct a scope review, a type of literature mapping indicated for understanding broad topics, and was capable of bring together different study designs, with the purpose of recognizing the material that was being produced in a particular field of interest, especially when the field in question has not been extensively researched. This type of review is useful for identifying gaps in the evidence and clarifying the basic key concepts underlying the area^{12,13}.

This study was prepared based on the review method proposed by the Joanna Briggs Institute¹², verified by means of the PRISMA Extension topics, by Tricco et al.¹⁴ and outlined according to the strategy of Arksey H, O'Malley L, 2005¹⁵, who have defined five methodological steps for this type of review: 1) define the research question; 2) seek relevant studies; 3) select studies; 4) map the data and; 5) compile, summarize and report the results.

Inclusion and exclusion criteria

For construction of the research question, the PCC strategy was applied, which represents an abbreviation for Population, Concept and Context, defined as follows: P = dentists, C = feeling and C = primary care. To search for and select studies, the following guiding question was established:

“Which are the feelings expressed by the dentists who work in PC?”

Search Strategy

The present study was prepared in compliance with the twenty essential items and the two optional items of the Prism Extension for scope reviews¹⁴. The searches were conducted in the period from August to October 2020, using the mnemonic by which the following descriptors were found in Decs¹⁶ (Descriptors in Health Sciences): “Dentist”, “Manifest Emotions”, “Emotional Regulation”, “Dentist/Patient Relationships” and “Primary Health Care”, in English, Spanish and Portuguese; and in MeSH (Medical Subject Headings): Sentiment, Emotions, Expressed Emotion, Emotion Expressed, Emotions Expressed, Expressed Emotions, Primary Health Care, Dentistry, Public , Primary Care, Dentistry Public Health, Public Health Professional, Health Oral. For combination of descriptors, the Boolean terms AND and OR were considered. The texts that were translated from English into Portuguese and the excerpts were placed based on the translation.

Data Extraction and Synthesis

After the exclusion of duplicate articles, two reviewers (JVO, NSGR), independently selected the articles by carefully reading the title and/or abstract, for the purpose of analyzing whether the articles met the inclusion and exclusion criteria. Articles not excluded by title and abstract were read in full by the pair of reviewers separately, to confirm their eligibility. After selection, the reviewers calibrated the investigation by comparing the studies that were excluded and included by using pre-established criteria. In cases of divergence, they sought consensus.

3 RESULTS

The number of articles found, duplicated, excluded and included in this study was recorded for

the purpose of composing the flowchart showing the article selection process (figure 1). After using the descriptors in the search, 1,132 articles were found in the databases searched. Moreover, 12 additional records were identified in the references cited in the studies selected. After removing the 259 duplicate articles, 885 records remained in the selection to which the inclusion/exclusion criteria were applied. This made 813 articles ineligible by title and/or abstract. Of the 72 articles selected for reading in

full, with the full text available(?), 62 were excluded because they did not answer the guiding question of this study, which had been prepared according to the PCC strategy. The 10 texts included after the adoption of the aforementioned systematic criteria were numbered and called the “study”. This served as the basis for the table that described “what has been produced in the scientific literature about the feelings expressed by dentists who work in Primary Care”.

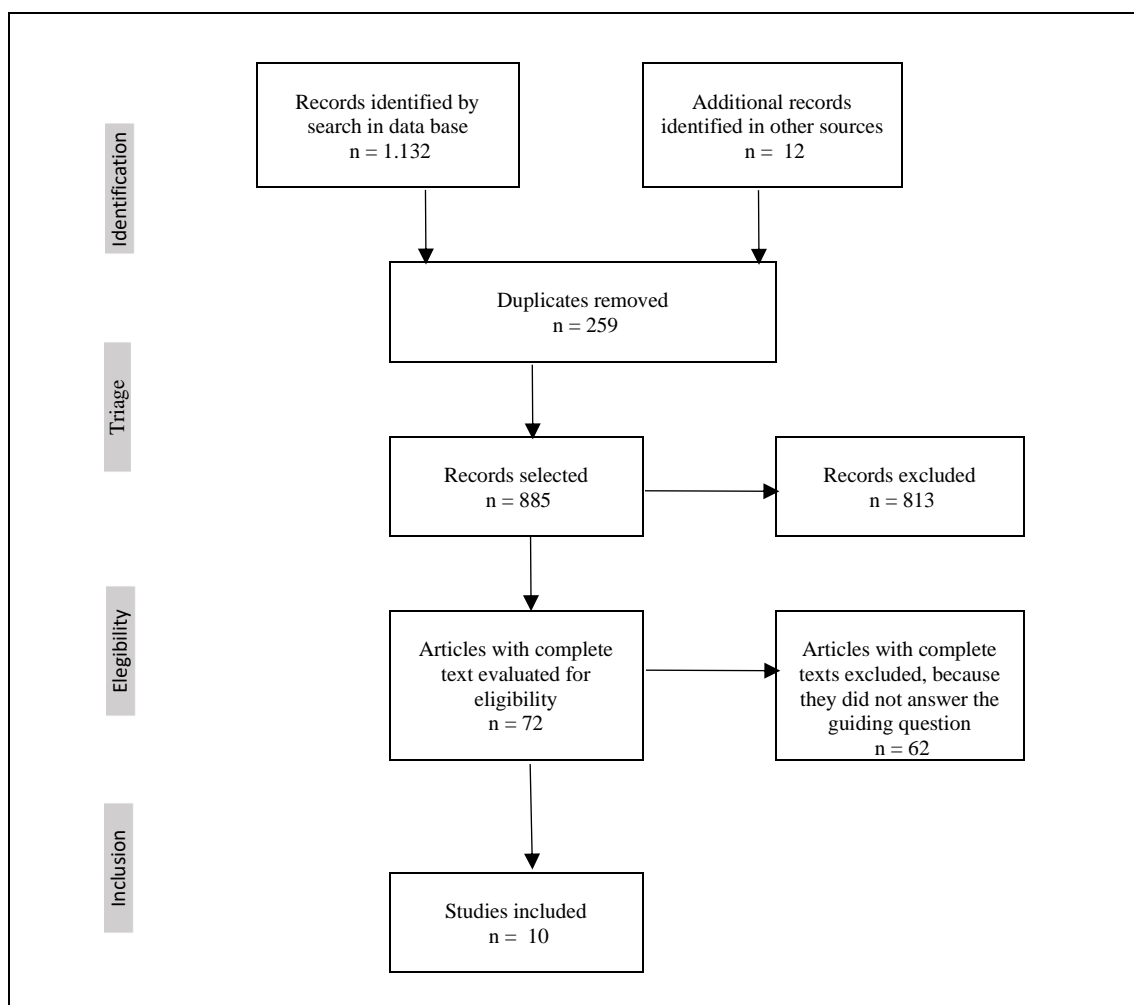


Figure 1. Flow diagram of study selection process, adapted from PRISMA¹⁷

The 10 studies selected are specified in chart 1, according to authorship, year, title and country. Among the studies selected, three from Brazil, one

from the Netherlands, five from England and one from Sweden were identified. In these studies, the dentists’ emotions were expressed in feelings of

satisfaction, sadness, suffering, fear, anxiety, anger, happiness, calm, trust, gratitude, helplessness, among others, and the examples listed next to these provided the description with meaning (chart 2).

Chart 1. Studies found according to authorship, year, title and country

Study	Author/Year	Title	Country
01	AB Usual, AA Araújo, FVM Diniz, MM Drumond. 200621	Needs felt and observed: their influence on the satisfaction of patients and professionals.	Brazil.
02	D Gomes, ASR Gonçalves, LS Pereira, et al. 201022	Satisfaction and suffering in the work of dentists.	Brazil.
03	SE Stutterheim, L Sicking, R Brands, I Baas, et al. 201423	Patient and Provider Perspectives on HIV and HIV-Related Stigma in Dutch Health Care Settings.	Holland
04	HR Chapman, SY Chipchase, R Bretherton. 201524	Understanding emotionally relevant situations in primary care dental practice: 1. Clinical situations and emotional responses.	England
05	HR Chapman, SY Chipchase, R Bretherton. 201525	Understanding emotionally relevant situations in primary dental practice. 2. Reported effects of emotionally charged situations.	England
06	HR Chapman, SY Chipchase, R Bretherton. 2015.26	Understanding emotionally relevant situations in primary dental practice. 3. Emerging narratives.	England
07	R Bretherton, HR Chapman, SY Chipchase. 201527	A study to explore specific stressors and coping strategies in primary dental care practice.	England
08	K Gyllensvärd, M Qvarnström, E Wolf. 201628	The dentist's care-taking perspective of dental fear patients - a continuous and changing challenge.	Switzerland
09	PAT Leme. 201729	Sentidos e significados da prática clínica do dentista na Unidade de Saúde da Família apartir do discurso profissional.	Brazil.
10	D Westgarth. 202030	COVID-19 and Community Dental Services: The challenges ahead.	England

4 DISCUSSION

The structural and normative progress that Brazilian oral health has undergone in the Unified Health System (SUS) in the last two decades is evident. However, changes in the work of dentists continue to be timid and incipient, thereby leading to the persistence of conservative practices that reproduce traditional dental models. The latter are restricted to poorly thought-out manual work routines that alienate dentists from social issues,

and lead to difficulties in integrating with other members of the health team 2. This challenge of integration into a new model can be explained by conflicts arising in the arenas of political and identity issues. Far from being exclusive to dentists in the FHS, these issues have an equally severe impact on professional practice in general. Indeed, in this context, they are also as important as the socio-historical and paradigmatic aspects of the profession.

Chart 2. Description and examples of emotions expressed by dentists, according to the localization of the study

Study	Description	Example of emotions	Country
01	Feeling of satisfaction linked to resolution of the (patient's) chief complaint. of the patient.	"the patient had a residual root that caused pain and also had yellow teeth... I solved the patient's problem and I was very satisfied with the work done!"	Brazil
	Feeling of dissatisfaction linked to resolution of the patient's chief complaint, of which evidence was shown by the divergence between the treatment plan proposed and the patient's expectations.	"The patient had wanted to have the tooth extracted, but I told her that the tooth could be submitted to root canal treatment(?)..."	
02	Feeling of satisfaction with the "profession itself".	"Satisfaction with dentistry is (derived from?) the work itself. I love dentistry, I don't like to wait, but when I'm working I love it. There are patients who, if I could, I wouldn't attend, simply because I dislike the guy's face. But when it comes to attending the person, I forget all that, I love what I do, I stay there... I love my work;my profession satisfies me."	Brazil
	Feeling of satisfaction in direct proportion to the patient's satisfaction.	"Satisfaction is when you manage to solve people's problems, see satisfaction, see people happy, when you solve the problem of pain if that is the problem, or an esthetic treatment because the person is satisfied. My great satisfaction stems from seeing the patient's satisfaction with my work."	
	Feeling of sadness in relation to devaluation of?/lack of appreciation?/for the professional.	"The sad thing is the lack of interest, the devaluation of?/lack of appreciation?/for the professional.... If you don't have an enlightened population(?), you are trying to solve problems that are not really seen as serious problems. Our field of work is, in fact, a very undervalued?/unappreciated?/ area, right? We aren't doctors, we are "fillers of holes". and this makes me a feel little bitter?/disillusioned?."	
	Feeling of discouragement in relation to excessive workload and low salary	"The physical and psychological wear and tear are very exhausting, we are bent over for a long time, we get really tired and spend a lot of energy, I think we do a lot of repetitive work during the day. For example, I provide all my patients with guidance about brushing and nutrition. So, if I do this 10 times in a day, I can't take it anymore at the end of the day, I'm already hoarse, and have backache. Then I keep thinking: was this tiredness worth it?"	
	Feeling of dissatisfaction generated by the disunity of the category.	"And my greatest suffering arises from the lack of union of the dental class. As a dentist, it's the biggest disappointment I've had, has been seeing the difference from other classes, the benefits they get from being united, and we aren't (united and consequently get no benefits?). Among us, its every man for himself, and if I can take anything from you, I'll also do something to take it. This is why we don't achieve anything."	
	Feeling of suffering due to the patients' lack of recognition of the quality of the public service.	"You know you did an excellent job but you don't get recognition from your bosses, or from your patients themselves. In the beginning this is very disappointing. I made such an effort, I studied so hard and the person still thinks they were not well attended, they always find something to show that the service is not good, now it doesn't bother me anymore... At the clinic the work is rated by productivity... They pay. So they think that the work there is different, and the service is not different. The only difference I make is the time I spend with the patient."	

Continues

Continuation

03	Feeling of fear in the dental care of people living with HIV (PLWHA).	"Initially, you are extremely fearful. Then you think: 'Oh, shit!' ... 'I really hope you?/I?/ don't understand this or that' but, yeah, obviously it doesn't make sense... We have protocols on how things should be sterile - the measures of hygiene - so it must make no difference."	Holland
	Feeling of fear of potential infection.	"So it's usually like this: after the patient leaves, the room is cleaned according to a protocol, a standard protocol. If an HIV patient has been treated, all hoses are cleaned again. The chair is completely cleaned. Basically, everything is cleaned really well so that everything, hum, prevents any possible infection."	
04	Group of Anxiety (anticipatory anxiety, fear of failure, under pressure, Stress)	'You're doing something that's a challenge and the patient is a challenge [anxious], so this may be a really stressful situation.'	England
	Group of anger (irritated, injustice, rage);	'Then [you go on] giving them advice on oral hygiene... and they just don't care'	
	Group of guilt/ shame (anticipated aversion; Humiliated, proud)	"I made a specific clinical mistake that I can think of and I felt so guilty about it."	
	Group of Sadness (bored, discouraged, pity, depressed, loneliness)	'I feel sad... if I have a patient whose husband has died... I always make a point of writing to her'.	
	Group of positive emotions (Calm, Confident, Pleasure)	Happiness Sometimes it's good to see patients again. Some of them. Those with whom you build a relationship ... or if they take your advice and their mouths have improved.'	
05	Feelings of frustration at not being able to change the behavior of their patients.	"A moderate degree of anger towards patients who have the ability to understand the consequences of dental disease and don't do much about it, even if you give them advice repeatedly.	England
	Feeling of anxiety, frustration and rage resulting from A disagreement about the treatment.	"I was furious throughout this time...I finished everything and they were gone...I told my receptionist I never wanted to see that person in my surgery again."	
	Not letting the patient know he was anxious, disgusted or frustrated, trying to appear calm, in control, confident and professional, and paying attention to a non-verbal style of communication.	"You learn to hide things you don't want people to see... I just put on the mask and smile."	
06	Feelings of happiness, arising as a positive emotion resulting from the successful transfer of skills to patients and the success of performing technically difficult clinical work.	"The new patient has some teeth, such as his front teeth that are completely decayed, and we have removed them. This is really exciting... she looked in the mirror and said: "You have really made a difference". So... when the patient's response is so positive .that's the part that gives you the buzz...because I love what I do."	England
	Feeling of anger, arising as a negative emotion resulting from the confrontation with a patient who is obstinate about being given only one prescription.	"I was angry at the time and I'm still very angry about it... I still felt as though I had given him the best possible treatment, I felt as though I had been trying to explain why he was doing what I was doing and nevertheless, he didn't want to hear it."	

Continues

Continuation

7	Feeling of being outside the comfort zone, causing discomfort, an increase in heart rate and of feeling 'very grumpy'.	"You are used to doing things a certain way with a certain nurse... your nurse is sick and you have to work with a different person... and not everything is ready for you."	England
Feeling of exasperation when patients' recollections of events and information differ from those of the dentist.	"How can you not remember what we were talking about... It is as though we have never had the original conversations",		
Feeling of fear and stress when the relationship with the patient has broken down to the point of litigation.	"he sued me... and throughout all this time he continued to insist on being my patient... and my defense union said, whatever you do,... keep taking care of him, and this was what we did. [and now] every time this patient comes in I am absolutely guarded because I'm waiting for the next complaint and it's horrible."		
Feeling of anxiety when treating anxious patients.	"If someone is worried, then you also feel a little anxious."		
Feelings of perfectionism that can be seen as positive (adaptable: a challenge) or negative (maladaptive: a stressor), and both of these aspects are caused by clinical work.	"this patient will eventually go somewhere else and it's my work?/[taking with them my work that was done] in their mouths"		
Feeling of responsibility for their clinical work.	"You can explain to the patient that the eventuality of X, Y or Z could happen...[but] if it does happen then sometimes I still feel responsible for it."		
Feeling of happiness in sharing clinical work that was well done with the team.	"You would be very happy and you would want to tell the nurse."		
08	Feelings of frustration related to the experience of dentists when treating patients with dental fear.	"I forgot to tell the patient what was happening. She was anesthetized, but the tooth was sensitive. She cried and screamed. And I understood her because I didn't do my job as I was supposed to, so it ended up being less satisfying."	Switzerland
Feeling of calm and confidence relative to the experience of dentists when treating patients with dental fear.	"At the same time, you need to be calm when treating the patient. You have to radiate confidence. It requires energy to do this. [...] You can't attend too many patients with dental fear in one day."		
Stress due to financial and political constraints in your daily work can be a disadvantage.	"I would like to organize this in a different way to the way it is done today. [...] This was something I once talked about to politicians?/policy makers?/, to make them understand that the time you spend on children means you win in the long run, for the rest of their lives. It is an economic gain to spend time on children. Not everyone thinks about this today."		
In dentists, the transformation from feelings of frustration into feelings of satisfaction and security, [occurs] together with expansion in [their] experience.	"In the beginning, they [dentists] are afraid of everything. So let us take one step at a time. You meet [these patients?] quite often. Their confidence in you grows increasingly. Finally, they [the dentists] know they can do it [the work], which is great."		
09	Feelings of frustration, of impotence due to being incapable of imposing corporate norms, which are considered by the professional as being universal.	"There are some that you are almost going to draw for them, to see if they understand (...). This generates discomfort, this generates anguish, dissatisfaction, a... Sometimes doubts, why is it that I am unable to...Get them to understand what I say? Why is this not important to them? But I try to live with this."	Brazil

Continues

	Feeling of impatience towards patients who do not follow the guidance provided.	“Sometimes I lose patience with that patient to whom I've already talked ten times and he simply returns to his appointment with me, without brushing his teeth that are covered with plaque. I start by saying the following: we will no longer restore while this plaque is here. Then, while the plaque is in place, he begins to see that if he comes to the appointment without brushing his teeth, he won't receive the restoration he needs to have done, then patients sometimes start brushing their teeth.”	
	Feeling of frustration when dentists note that the patient's oral situation has not been maintained over time.	“If he's here and comes back after a while, he has treatments to be performed, it is.. So dentists somehow of feel as though... Nothing we have done has worked out well.”	
	Feeling of anguish when one come face to face with the reality that dentists cannot do everything the patients should be doing for themselves, or moreover, dentists cannot impose their scientific truth on aspects of the health-disease process.	“But then, I don't know how... To overcome this barrier, to make patients understand this, make them aware of the importance (of "not regarding their mouth as being a priority")”	
	Feeling of motivation to work in the Family Health model, a more comprehensive and diversified type of work than that which was done in the previous models.	“That's why I say that I can't work in a different way, and for me, working in family health was a gift (...) So it's very cool. Very cool. You don't stay there in the dental office all the time, right? You have many other things to do. You get it? You have many tasks of health promotion to do...”	
	Feeling of demotivation due to working in the Family Health model, a type of work that is more comprehensive and diversified than the types in previous models.	“At first I was more impressed. But... The old story, from seeing it so often... One tends to get hardened, doesn't one... Nowadays, there is rarely anything that surprises me,”	
010	Feeling of loss of job satisfaction that comes from relationships with our patients and their parents. This ongoing connection with one another as we face the ups and downs of life - this was stripped away when in-person dental care stopped because of COVID-19.	“I have never known a time in my life when I had so little contact with children. And yet it seemed to be very strange for a while when we returned [to the previous way of working]. I think that some of us will probably want to get back to normal as quickly as possible, but others will be extremely nervous about it. We need to unite and support one another.”	England
	Feeling of concern about people, especially children, who are unable to receive dental care.	“Our caseload includes many vulnerable children who were previously only attended at the emergency centers, where we worked hard to build trust and rapport, so that now they come regularly for preventive care and consequently have much lower urgent treatment needs”	
	Feeling of uncertainty relative to the resumption of activities.	I would expect that more patients would like to receive treatment. Therefore, I will be busier. However, it is very difficult to know, because it is a most variable period of uncertainty. As Jenny mentioned, to a large extent, it will depend on the population's attitude towards COVID-19 and whether they feel comfortable with their own decisions about risk/reward.	
	Feeling of gratitude for new opportunities to perform action at work.	“It is fitting that COVID-19 has restricted dental extension programs – including ours – but it has fostered a new style of teaching by the use of online classes and a new level of connection with teachers at special schools. Furthermore, it has also allowed us to provide oral health packages to the people most in need, and that is gratifying anyway.”	

The goals of dentists' work in PC are under construction. Even the historical definition of primary care, as [is the case with all] the other concepts, raises doubts. What is basic? Would it be the basis, that which sustains the other aspects? Or would it be something banal, simple? The distortions and conceptual conflicts about PC are evident in Brazil, and they carry with them diverse ideological proposals, relationships that are not always reflected¹⁷.

The complexity of the professional/patient relationship has revealed the polarization of professionals' feelings and emotions. In Study 04¹⁸ there is talk about the happiness of this meeting: ...Sometimes it's good to see patients again. Some of them with whom you build a relationship ... or if they take your advice and their mouths have improved. or in article 06¹⁹, with the comment: Then...in which the patient's response is so positive this is the part that gives you the buzz...because I love what I do. We also found this satisfaction with the relationship in article 08²⁰, and it was pointed out as being a process of growth, a transformation that happens with the experience ...they increasingly place their trust in you. Finally, they [the dentists] know they can do it [the work], which is great. However, dissatisfaction, anger, anxiety, frustration and anguish were also shown to be present in this relationship, according to studies 01²¹, 05²², 06¹⁹ and 09²³. Most significant is the expression of the dentist in study 06¹⁹, in which he declares that "I was angry at the time and I'm still very angry about it... I still felt as though I had given him the best possible treatment, I felt as though I had been trying to explain why he was doing what I was doing and nevertheless, he didn't want to hear it."

As occurs in any human relationship, antagonistic feelings coexist, are part of existence, they enter into conflict and even mix to produce feelings other than the original ones. This process, typical of the "way of life", is not exclusive to the dentist/patient relationship, but to the entire

This process, typical of the "walk of life", is not exclusive to the dentist/patient relationship, but to all human relationships. Nevertheless, in the dental clinical setting, as in most areas in the field of health, the guiding biomedical paradigm imposes a hierarchy of positions, giving the dentist a position of authority, which in most cases, prevents a greater degree of approximation. So, when...they follow his advice... or when...the answer is positive..., the relationship is one of satisfaction and even happiness. However, when the patient does not follow the professional's recommendations, the relationship seems to perish. The emotions described in the face of patients not following the dentists' prescription are generally perceived as disrespect, they break the sign of [the dentists'] authority and for this reason, they are probably received as negative emotions. However, the context in which the patient is included must be considered; this is an important conditioning or determinant variable for their adherence or not to the dentist's recommendations and prescriptions. This aspect is not always considered by dentists in Brazil, whose training has not yet appropriated the necessary sociopolitical experience of our reality. When the curricula of Dentistry courses in Brazil have psychosocial and political content, these [references] are minimal. The hourly load of the Public Health disciplines is small in relation to the clinical workload. The inclusion of students in extramural work and in coexistence with society occurs to an insufficient extent to allow for a process of acculturation, or even knowledge of the different realities of which we are made up as a society. The technicality of dental education in general disregards the historical production of knowledge and health practices; that is, the ethical, political, social and cultural dimensions involved in health practices and, particularly, in dental practice²⁴.

PC in the SUS system, notably provided by the FHS, has prioritized care for the most economically disadvantaged classes, which can be

understood as equity or as “medicine for the poor” (which also leads to the analogy of “dentistry for the poor”)¹⁷. It does not, therefore, concern a merely semantic issue, but a political type that reflects projects and concepts, which are determinants of the use and, therefore, of the valorization/value placed on/appreciation of this level within the system.

In the wake of these conflicting issues, another to consider is the family, the object of attention of the PC workers in the FHS, whose concept has never been clearly established. Considering that they are common attributes to all FHS professionals, according to the NOHP: “To practice care of both individuals, family and people, and care directed to families and social groups, with the aim of proposing interventions that can influence the individual, collective and community health-disease processes”²⁵, it is necessary to be clear about what/who is the family? Does family refer only to the group formed by man, woman and children? Or is the entire group that resides in the same place admitted being [part of the?] family? And does the target of this FHS care not also include a person who lives outside the cited location, but is considered a family member? Moreover, even in this case, to be a family member, what ties are necessary? In its most diverse configurations, the family constitutes a highly complex space, which is constructed and reconstructed historically and on a daily basis²⁶; [thus it is a “space”] from which FHS professionals, including dentists, expect co-responsibility in the longitudinal care provided [to its members?]²⁷. Therefore, it is necessary to know the internal and external family relationships and the factors that influence their experiences in health and illness to construct the meaning of health care as advocated by the fundamental principles of PC.

A large portion of dentists who work in primary care in Brazil have already followed the common path of most recent graduates, who, upon leaving college, go to work in private offices and clinics, in which the perception of community,

socio-political environment and territory is restricted. Therefore, starting from an understanding - on the part of these professionals - that “non-adherence to” or fear of dental treatment is always a matter of lack of trust in the professional or even ill-will on the part of the patient. This makes the relationship distressing, frustrating, and stressful. This is frequently consolidated into a prejudiced view of the patient even after [dentists have] migrated to primary care and have learned about the contextual reality at close range.

The historical evolution of the dental profession in Brazilian society reveals the little importance that has been given to this activity in the context of public policies up to the time of the end of the 20th century and the beginning of the 21st century. The predominant fixation of dentists in the private sector and their non-inclusion in public health policies in Brazil until the beginning of the 2000s are reflected in the scarcity of recognition of their work in the different Health Units where they work today. Studies 02²⁸, 07²⁹ and 08²⁰ showed feelings such as sadness, discouragement, dissatisfaction, frustration, impotence and demotivation, represented by the following statements: The sad thing is the lack of interest, devaluation of the professional [...] we are not doctors, we are fillers of holes and that makes me a little annoyed, and I would like to organize it differently than it is today. [...] This was something I once talked about to politicians/policy makers?, to make them understand that the time you spend on children means you win in the long run, for the rest of their lives³².

Whereas in studies 02²⁸, 07²⁹ and 09²³ feelings of feelings of satisfaction, happiness and motivation of the professionals were recorded in relation to the profession and work in primary care, well pointed out in the statements: satisfaction in dentistry is the work itself, when it comes to attending, I forget all that, I love what I do, I stay there... I love it, I'm satisfied with the profession and that's why I say I

can't work differently, and working in family health was a gift to me (...) Therefore, it is Very cool. The work of these professionals is, however, performed in a team and is conditioned by the in loco knowledge of the territory and, therefore, of the context of their patients' lives. As previously mentioned, this is a differential in their relationship with the patients and, therefore, in the perceptions, emotions and feelings of professionals, who can thus understand them better, thereby expanding the scope of their knowledge and even their actions. This undoubtedly brings them satisfaction, as well as greater possibilities of resolving health problems.

In the context of emotions that have impact on the dentists, the present research also brings [to light] the dentists' relations with their profession in scenarios of pandemic and greater danger of contagion. A study conducted in the Netherlands in 2014 31 reported the fear of dentists in the dental care of people living with HIV (PLWHA): Initially, you are extremely fearful. Then, you thought: 'Oh we have protocols relative to how things must be sterile - the measures of hygiene - so it should make no difference, emphasizing the fear of potential infection: Then it's usually like this: after the patient leaves, the room is cleaned according to a protocol, a standard protocol. If an HIV patient has been treated, all the hoses [of the equipment] are cleaned again. The chair is completely cleaned. Basically, everything is cleaned really well so that everything, hum, prevents any possible infection. These statements were similar to those of the study 10³² of 2020, in England, which dealt with the dentists' emotions in the COVID-19 scenario. These were represented by the feeling of loss of job satisfaction arising from the relationship with patients and their parents, which was suspended when face-to-face dental care was interrupted because of COVID-19: I have never known a time in my life when I had so little contact with children. And yet it seemed to be very strange for a while when we returned [to the previous way of working]. I think some of us

probably wish to go back to normal as quickly as possible, but there are others that will be extremely nervous about this. We need to unite and support one another.' The breakdown of day-to-day life by reason of uncontrollable force, something that overwhelms us. In fact, it is obviously very distressing, apart from being anxiogenic in both scenarios mentioned. The dentists' activity, in general, is planned and controlled by the technique - by biosecurity, which keeps them "in control" of things over the course of time. When an organization imposes itself by altering all forms of control and even interrupting the practice, with all the social, financial and technical consequences that this may cause, this has a devastating effect on the professional. If the fear of contagion is added to this context, obviously the situation becomes alarming.

As though the innumerable complexities involved in the practice of PC services were not enough, from 2017 onwards, there has been an accelerated attempt to dismantle the SUS. This has deepened the rupture between the public power and the constitutional commitment of guaranteeing health as a duty of the State, considering that changes in the SUS have allowed the indiscriminate participation of public and private agents in the System. This new program of the Ministry of Health, called "Previne Brasil", sets out clear guidance towards individualizing the work process (in absolute opposition to the FHS guidelines), in a clear attempt to make a transition from public primary care to privatized primary care. Therefore, one of the new characteristics that are being imposed, deals with the composition of teams without community health agents (CHA), thereby impoverishing multiprofessionality, a pillar of the FHS³³. Furthermore, it is of course, absolutely harmful to the good work of dentists in the community, since the CHA is the person who more specifically establishes the link between the health service and the territory.

From the elements here exposed, collected

and reviewed systematically, it can be assumed that the practice of Dentistry is permeated by diverse and sometimes antagonistic emotions and feelings, capable of impacting the patient/professional relationship in the most diverse ways. The actions of pointing out these feelings, reflecting on them, understanding their origins and outcomes could be useful in several contexts, such as in the reformulation of professional training curricula, and in the construction of public policies. Moreover, the foregoing aspects would contribute towards recognition of psychodynamic factors that impact the practice and life of professionals. In bringing to light the foregoing considerations, more than technical contributions that innovate the profession have been made, since they have enabled the recognition of human aspects capable of improving the lives of professionals.

5 FINAL CONSIDERATIONS

The practice of Dentistry, as it the case with any relational practice, is subject to emotions and feelings that are often antagonistic and, therefore, the practice needs elaboration. Considering the characteristics of Primary Care, Dentists who [invariably] work in teams in this level of care, have a greater opportunity to learn about the contextual reality of their patients' lives. Therefore, they have greater possibilities of bonding with patients.

There are, however, some unknown aspects to consider since the inclusion of dentists in the SUS is relatively recent, [it is pertinent to ask] whether the professionals themselves are not stimulated, or whether records of the subjectivities that guide their work in primary care are still scarce? These aspects are, however, of special importance to public policy makers, who lack this data in order to better reflect on and improve work processes. As regards the professionals themselves, based on the feeling expressed by a colleague [in the literature reviewed] that dentists should be recognized, not be "invisible", or seen as a mere producer of

procedures, Dentists were able to identify this feeling not only in themselves, but in the way they are seen by their patients and work teams.

Re-establishing the meaning and importance of Dentists in the team and in the territory involves in-depth knowledge of their practice, which presupposes knowledge of their relationships, whether with the community, team, management and with themselves and their work.

RESUMO

Representações cotidianas da prática para o cirurgião-dentista na atenção primária: uma revisão de escopo da literatura

Embora se saiba muito sobre os dados mensuráveis da Saúde Bucal na Atenção Primária à Saúde (APS), pouco se sabe sobre os aspectos individuais e subjetivos do profissional da odontologia. No desempenho de suas funções, o cirurgião-dentista entra em contato com ambientes, tecnologias e pessoas em sua total complexidade, desencadeando, como resposta, uma série de emoções do organismo, as quais se expressam de forma consciente através dos sentimentos. Diante desse cenário, o presente trabalho partiu do pressuposto de que os dentistas têm muito a dizer sobre as representações cotidianas que possuem sobre seu trabalho. O objetivo deste estudo foi identificar - a partir do que se tem produzido na literatura - os sentimentos expressos pelos dentistas na sua prática na APS. Optou-se por conduzir uma revisão de escopo por ser um campo pouco pesquisado. O presente estudo foi elaborado obedecendo os vinte itens essenciais e os dois itens opcionais da Extensão Prisma para revisões de escopo apresentado por Tricco et al. em 2018. As buscas foram realizadas no período de agosto a outubro de 2020, utilizando-se para a construção da pergunta da pesquisa do mnemônico que representa População, Conceito e Contexto, definido assim: P = cirurgiões-dentistas, C = sentimento e C = atenção básica. Por meio deste estudo percebe-se como a prática odontológica está sujeita a emoções e sentimentos muitas vezes antagonísticos e, assim, necessários de elaboração.

Descritores: Atenção Primária à Saúde. Cirurgião-Dentista. Emoções.

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