

Perception and attitudes of dentists from Primary Health Care Centers on the care of special needs patients

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ABSTRACT

The care of special needs patients (SNP) in Dentistry requires a different approach. This population reports difficulties in getting care, especially, at the public service. The aim of this study was to investigate the perception and attitudes of the dentists that work on Public Health Care Centers (PHC) in the city of Pelotas on the care of SNP. A total of 47 professionals from the PHC participated in this research and they answered a questionnaire about their professional routine, time since graduation, professional qualification and experience, attitudes and difficulties related to the care of SNP. Descriptive analysis and Fisher's Exact Test were performed to assess the association between the characteristics of the dentists, their perception, experiences and attitudes towards care. Most dentists (93,6%) reported that they attend patients with special needs and their most difficulty was the lack of a dental assistant to help them (58,5%). There was a better perception regarding the care of SNP among those dentists that are involved in the Family Health Strategy team, with less time since graduation and that are fully dedicated to the public service. We concluded that, although most dentists reported that they attend those SNP, there are several difficulties and the most one is the lack of help.

Descriptors: Disabled Persons. Community Health Centers. Dentistry. Primary Health Care.

1 INTRODUCTION

Special needs patients (SNP) are those individuals who have a simple or complex, permanent or transitory physical, mental,

social, biological and/or behavioral impairments that requires a different approach from the traditional dental care using specific protocols and multiprofessional care¹. It is

estimated that 14.50% of the Brazilian population has some type of disability². With the scientific advances, the population of SNP is increasing. New diagnostic techniques and more effective therapeutic resources have been improving the quality of life and increasing the life expectancy of this group³.

In Brazil, the advance in public policies that value the citizen, respecting their characteristics and specificities are also reflected in health, giving priority to this special public to access all services offered by the Brazilian's National Health System (SUS)⁴. According to the Primary Care Notebook No. 17 - Oral Health, the SNP should have priority to access primary care. Only cases of greater complexity or requiring general anesthesia should be referred to the Dental Specialties Centers⁵.

However, this group still has some difficulties to access this public health system, and they are even worse when it comes to dental care⁶. Studies have shown that dentists do not attend patients with special needs for several reasons, such as lack of physical accessibility conditions in Public Health Care Centers (PHC), lack of adequate knowledge and training, lack of sensitivity and experience, inadequate remuneration or because they believe that special equipment or facilities are required for the treatment of those special patients^{7,8}.

The dentists should have a humanized posture and an extensive vision looking for the inclusion of this group of patients in order to accomplish the law. Little is investigated about the point of view from the professionals who work in primary care about the dental care of SNP. Therefore, the present study aimed to investigate the perception of the dentists that work for the public health system in the city of Pelotas / RS about the care of

the patients with special needs, their attitudes, experiences and difficulties, as well as the relationship between the perceptions and characteristics of the professionals and their work system.

2 METHODOLOGY

The research protocol was built in full accordance with the Guidelines and Regulatory Standards for Research involving human beings (Resolution of the National Health Council No. 466/12, December 12, 2012), and was approved by the Research Ethics Committee of the Dentistry School from Federal University of Pelotas (protocol 2,205,644 / 2017, CAAE 69077317.4.0000.5318). All professionals who agreed to participate in this research signed a free and informed consent form and the results of the questionnaires were treated without any identification.

This was an observational cross-sectional research, with a convenience sample that included all dentists that were working and attending at the PHC in Pelotas city, except those who were not attending patients at the PHC or were on leave.

Data collection was performed by two undergraduate dental students previously trained and supervised by a guiding teacher. For data collection we used a semi-structured questionnaire containing open and closed questions about the attitudes, experiences and difficulties of the dentists that work at a PHCPHC regarding the care of SNP. The application of the questionnaires took place through a face-to-face approach, between October and December 2017, during meetings scheduled to discuss the oral health work process.

The questionnaire was divided into 5 distinct parts. In part A, dentists answered

questions related to the PHC model in which they work (Family Health Strategy, Mixed or Traditional) and whether the dentist was integrated with the team; time since graduation; work routine (exclusively public sector, public and private sector); and postgraduate degree. In part B, statements about care of SNP based on the article by Parker *et al.* (2013)⁹, with Likert-type scaled response options. The dentists were asked if they had attended SNP at the PHC, and according to this answer they were directed to different questions.

The questions directed exclusively to the professionals who said “yes” to the above question were placed at the part C. These were specific questions regarding the management of SNP care. In part D, we find the questions for those dentists who answered that they had never attended SNP at the PHC. They were asked why they had never attended SNP at the PHC and if during their professional life working outside the PHC, they had already attended a SNP.

Finally, part E consisted of a single open and general question (for all professionals) that contained the following fictitious statement: “Many caregivers of SNP seek private care or dental specialties centers, reporting that at the PHC they have not even been heard by the dental team and that it is difficult to obtain dental care.” Then the question was: “Knowing that SNP should have open and prioritized access to care at the PHC, what do you, as a primary care professional, have to say about this type of report?” The answers were read, grouped and categorized into six statements according to the answers given by the professionals. Data were tabulated in duplicate and statistical analysis was performed using Stata 12.0 (Stata Corporation, College Station, TX,

USA). A descriptive analysis was performed including the presentation of absolute and relative frequencies of the studied variables. The association between the characteristics of the professionals and their work with the statements about the care of SNP was tested by Fisher's Exact Test, considering a significance level of 5%.

3 RESULTS

A total of 48 professionals were able to participate in this research and only one refused. Table 1 describes the characteristics of the service and the professionals who participated. The most prevalent care model was the Family Health Strategy team or the mixed model (59.1%). About the time since graduation, most professionals (54.3%) had between 2 and 15 years, 67.4% divided their work time between public and private service, 88.6% had a specialization course and 24.4% had a Master's degree and/or PhD. Only one professional had specialization in Dentistry for SNP (data not shown in the table). From the 47 participants, three said that they had never attended SNP at the PHC (6.3%). Two answered that they had never had a SNP demand and one because they had no dental assistant in the oral health team and also because they fears the patient's reactions. The others 44 (93.6%) dentists that reported that they attend SNP, 81.8% reported performing all primary care dental procedures, depending on the patient's diagnosis / behavior; 4.5% perform all procedures regardless of diagnosis / behavior and 13.6% never performed. Those who never performed some procedures, the majority (n = 3) reported never performing permanent teeth extraction.

Regarding the profile of patients with greater difficulty in care, the most mentioned were cerebral palsy (39.4%), autism (21.0%)

Table 1. Characteristics of the dentists and of the public health system from the city of Pelotas

Characteristic	n*	%
<i>PHC Model and Dentist working in the team</i>		
Family Health Strategy or Mixed - Dentist is not part of the team	10	22.7
Family Health Strategy or Mixed - Dentist is part of the team	16	36.3
Traditional PHC	18	40.9
<i>Time since graduation</i>		
2-15 years	25	54.3
16-39 years	21	45.6
<i>Work routine</i>		
Integrally public sector	15	32.6
Divided between public and private	31	67.9
<i>Specialization degree</i>		
No	5	11.3
Yes	39	88.6
<i>Master's and/or Doctorate (PhD) degree</i>		
No	34	75.5
Yes	11	24.4

*: missing data; PHC: Public health center

and intellectual disability (10.5%). Figure 1a presents the main difficulties find by the dentists when attending SNP. The most reported difficulty observed was the lack of dental assistant (58.5%). Figure 1b shows the perceptions of the dentists regarding the open question about the difficulty that SNP have to access the dental care at the

PHC. The findings show that most dentists disagree with the fictitious reported question, saying that they always welcome those patients, listen to them and attend whenever possible, while some pointed out certain difficulties that would justify such situation, such as high demand, lack of technical training, infrastructure and team.

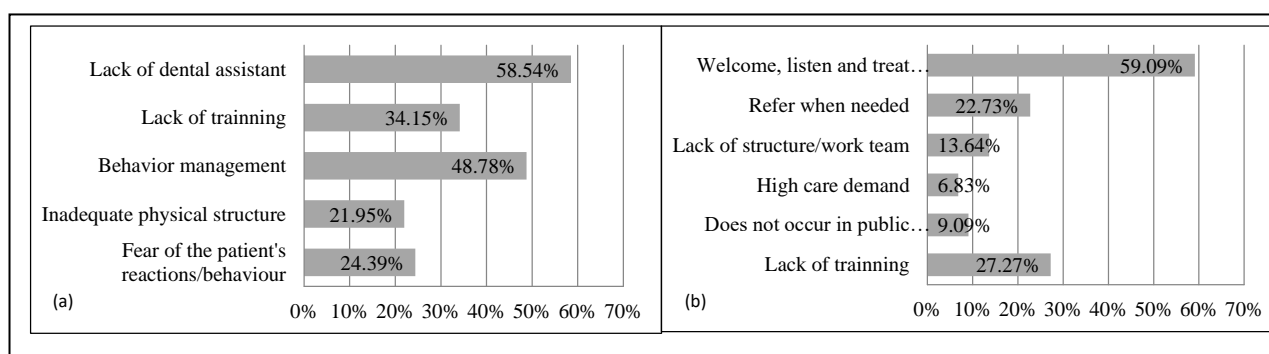


Figure 1. Proportion of dentists' difficulties when attending Special needs patients (a) and perception of factors that make difficult the dental access (b)

Table 2 shows the perception of the dentist in relation to the care of the SNP. The first statement evaluated was whether during the undergraduate course they learned enough about SNP dental care. Most respondents disagreed with the statement (76.7%). Regarding the experiences they had during their undergraduate course with SNP, 66.6% disagreed that they were relevant to attend this public after graduation. When asked about not feeling prepared to attend the SNP, 40.0% disagreed with this statement. When asked about the difficulties in attending the SNP at the PHC, 53.3% agreed that they have difficulties.

About the way that they work, 97.8% disagreed with the statement that say that they referred the patient directly to the specialties center without even talk to them, while one professional (2.1%) agreed with this statement. Most dentists (68.8%) agreed to have positive experiences regarding SNP care at PHC. Regarding the presence of barriers that make the SNP access difficult in the PHC, 57.4% disagreed that it is true. In the statement that says that SNP care should be done only by specialists, 68.1% of professionals disagreed. Most dentists (91.3%) said that they have interest in learning more about SNP care.

Table 2. Perception of dentists from Primary Health Care Centers' (PHC) on the care of special needs patients (SNP) in Pelotas city

Questions	Disagree		Undecided		Agree	
	n	%	n	%	n	%
During undergraduate I learned enough about SNP dental care	33	76.7	6	13.9	4	9.3
Dental care experiences with SNP during undergraduate had helped	30	66.6	5	11.1	10	22.2
I do not feel prepared to attend SNP	18	40.0	13	28.9	14	31.1
When I have a SNP that needs dental care in my PHC, I refer directly to the specialties center, before even talk to them	46	97.8	-	-	1	2.1
I have positive experiences in the care of SNP at the PHC where I work	6	12.7	11	23.4	30	63.8
In my PHC there are barriers regarding attitudes or environment, that make the SNP access more difficult compared to other patients	27	57.4	7	14.9	13	27.6
Dental care for SNP should be provided only by specialized professionals or specialties centers	32	68.9	7	14.9	8	17.0
I have interest in learning more about SNP care	1	2.2	3	6.5	42	91.3
I have difficult in provide dental care for SNP at the PHC where I work	13	28.9	8	17.7	24	53.3

Table 3 shows the association between the dentists' characteristics and the statements regarding the experience, knowledge and barriers in attending SNP. There was a statistical association between the statement

“During graduation I learned enough about SNP care” and time since graduation. Among professionals with more than 16 years since graduation, 100.0% disagreed with the statement above, while 56.5% of dentists with

less time since graduation agreed. Regarding the experiences during the undergraduate course that helped to attend SNP, there was a significant association with the model / insertion of the dentist in the FHS team. There was a greater agreement of professionals who are in PHC with FHS / Mixed model and are part of the team when compared to other professionals who were not part of the FHS team or were working at traditional PHC model.

In relation to positive experiences in attending the SNP, an association with the model / insertion of the dentist at FHS team and the work routine was also found. There was greater agreement about positive experiences with SNP among those dentists who are members of the FHS team and who work only in the public sector. Regarding the presence of barriers that make the SNP dental care access difficult in the PHC in equal opportunities with the other people attended, a statistical association with the work routine was also verified. There was a higher prevalence of agreement with this statement among those who divided their work routine between public and private sector.

Regarding the difficulties in attending the SNP, there was a significant statistical association with the work routine, with greater agreement between those dentists who divided their routine into public and private service (60.7%) when compared to those who work only in the public service (35.7 %).

In addition, 28.5% of professionals between 16 and 39 years since graduation agreed that dental care to the SNP should only be done by specialists or in specific centers, while among those who were between 2 and 15 years since graduation, only 8.0% agreed with this statement, but there was no statistical significance.

4 DISCUSSION

This study allowed us to analyze how public oral health care is provided to SNP in the city of Pelotas / RS from the point of view of the dentists, offering subsidies to detect possible failures and to improve the service. From the results of this study we could notice that most of the dentists that work at the PHC in Pelotas city attend SNP, although only one of them has specialized professional training. However, most of them find difficulties when attending those special patients, being the lack of dental assistant to help them in the office the most difficulty reported.

It is important to highlight that this study has limitations, such as the possible induction of desirable answers, since the dentists, even though they were informed about the confidentiality of the information and the non-identification of the questionnaires, may have given more socially accepted answers, since they were being evaluated about their work and know that there should be no discrimination in the attention of SNP, on the contrary, we should prioritize them in care. According to the Notebook 5 of the Brazilian Ministry of Health about Primary Oral Health Care, services should be organized in order to provide priority access in the primary care setting, which should be the gateway to the SNP. Only the most complex cases or who require care under general anesthesia should be referenced to dental specialties centers or hospital, respectively. Most dentists reported providing care to the SNP, as well as other studies that also bring the perception of the dentist⁶.

However, when the studies are performed with the SNP and their families, the findings can be different. A study that investigated the

Table 3. Perception of dentists from Primary Health Care Centers about questions regarding dental care of special needs patients (SNP) that presented statistically significant association with Pelotas public health team dentists' characteristics (continue)

Characteristics	1						2						3					
	Disagree		Undecided		Agree		Disagree		Undecided		Agree		Disagree		Undecided		Agree	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>PHC Model and Dentist working in the team</i>	*																	
Family Health Strategy or Mixed - Dentist is not part of the team	6	60.0	2	20.0	2	20.0	4	40.0	4	40.0	2	20.0	7	70.0	1	10.0	2	20.0
Family Health Strategy or Mixed - Dentist is part of the team	10	71.4	3	21.4	1	7.1	11	73.3	-	-	4	26.6	6	40.0	3	20.0	6	40.0
Traditional PHC	15	88.2	1	5.8	1	5.8	14	82.3	1	5.8	2	11.7	4	23.5	7	41.1	6	35.3
<i>Time since graduation</i>	*																	
2-15 years	13	56.5	6	26.1	4	17.3	12	52.1	4	17.4	7	30.4	12	52.1	6	26.1	5	21.7
16-39 years	19	100.0	-	-	-	-	17	80.9	1	4.7	3	14.2	6	28.5	6	28.5	9	42.8
<i>Work routine</i>	*																	
Integrally public sector	8	61.5	4	20.7	1	7.7	10	71.4	1	7.1	3	21.4	6	42.8	3	21.4	5	35.7
Divided between public and private	24	82.7	2	6.9	3	10.3	19	63.3	4	13.3	7	23.3	12	40.0	9	30.0	9	30.0
<i>Specialization degree</i>	*																	
No	2	40.0	2	40.0	1	20.0	3	60.0	1	20.0	1	20.0	4	80.0	-	-	1	20.0
Yes	31	81.5	4	10.5	3	7.9	27	69.2	4	10.2	8	20.5	14	35.9	13	33.3	12	30.7
<i>Master's and/or Doctorate degree</i>	*																	
No	25	78.1	4	12.5	3	9.3	24	70.6	3	8.8	7	20.5	13	38.2	11	32.3	10	29.4
Yes	8	72.7	2	18.1	1	9.1	6	54.5	2	18.1	3	27.2	5	45.4	2	18.1	4	36.3

PHC: Public Health Center; 1: During undergraduate I learned enough about SNP dental care; 2: Dental care experiences with SNP during undergraduate had helped; 3: I do not feel prepared to attend SNP

Tabela 3. Perception of dentists from Primary Health Care Centers about questions regarding dental attendance of special needs patients (SNP) that presented statistically significant association with Pelotas public health team dentists' characteristics (continue)

Characteristics	4						5						6						
	Disagree		Undecided		Agree		Disagree		Undecided		Agree		Disagree		Undecided		Agree		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<i>PHC Model and Dentist working in the team</i>																			
Family Health Strategy or Mixed - Dentist is not part of the team	10	100.0	-	-	-	-	-	-	4	40.0	6	60.0	5	50.0	3	30.0	2	20.0	
Family Health Strategy or Mixed - Dentist is part of the team	16	100.0	-	-	-	-	-	-	-	-	16	100.0	13	81.2	-	-	3	18.7	
Traditional PHC	17	94.4	1	5.5	-	-	6	33.3	6	33.3	6	33.3	8	44.4	3	16.6	7	38.9	
<i>Time since graduation</i>																			
2-15 years	24	96.0	-	-	1	4.0	5	20.0	6	24.0	14	56.0	17	68.0	3	12.0	5	20.0	
16-39 years	21	100.0	-	-	-	-	1	4.7	5	23.8	15	71.4	10	47.6	4	19.0	7	33.3	
<i>Work routine</i>																			
Integrally public sector	15	100.0	-	-	-	-	1	6.6	-	-	14	93.3	13	86.6	-	-	2	13.3	
Divided between public and private	30	96.7	-	-	1	3.2	30	96.7	-	-	29	63.0	14	45.1	7	22.5	10	32.2	
<i>Specialization degree</i>																			
No	5	100.0	-	-	-	-	1	20.0	1	20.0	3	60.0	3	60.0	1	20.0	1	20.0	
Yes	38	97.4	-	-	1	2.5	5	12.8	9	23.0	25	64.1	22	56.4	5	12.8	12	30.7	
<i>Master's and/or Doctorate degree</i>																			
No	34	100.0	-	-	-	-	5	14.7	8	23.5	21	61.7	19	55.8	4	11.7	11	32.9	
Yes	10	90.9	-	-	1	9.1	1	9.1	2	18.1	8	72.7	7	63.6	2	18.1	2	18.1	

PHC: Public Health Center; 4: When I have a SNP that needs dental care in my PHC, I refer directly to the specialties center, before even talk to them; 5: I have positive experiences in the care of SNP at the PHC where I work; 6: In my PHC there are barriers regarding attitudes or environment, that make the SNP access more difficult compared to other patients.

Table 3. Perception of dentists from Primary Health Care Centers about questions regarding dental attendance of special needs patients (SNP) that presented statistically significant association with Pelotas public health team dentists' characteristics (continue)

Characteristics	7						8						9					
	Disagree		Undecided		Agree		Disagree		Undecided		Agree		Disagree		Undecided		Agree	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>PHC Model and Dentist integration in the team</i>																		
Family Health Strategy or Mixed - Dentist is not part of the team	6	60.0	1	10.0	3	30.0	-	-	-	-	10	100.0	4	40.0	3	30.0	3	30.0
Family Health Strategy or Mixed - Dentist is part of the team	12	75.0	3	18.7	1	6.2	-	-	-	-	15	100.0	7	46.6	3	20.0	5	33.3
Traditional PHC	11	61.1	3	16.6	4	22.2	1	5.5	3	16.6	14	77.7	2	11.7	2	11.7	13	76.4
<i>Time since graduation</i>																		
2-15 years	18	72.0	5	20.0	2	8.0	1	4.1	3	12.5	20	83.3	8	34.7	6	26.1	9	39.1
16-39 years	13	61.9	2	9.5	6	28.5	-	-	-	-	21	100.0	5	23.8	2	9.5	14	66.6
<i>Work routine</i>																		
Integrally public sector	11	73.3	2	13.3	2	13.3	-	-	-	-	15	100.0	8	57.1	1	7.1	5	35.7
Divided between public and private	20	64.5	5	16.1	6	19.3	1	3.3	3	10.0	26	86.6	5	16.6	7	23.3	18	60.0
<i>Specialization degree</i>																		
No	4	80.0	1	20.0	-	-	-	-	-	-	5	100.0	3	60.0	1	20.0	1	20.0
Yes	27	69.2	5	12.8	7	17.9	1	2.6	2	5.2	35	92.1	9	23.0	7	17.9	23	58.9
<i>Master's and/or Doctorate degree</i>																		
No	23	67.6	5	14.7	6	17.6	1	3.0	2	6.0	30	90.9	10	29.4	5	14.7	19	55.8
Yes	8	72.7	1	9.1	2	18.1	-	-	-	-	11	100.0	3	27.2	3	27.2	5	45.4

PHC: Public Health Center;; 7: Dental care for SNP should be provided only by specialized professionals or specialties centers; 8: I have interest in learning more about SNP care; 9: I have difficult in provide dental care for SNP at the PHC where I work

accessibility of children and adolescents with disabilities on Oral Health Primary Care at the Public Service in the city of Recife found that 50% of guardians who looked for care for children with disabilities did not succeed, and the main reason was unavailability vacancies and the unwillingness of the professionals to attend the SNP¹⁰. This reality is also found in other countries, a study with SNP's family members or caregivers in the United States showed that the biggest barrier reported by the respondents was finding a professional willing to treat SNP, reported by 34.2% of the respondents and this overcame the difficulties related to transport, financial cost and waiting time¹¹.

A study also showed that family members are unsatisfied with the first reception and care received at PHC. In this research, 58% of the caregivers reported having found dentists that were unwilling to attend their special needs children using the lack of structure and specialized professional training as excuse¹². Another study that evaluated the dentists and the SNP's perception regarding dental care on the public service in Fortaleza pointed out differences in perception, while a large number of dentists reported that they prioritize the SNP care, a large portion of SNP did not feel that their care was prioritized¹³. Thus, it is important to investigate, in future studies, the view of both parties involved in this process, in order to better understand and create strategies based on the perceptions of both segments.

In Pelotas' city more than a half of the PHC have the Family Health Strategy (FHS) or mixed model but only 36.3% of the dentists are working on those models which means that they have a dental assistant to help them. But the others 63,7% of the dentists don't have a dental assistant to help and this

negatively impact the quality of care that they provide to those special patients even so those professional showed a predisposition to assist this special public.

For this reason, perhaps, it was found that the system of work was associated with the perception of the dentists regarding positive experiences in attending the SNP. Only the dentists that work together with a dental assistant fully agreed that they had positive experiences in the care of SNP. This demonstrate that the lack of help is prejudice to the quality of care, turning the attention given into negative experiences, and may even demotivate those who try to attend this public. In 2000, the Health Ministry initiated a financial incentive for the inclusion of oral health teams in the FHS in order to expand the care service and improve oral health indicators¹⁴. Expanding oral health teams to FHS model may be a way to better assist the SNP in primary care, as some cases require four-handed work. Moreover, it would avoid the need for referrals to dental Specialties Centers, making primary care more resolute. The dental Specialties Centers are one of the acting fronts of "Smiling Brazil" (a Brazilian National Oral Health Policy) and the treatment offered in those centers should be understood as a continuity of the work performed in primary health care. The dental Specialties Centers are not a reality from all cities, however in Pelotas, there are two, which helps referral to specialized service. However, it should be emphasized that professionals in the primary care should be responsible for the SNP primary care, reception and listening and should only refer more complex cases to the dental Specialties Centers^{5,15}. Nevertheless, a significant number of professionals surveyed, almost 1/5, agree that all SNP should only be attended by

specialized centers or specialists. It is known that the majority of the SNP needs are perfectly solvable in the primary health care⁵. However, unnecessary referrals have been noticed by the specialized care teams in Pelotas city, as many SNP referred would be able to be attended at the PHC¹⁶.

The dentists reported to have greater difficulty in attending patients with cerebral palsy and autism spectrum disorder (ASD). As a consequence of this, the most assisted patient in one of the city's Dental Specialties Center is the cerebral palsy patient¹⁶, representing almost half of the patients attended (47.0%). A qualitative study about the dental care of children with special needs, carried out in some cities of São Paulo State with dentists that provided care to SNP, showed that they unanimously pointed out that patients with ASD present the greatest difficulties¹⁷. Both patients (cerebral palsy and ASD) have difficulties in establishing adequate communication and this may justify the difficulties pointed out by those dentists to create the link between dentist and patient, essential for the success of dental care¹⁸.

Other difficulties such as a little experience of the professional to attend the SNP during the undergraduate course were found in our results. It was observed that a minority agreed that they learned enough during undergraduate course about SNP care and / or the dental care provided during undergraduate education helped them in their professional life. It is known that this is not an offered or compulsory subject in many undergraduate dentistry courses. In a study conducted in Brazil, which assessed the situation of SNP care training in dentistry courses, only 27.8% offered the subject in the curriculum, and not all of these were a compulsory subject¹⁹. Thus, it is noted that the

current training of professionals in dentistry is poor when it comes to SNP. Although the National Council of Education does not determine as essential content in the curriculum of dentistry, colleges have didactic and pedagogical autonomy and should consider establishing this content as required on their curriculum. A positive aspect found was that the majority of this sample reported having an interest in learning more about the SNP care, regardless of work and the professionals' characteristics. In order to accomplish with the recommendations of the Ministry of Health, oral health teams should be trained so that they can be able to assist these users, at local level, in increasing levels of care complexity¹⁹. In a study conducted in India, the biggest barrier reported by the dentists regarding the care of children with special needs was the lack of professionals²⁰. In Dentistry, the qualification of the professionals requires more attention since graduation, in addition the curriculums must be adapted in order to train qualified professionals to attend the real health needs of the population¹⁹. It is also important that oral health management promote continuing education for professionals looking for qualification according to the society's demands. As previously mentioned, there is no guarantee that this knowledge will be acquired at undergraduate level, which means that more investments need to be made for the qualification and improvement of dental professionals already working at public health services, and this costs the government expenses with professional qualification^{21,22}.

Among the findings of the present study, it was also noticed that professionals who work only at the public service, which means, they work exclusively at PHC, had more positive perceptions regarding SNP care

than those who divided their work routine between public and private clinics. Those who shared their work routine between public and private care agreed more about statements related to difficulties on attending the SNP, about the presence of barriers that complicate or prevent care and about not having positive experiences. It is possible that this reflects, in part, because dentists that have a greater calling for public health care, since the dentists that act exclusively in the public sector today are the ones that have highest hourly load in their workday dedicated to primary healthcare. This was done in the city of Pelotas through volunteer dental enrollment, which had to submit projects to be inserted in this option of a longer working day, recently implemented.

Regarding the affirmation that undergraduate learning was sufficient, there was an association with the time since graduation, showing that those who graduated more recently agree more with this statement. It is known that the majority of dentists working in the city have their degree at the School of Dentistry of the Federal University of Pelotas, which started an extension project aimed SNP since 2005. And from 2010 began to host a city's dental specialties center¹⁴ and because of this several students came to have contact, even voluntarily, with the SNP. It is important to emphasize that, when all the SNP's dental needs are not supply, this may not be directly related to the technical issue of the professional, but with all the complexity that involves the treatment of this group¹⁶. In addition to the professional, who as a human being has particular difficulties, fears, anxieties and expectations about the care they provide, there are also difficulties inherent to the services or even with the special needs of patients¹⁶. Thus, an

expanded look is necessary in order to recognize the limits of the SNP care, not only regarding the aspects of the dentist.

5 CONCLUSION

It was concluded that the majority of the dentists investigated in this study reported providing dental care to SNP, but pointed out several difficulties in the care of this group, being the main one, the lack of an assistant. The findings suggest, in a general way, that there is a better perception regarding the care of SNP among the dentists that are part of the FHS team, probably due to the presence of a dental assistant, with less time since graduation and who are fully dedicated for the public service. The lack of training for SNP attention during graduation, combined with the expectation of most dentists to intensify knowledge about the care of these patients, suggests the obligation to insert in the curriculum of Dentistry subjects focused on SNP, the training of dentists that work at the public service, as well as supply sufficient conditions for the work of the dentists could improve the attention of the SNP oral health.

RESUMO

Percepção e atitudes dos cirurgiões-dentistas de Unidades Básicas de Saúde sobre o atendimento de Pacientes com Necessidades Especiais

O atendimento a pacientes com necessidades especiais (PNE) na Odontologia exige uma abordagem diferenciada. São relatadas dificuldades desta população em conseguir atendimento, principalmente no serviço público. O objetivo deste estudo foi investigar a percepção e as atitudes dos cirurgiões-dentistas (CD) da rede municipal de saúde de Pelotas/RS no atendimento a PNE. Participaram 47 profissionais de Unidades Básicas de Saúde que responderam a um questionário sobre rotina profissional,

tempo de formado, qualificação profissional, experiência, atitudes e dificuldades no atendimento de PNE. Foi realizada análise descritiva e o Teste Exato de Fisher para avaliar associação entre as características do CD, sua percepção, experiências e atitudes frente ao atendimento. A maioria (93,6%) dos CDs relatou atender PNE e a dificuldade mais relatada foi a falta de auxiliar (58,5%). Houve uma melhor percepção em relação ao atendimento ao PNE ente aqueles CD que fazem parte da equipe da Estratégia Saúde da Família, com menos tempo de formado e que se dedicam integralmente ao setor público. Conclui-se que, apesar da maioria dos CD relatarem prestar atendimento odontológico ao PNE, diversas dificuldades foram apontadas, sendo a principal a falta de auxiliar.

Descritores: Pessoas com Deficiência. Centros de Saúde. Odontologia. Atenção Primária à Saúde.

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