Perceptions of specialists in oral and maxillofacial surgery and traumatology on the motivations of choice and professional practice

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ABSTRACT

The article analyzes the motivations and paths of the process that leads to the choice of Oral Maxillofacial Surgery and Traumatology and the professional performance of specialists in this field and develop this activity in a city in the state of Santa Catarina, Brazil. It is a study of qualitative approach and exploratory and descriptive nature, whose data were collected by semi-structured interviews with 05 surgeon dentists who were examined through the adjusted thematic analysis. When inquired about the motivation that led them to choose such specialty, the participants revealed: the versatile character of the field what provides it with an integrative nature and not only the reconstructive one; the culture experienced and produced since early age; identification; and preference. The paths traced upon the process of choice and professional performance have been influenced by the good relationship with the teachers, concomitant with a good theoretical background in surgery, monitoring participation; extracurricular activity (internship); and evidence of personal satisfaction. Within the public and private mix, testimonies have signaled the expansion of the field, the trend to the private market saturation, the transit between markets, quality education and the merit of taking advantage of what is offered, besides notes about the difficulty of entering the public sector yet the demand is a reality. The Unified Health System (SUS) Odontology Specialties Center has been introduced as *locus* of a promising offer of work and as a strategy to start the career. New qualitative studies of bioethical approach are needed and opportune.

Descriptors: Specialization. Qualitative Research. Human Resources in Dentistry.

> *The real isn't in the beginning not at the end, it shows itself to us along the crossing.* Guimarães Rosa, *Grande sertão: veredas. ["Great backlands: paths"]*

1 INTRODUCTION

The choice for the entrance in a particular undergraduate course goes through a wide range of possibilities[1], which diversity is mediated by culture, the values of the time in which young people live and their life history, and what he/she considers important[2]. This diversity can be in an accessible level of consciousness or in a deeper and unattainable level. Regardless of the possibility of the choice falls in different mental arrangements[3], non-exclusive of Brazilian students[4,5], national studies indicate that the decision-making process is part of the life project of the student[6], who choices a specific undergraduate course thinking about the possible professional performance which that course offers to him/her[1], at the same time giving new directions to his/her choices along the process of university livingness[7,8].

In the case of the choice for the undergraduate in Odontology, remotely explored object of study by the qualitative research[9], the explanatory approaches can be numerous. The aspiration may refer to the affinities with the health area[10]; with the biological area; that it has influence of relatives and friends[9]; that arises from the admiration for the professional area and for the financial compensation which it offers[11]; the motivation arises from the owner conception of dentistry work[12]; the pleasure of taking care of people, welcoming the suffering; or, yet, that arises from a previous aspiration not materialized, like to attend a Medicine course.

It's also possible that the motivation and the expectation to practice Odontology are connected with the possibility of acting as an autonomous professional[13,11]; or result from the willingness to act for Brazil and with Brazil[14], with social responsibility[11], in facing the historical debt of needs accumulated by the absence of specific public policy of Odontology since the Proclamation of the Republic in Brazil (1889) until 2004, and in dealing with distributive inequalities in oral care[15].

Within the motivation to specialize in a particular area of Odontology, researches reveal significant interest even before the beginning of the academic background[11], the willingness of starting a specialization course as soon as conquer the dental surgeon degree[11], and the great influence of the stimulus provided for the expansion of the consumption of specialized good and services due to the capitalistic modernity in which lays the productive reestruturation[16].

One of the dental specialties is the Oral and Maxillofacial Surgery and Traumatology (Cirurgia e Traumatologia Bucomaxilofacial/ CTBMF). According to the Resolution n. 185, as deliberated by the Federal Council of Odontology in April 26th 1993, the aim of the CTBMF is "[...] the diagnostic and the surgical and coadjuvant treatment of illnesses, traumatisms, injuries, and congenital and acquired anomalies of masticatory apparatus and attachments, and related craniofacial structures"[17].

The areas of competence of this specialty include: a) implants, grafts, transplantations and reimplantions; b) biopsies; c) prosthetic surgery; d) orthodontic surgery; e) orthognathic surgery; f) surgical treatment of cysts; root and periradicular disorders; salivary glands diseases; temporomandibular articulation diseases; lesions of traumatic origin in the bucomaxilofacial area; congenital or acquired malformations of the jawbones and jaws; benign tumors of the oral cavity; malignant tumors of the oral cavity (in integrated action with oncologist team); and neurological disorder, with maxillofacial manifestation (in collaboration with a neurologist or neurosurgeon). When surgeries can be performed under a local anesthetic, they can be made in medical offices or ambulatories[17]. The dentist surgeon who is specialized in this area has graduation performed in a hospital

environment, for a period that varies from two to four years, exclusive dedication[18].

This paper analyses the motivations and paths of the CTBMF choice process, and the professional performance of dentist surgeons who are specialists in the field and work in a city in the State of Santa Catarina, Brazil. It's a scientific initiation research developed in an undergraduate course of Dentistry at a university of Santa Catarina.

2 METHODS

This is a social study of qualitative nature and exploratory and descriptive characteristics, developed according to the Resolution n. 466/12 and approved by the Ethics and Research Committee.

The first action taken to the development of the study was to identify at the Regional Council of Odontology of Santa Catarina the list of the specialists in CTBMF working in the municipality of study. According to information from the entity, the mentioned city had forty (40) dental surgeons specializing in CTBMF in 2017.

To elect this sample, twenty (20) specialists were selected, in order to identify the more suitable, for convenience (logistics) for the study viability. In this selection, it was found that the list received did not contain e-mail address and telephone number, which required another selection strategy: to share the study with academic professors to verify if they knew specialists in the city of the study. Two contacts were obtained.

In a telephone conversation with the first specialist indicated by a female teacher of the course, a visit was scheduled when she invited him, as well as she verified if was possible for him to contribute with indication of some names among the twenty (20) who were selected. The professional accepted to participate and indicated four (4) professionals from the list. Thereafter, the academic professor contacted by telephone the other specialist, who was indicated by a teacher of the course. He also accepted to participate and indicated three (3) new specialists from the list. At this moment, it was possible to outline a sample with two (2) accepted invitations and seven (7) indications. However, among the seven (7) who were been indicated, only one (1) accepted to participate; the other ones (6) said they did not have time at that moment, and suggested that the academic professor should reinstate her contacts. Thus she proceeded, but unsuccessfully.

The alternative was to continue the technique that had been initiated, which at that time was recognized with traits of the method of sampling definition snowball, which uses the own friendships net of the members of the sample. Also known as chain of references method, the process is developed by indicating common people in a certain social group[19], and it is indicated for "accessing difficult groups hard to find"[20]. The process ends when the outlined sample is reached. Through this technique, we sought contact with the remaining eleven (11) specialists form the universe of twenty (20) established for convenience. Among them, two (2) agreed to participate in the survey, one (1) didn't accept to participate and the other eight (8) gave evasive answers by telephone, asking us to call back at another time. But they didn't answer the subsequent contacts. The sample was closed with five (5) participants.

It should be noted that the size of this sample was defined from the perspective of sampling in qualitative research, for which the central core is the search of some sort of interlocution with people, social beings, in other to know "singularities and meanings" of a specific empirical reality because the Brazilian qualitative research "works far less concerned with the aspects which are repeated, and much more attentive to its socio-cultural dimension, which is expressed by values, opinions [...]

forms of relationships [...] and practices"[21].

The data collection technique was the semi-structured interview, guided by a script of questions which allowed the flexibility of the dialogue[22]. The questions were divided in two fields. The first was related to sex, age, and operation time in the area of CTBMF. The second one intended to know the motivation of the specialists to choose the area, identify the path traversed during the process of choosing, and fragilities and potentialities for the practice of CTBMF in Brazil.

Data collection took place between September and November 2017. The time and place for the interviews were established by the specialists so as not to cause disturbances in the course of their work routine. The settings have passed in an atmosphere of cordiality, providing encouraging, realistic and motivating speech about pursuing a career in this field of expertise. The interviews were recorded in audio with the agreement of the participants, as established in the Free and Informed Consent Term, and they reached the total of one (1) hour, twelve (12) minutes, and fifty and one (51) seconds. Each interview lasted 15 to 20 minutes on average. The anonymity was guaranteed through the use of letters IC representing the expression Scientific Initiation ("Iniciação Científica", in Portuguese), arranged from IC.1 to IC.5. Once they were transcribed, the qualifying work of data was made.

Data were classified through an adjustment of the traditional method of thematic content analysis since the methodological design had provided for not using the register unit of frequency count, but the presence of unit with an expressive meaning for identifying motivations and paths in the process of choosing and performance in CBTMF, as well as fragilities and potentialities in the area[21].

The first classificatory stage consisted of a preliminary floating analysis of the material, with the purpose of content impregnation and the definition of register and context units. In the preliminary analysis, the first questions about the comprehension of the content were elaborated, and it was found that the raw material covered the guiding questions of the script with representative. Then, the record (words, expressions and/or sentences) and context (broader excerpts where the record units are located, serving as contextual guide to them) units were defined[21].

In the second step, the classifying act, the registration units were codified by a semantic criterion. In code generation process, it was used the creativity resource in dialogue with experiences, thinking styles and theoretical background[21].

The third stage corresponded to that which in a reduced way represents the collected material: the categorization stage. In order to develop it, the researchers distanced themselves from the schematic systematization and resumed the transcribed material, in order to collect any meaning codes on a given issue elsewhere in the material, since the schematic exercise can veil expressive codes. In this sense, the empirical material was carefully and transversely explored[21].

Finally, the researchers proceeded to the meaning production stage, based on the grouping of codes and the intersection of three axes: instrumental (coding scheme), theoretical (theoretical background) and reflexive (authors perspective)[21]. The defined empirical categories were: "Motivations for choosing CTBMF", "From the paths taken to professional practice in the specialty", and "Fragilities and potentialities for the practice of CTBMF in Brazil". Within the scope of this article, we will discuss the two first categories.

3 RESULTS AND DISCUSSION

The sample was composed by five (5) specialists, four (4) men aged 31-65, and one (1) woman aged 32, with Oral and Maxillofacial

Surgery and Traumatology performance time ranging from five (5) to forty (40) years. Regarding to workplace, two (2) work in hospital, two (2) in ambulatory area, and only one (1) in both environments. In respect of public and private sectors, two (2) serve by the private sector, one (1) by the public sector, and two (2) attend in both sectors.

Motivations for choosing CTBMF

When questioned about the motivation which led them to the choice of CTBMF, the survey participants revealed: *[...] for the versatility of the profession [...]" (IC.1) "[...] I already really liked the areas of physiology, anatomy, when the more specific dental areas have begun, like dentistry and endodontic, I didn't like it very much [...] Then I started getting worried a bit [...] at a certain moment I went to a congress and I attended a class about orthognathic surgery, and then I saw what I liked." (IC.2) "[...] you end up even choosing [...] I ended up identifying myself more [...]" (IC.3) "[...] I've always been interested in acting in tiny things, details [...] it was a tendency for me to act [...] I never worried about bleeding, I was always very cold" (IC.4) "[...] You can imagine, 9 years old, I wanted to work taking care of people [...] the face always attracted me, the skull subjects [...] the choice was very easy [...]" (IC.5).*

Taking into account what the specialist IC.1 referred to as motivation, *"[...] for the versatility of the profession [...]"*, we could infer that the choice came from a contemporary perspective of the world, in which he saw a non-routine instrumental career, in the strict sense, but in movement; a profession that organizes itself more flexibly and entangled[23].

However, following the statement the participant described a peculiar understanding of the *"versatile"* attribute to the noun specialization, which corroborates the idea of an integrative specialty and not just restorative: *"[...] because in surgery you go beyond tooth, beyond mouth, there is a lot more thing [...] And for the dental surgeon is also essential [...] to understand the patient as a complete human being. And the surgery seeks this more than other specialties [...]"*.

At first sight, it's possible to think that this way of understanding CTBMF denotes a conceptual misconception. After all, how a specialty hegemonically focused on care of "injured patients in traffic or falls, injured with guns and beaten patients, in summary, of facial trauma"[24], can be considered the one that reaches the patient's understanding in its completeness? The patient's IC.4 speech *"[...] I never worried about bleeding, I was always very cold [...]"*, in expressing the consensual instrumental rationality necessary to the surgeon, in the Weberian perspective[25], also proposes similar questioning, because how is it possible to understand surgery as the area which is closer of the concept of comprehensive care? In this case, perhaps by the displacement of essentiality, *"[...] you go beyond tooth, beyond mouth [...]"*.

In the view of Ribeiro et al. (2010)[26], rehabilitating also involves social inclusion. According to Coelho e Lobo (2004)[27], when the surgeon rehabilitates a person, he should take into account the technical dimension and the citizen dimension.

Considering the relationship between citizenship and health in one of its vertices, social protection, it's possible for the surgeon to see CTBMF as the specialty that holds the most instruments to achieve social reintegration, social inclusion, in the sense that rehabilitation involves the whole being and not just an affected area. There seems to be a sense of hope here linked to new possibilities, to the resignification of life.

In his life path, the human being carries inheritances with himself, from family principles and values, from the cultural milieu

in which he lived, of past experiences, and it's from this that he will build senses and values about the world, life, the conjuncture, the future, and will make choices. This understanding is perceived in some speeches, that is, motivation seems to be the result of life story: *"[...] Imagine, 9 years old, I wanted to work taking care of people [...]" (IC.5). "[...] it was a tendency for me to act [...]" (IC.4).* Bringing this statement closer to reflection that "there is only subject because constituted is social contexts, which in turn result from the concrete action of men who collectively organize their own living"[2], we strengthen the understanding that the human being and even his choices are historically and socially determined and established through a subject-society relationship.

When we look at motivation driven by identification or preference, we understand that it is linked to the identity[9]: *"[...] I ended up identifying myself more [...]" (IC.3) "[...] I've always been interested in acting in tiny things, details [...]" (IC.4) "[...] the face always attracted me, the skull subjects [...]" (IC.5).* One of the products of professional identity formation is the vocational choice as the act itself of choosing, but in which "a custom distributed character set [...] tendency or inclination, talent, sympathy and fondness"[9] also participates. Within the inclination to choose an area of health, "preference, sympathy, and curiosity about the theoretical contents of the biological sciences"[9] participate, as noted in the speech of IC.2: *"[...] I already really liked the areas of physiology, anatomy [...]".*

From the paths taken to professional practice in the specialty

The beginning of the path traveled to reach the performance in CTBMF is diverse and multifaceted, as in any other area. However, the academy occupies a prominent place, because therein lies an infinite new world of knowledge to be socialized, causing expectation in their academics. By conveying experiences and ways of perceiving and conceiving professional performance, the teacher directly or indirectly affects the academic.

When asked if their background had contributed for performance in Oral and Maxillofacial Surgery and Traumatology, IC.1 and IC.2 agree yes: *"So we always had a good background [...] mainly in the area of surgery, isn't it? They have a good relationship with the teachers [...]" (IC.1) "[...] I think completely!" (IC.2).*

Separately, the presence of *"a good theoretical basis"* and *"a good relationship"* between student and teacher can represent multiple interpretations. However, when analyzed together, the assertions can be interpreted as potential for the outbreak of the choice process during the formative process, in which the admiration for a particular teacher and the discipline taught by him or her has conditions of possibility to materialize. Therefore, it should be noted that the surgeon says that the good theoretical basis that they (students) acquired during the formative process was due to this good relationship. Here comes a question: is it possible to infer that a student (he or she) who is predetermined to choose for a certain specialized area, even before knowing it during his/her training period, can criticize it and disinterest in it in the absence of *a good relationship* (IC.1) with the teacher? It seems so.

In student IC.4's speech, we have the answer in a seemingly ambiguous sense: *"Yes, it sure was in my own interest [...]From the beginning of college I was monitor [...] I had a colleague who didn't like exodontia very much. Since the fifth phase, I started to do the exodontia, and the teacher in the sixth phase admitted me as a monitor. I was the monitor*

until completing the course [...]" (IC.4). That is, when asked if the training contributed to his choice for CTBMF, the situational context of the question (*the* formation) gave way to the self: *"Yes, it sure was in my own interest [...]."* However, the ambiguous sense is only apparent, because following the thought – *"From the beginning of college I was monitor"* – this self reveals itself in you, being you the teacher who invited him for monitoring or university that opened for him the doors to the monitoring in surgery, which further awakened his interest in the area. The richness of this supposed ambiguity lies in the recognition of otherness, which can generally be conceived as one of references of bioethics, for which "the self does not exist without the you"[28], and the impulse for choice occurred in the exercise of monitoring.

In return for the above statements, IC.5 said curriculum training did not contribute to his performance in the area: *"[...] What projected me was not the undergraduation, the undergraduation at the time was a sadness, really a sadness, but what effectively contributed was the fact that I went out to do internship [...]"*. We note that once again extracurricular activity gains space with regard to occupying an incentive role in the choice of specialty. However, in this case, the specialist doesn't attribute merit to the university in which he was inserted: *"[...] when I was [at university] it was very fledgling, people did with little discretion [...] the number of books for access [was low], we didn't have Google. Today, if you want to know how a certain situation operates, you type, and the result appears there [...]"*.

Personal satisfaction with the chosen professional career has been the scene of great discussions, and is a determining factor for someone to succeed in his career. Living with a profession that doesn't give you pleasure nor the financial or emotional expected return is exhausting, makes everyday life difficult, making the professional not value his category, not look for improvements and not perform with excellence what is proposed to him.

When asked about how they felt in the exercise of the specialty, and if they were satisfied in their daily life, respondents answered positively: *"[...] Very much, I am accomplished." (IC.2) "[...] I feel satisfied, but still I feel that something is missing" (IC.1). "[...] Yes, sure, it's a busy life. I already have time for retirement, but I don't think about stopping [...]" (IC.4). "I'm satisfied but I'm progressing to the degree of satisfaction I really want, personal satisfaction with career [...] I won't tell you I got to the top, I think there is no such thing, but I would say I'm at a cool cruising altitude [...]" (IC.5).*

When we analyze the statements in which IC.1 and IC.5 say they are satisfied, but *"I feel that something is missing"* (IC.1), *"I'm progressing to the degree of satisfaction I really want"* (IC.5), we come across not really satisfied beings in the present, but with people subjected to a continuous horizon for satisfaction. This horizon seems to be much more related to what they have become in the historical processes of their lives than to the outline in their academic journeys or even before them. As stated by Almeida e Magalhães (2011)[6], professional projects "are constantly rethought according to the transformations and needs that may arise" in the course of life.

When asked how he looked at the private labor market in the area of CTBMF at the moment, IC.2 associated it with merit, emphasizing that the merit of a successful job market is directly related to the formation. *[...] So, I think you have a good scientific and technical background, manual training, it is very important for you to differentiate yourself in the professional market. Actually, it's the main factor [...]."* Following this explanation,

the surgeon made a direct comment on what had been asked him: *"[...] is getting saturated. But that doesn't mean there are no vacancies for good professionals. Quantity is not quality. [...] there is no magic, there is no shortened path" (IC.2).* For IC.1 and IC.5, *"[...] if you are a good professional and keep studying, you will always have a patient. The job market is bad for those who are bad, and for those who are incompetent, it's worse. But for those who study, for those who are competent, is normal [...]" (IC.1). "[...] There is demand, but it depends on how we position ourselves [...]" (IC.5).*

The job market in Odontology reflects the various scenarios experienced in the economical, social and politic spheres of the country. Paradigm changes, as the transition from the biomedical model centered on Flexnerian practice to an integral model, have guided the academic formation, aiming at the adequacy of the professional to the multiple realities of Brazil. However, even in the face of paradigmatic changes, some characteristic signs of the dental profession persist, such as the feminization of the profession, the status of acting in private practice, the aggregation of this status and financial gain in the practice of working in the private practice[29].

IC.4 reported: *"There is currently a lot of CTBMF. It was a specialty where there was a boom since about ten years here. In the past there was hardly anyone, the specialty has expanded a lot [...]."*

From the authors' perspective, the reality perceived in the last ten years is linked with the process of implementing of the Unified Health System (Sistema Único de Saúde/SUS), which has caused important changes in the labor market, among them the increase in hiring for the dentistry sector[29]. Four years before the edition of Smiling Brazil, the Fernando Henrique Cardoso Government's Ministry of Health had published the ordinance n. 1.444, of 28th December 2000, establishing financial incentive for reorganization in dental practices in the municipalities through the Family Health Program (Programa de Saúde da Família/PSF)[30], which was created in 1993[31]. In 2004, the Luiz Inácio Lula da Silva Government's Ministry of Health readjusted the financial incentive established by the previous government[32]. In 2006, with the conquest of the National Policy or Primary Care, revised and updated in 2011 and 2017, the Family Health Strategy (Estratégia Saúde da Família/ESF) becomes the main modality of primary care. The inclusion of dental team in ESF, which was composed by dental surgeon (preferably family health specialist), assistant and technician, represented the possibility of change of the techno/assistential and productivist model of basic dentistry[33]. This organization of the dental sector at the first level of health care indirectly allowed the expansion of surgery.

In a sense, IC.1 positively validates the finding exposed by IC.4: *"SUS is very good, it teaches, it helps. You can work a long time on SUS and you will have a very high developed skill, because [in] SUS [...] the demand is infinite, will never miss surgery [...]" (IC.1).* Indeed, we verified in a study about the role of dental surgeon in SUS, quoted by Ferreira, Ferreira and Freire (2013)[34], that the public sector was "not only the largest but the only employer in the dentistry sector", in the year that Brazil conquered its National Oral Health Policy (2004).

However, concerning hospital CTBMF in contemporary times, later explanations of public sector entry show stones in the way: *"[...] No one opens the door for you, so this is a hard thing [...] It doesn't really depend so much on us, on odontology, it depends more on the higher spheres [...]" (IC.2). "It's very difficult in the public sector, especially for the recent undergraduates, I think it's even harder*

[...]" (IC.3). "[...] It's difficult to enter the public sector today because the government does not offer [...]" (IC.4).

This difficulty may be related to sectoral transfer of CTBMF in the public sector. With the decentralization of SUS, more specifically the process of municipalization and emphasis on Family Health Strategy and Oral Health Policy, there was a decline in hospital jobs and an increase in outpatient jobs. With the increase of dental specialty centers, a new path of possibilities was opened by integrating the specialist the CTBMF specialist into the staff of SUS, making he or she part of the care network.[14] IC.5 reinforces this assertion by stating that *"[...] CEO has created other possibilities. The public sector will continue to have demand. The population itself has already recognized the oral maxillofacial specialty [...] I think it's a specialty that those who enter will still have to work [...] (IC.5)"*.

Respondent IC.2, in turn, presented a peculiar management strategy: *"[...] if the government pickups those just undergraduate at residence willingly to get their hands on and operate in the public service, it's revolutionary [...]" (IC.2)*. This strategy seems sensible and reasonable since it seems to propose the qualification of SUS by inserting young working mass, that theoretically is willing to work. According to this specialist, in this historic moment money is important, but for newly undergraduates it's worth to accept a salary other than first order and be compensated for working practice and experiences he or she will have in that environment, and it's better for SUS to hire them than to continue with a staff of *"[...] old surgeons who are already tired, who no longer have that disposition, who are already annoyed with public health [...], no longer have that passion for the thing [...]"*.

That is, it seems that who has been in the public service the longest time do not anything or don't have the willpower to invest in the growth and valorization of the category, not even to pursue changing what may also be hindering the progress of his/her service, unlike recent undergraduates, who can bring the gas of change and innovation in their baggage.

However, it's worth highlighting the controversial aspect of the "revolution", because following his thinking the surgeon says that the insertion of the oral maxillofacial surgeon in SUS would be *"[...] for early career [...]" (IC.2)*, suggesting that SUS would work as a professional qualification laboratory. It was possible to notice that the speech has a logic in favor of recent undergraduates, whose entrance in the public service would only be for the beginning of their professional lives.

Then would come the path of running after financial autonomy and having your own business, as it happened to him: *"[...] Today, for example, I don't feel like it anymore because I have my volume, I have my private office where everything is fine. I don't have to throw myself there. But at the beginning, when I didn't have, I went for sure [...]" (IC.2).* This path of thinking is observed in a study with students who manifested the tendency to opt for the public sector early in their careers (short term), and over time the tendency to migrate to private sector, even considering this transition as a professional rise[31].

4 FINAL CONSIDERATIONS

This paper identifies and analyzes the motivations and paths of the process of choosing Oral and Maxillofacial Surgery and Traumatology (CTBMF), and the professional performance of five (5) dental surgeons specialized in the field in Florianópolis, state of Santa Catarina, Brazil.

As for the motivations, it was learned that the choices were due to the versatile character of the area, which gives it an integrative and

not just reparative nature, as well as the culture experienced and produced from an early age, the identification with the area and the preference.

On the influences that affected the paths taken in the selection process and professional performance, the participants signaled the good relationship with teachers, the useful theoretical basis in surgery, participation in monitoring and extracurricular activity (internship), the presence of personal satisfaction in dialogue with a continuous horizon for satisfaction and the job market.

Testimonials allowed us to infer that the creation of the SUS Odontology Specialties Center opened new opportunities for the area. One participant presented a strategy for boosting CTBMF's work in SUS as a possibility qualified by him as "revolutionary", by entering the public service of early undergraduates.

We should mention yet that the limit of this study is that it was developed in a single microcontext from a Brazilian state which has two hundred and ninety-five (295) municipalities. Also, the study indicated the need for qualitative research on bioethical approaches, especially regarding the distribution of oral and maxillofacial surgeons in Santa Catarina, whether state or municipal management or accredited in SUS. In its applied ethical aspect, the bioethical approach is a philosophical, rationalist and transdisciplinary reasoning suitable for qualitative health research that aims to understand realities in its most diverse manifestations through the tools reflexivity and criticality in connection with the researcher's worldview and human values invested in each case. By focusing on a micro-universe of specific vocational motivation and professional performance, this scientific initiation research indicated clues about related problems to be investigated for which the bioethical approach is appropriate, as access to CTBMF, a right of all Brazilians.

RESUMO

Percepções de especialistas em CTBMF sobre as motivações da escolha e a atuação profissional

O artigo analisa as motivações e veredas do processo de escolha pela Cirurgia e Traumatologia Buco-Maxilo-Faciais e da atuação profissional de especialistas na área, atuantes em um município catarinense. Estudo qualitativo, exploratório-descritivo, cujos dados foram coletados por entrevistas semiestruturadas com 05 cirurgiões-dentistas, analisados por meio da análise temática ajustada. Quando indagados sobre a motivação que os conduziu à escolha pela especialidade, os participantes revelaram: o caráter versátil da área, de natureza integrativa e não apenas reparadora; a cultura experimentada e produzida desde a tenra idade, identificação e preferência. As veredas percorridas no processo de escolha e na atuação profissional foram influenciadas pelo bom relacionamento com professores, concomitante a um bom embasamento teórico em cirurgia; participação em monitoria; atividade extracurricular (estágio); e, satisfação pessoal. No *mix* público-privado, depoimentos sinalizaram a ampliação da área, a tendência à saturação do mercado privado, o trânsito entre mercados, a formação de qualidade e o mérito de aproveitar o que é ofertado, além de apontamentos sobre a dificuldade em ingressar no setor público, ainda que a demanda seja realidade. O Centro de Especialidades Odontológicas do Sistema Único de Saúde foi apresentado como *lócus* de oferta promissora de trabalho e como estratégia para início de carreira. Novos estudos qualitativos de abordagem bioética são necessários e oportunos.

Descritores: Especialização. Pesquisa Qualitativa. Recursos Humanos em Odontologia.

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