



UNDERSTANDING HUMANIZED CARE AT A NAVY OUTPATIENT DENTAL CLINIC

Compreensão sobre o atendimento humanizado em um ambulatório de odontologia da marinha

Conocimiento de la atención humanizada de un ambulatorio de Odontología de la Marina

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ABSTRACT

Objective: To understand the guidelines on ambience and user embracement within the National Humanization Policy from the perspective of dental surgeons and users of a dental outpatient clinic. **Methods:** A qualitative study was carried out from December 2017 to February 2018 at the Ceará Navy Academy (Escola de Aprendizes-Marinheiros do Ceará - EAMCE) located in Fortaleza, Brazil. Data were collected by conducting semi-structured interviews with five dental surgeons and eleven users of the outpatient dental clinic and the interviews were treated using the content analysis technique. Two thematic categories emerged: Professionals' perception: humanization, ambience and user embracement; Users' perception: humanization, ambience and user embracement. **Results:** The dental surgeons recognized the importance of the association of ambience with tranquility and trust and of user embracement with carefully listening to patients. The users rated ambience as satisfactory and associated user embracement with trust. Both professionals and users reported a few obstacles to humanization practices, such as the poor use of the waiting room and the delay in scheduling appointments. **Conclusion:** There was consensus among the interviewees (professionals and clients) about their satisfaction with the ambience and user embracement at the outpatient clinic; however, humanization may be hindered by the prioritization of military activities, such as security services and military graduations.

Descriptors: Humanization of Assistance; User Embracement; Dentistry.

RESUMO

Objetivo: Compreender as diretrizes de ambiência e acolhimento da Política Nacional de Humanização sob a ótica dos cirurgiões-dentistas e usuários de um atendimento ambulatorial odontológico. **Métodos:** Estudo de abordagem qualitativa, conduzido de dezembro de 2017 a fevereiro de 2018, realizado na Escola de Aprendizes-Marinheiros do Ceará (EAMCE), em Fortaleza, Brasil. Os dados foram obtidos em entrevistas semiestruturadas, com cinco cirurgiões-dentistas e onze usuários do ambulatório de odontologia, por meio da técnica de análise de conteúdo para tratamento das entrevistas, emergindo, assim, duas categorias temáticas: Percepção dos profissionais: humanização, ambiência e acolhimento; Percepção dos usuários: humanização, ambiência e acolhimento. **Resultados:** Os cirurgiões-dentistas reconheceram a importância da associação da ambiência à tranquilidade e confiança e o acolhimento à escuta cuidadosa dos pacientes. Os usuários consideraram a ambiência satisfatória, articulando acolhimento à confiança. Poucas ressalvas, de ambas as partes, indicaram algum comprometimento das práticas de humanização, mau aproveitamento do espaço da sala de espera e demora no agendamento dos atendimentos. **Conclusão:** Há consenso entre os entrevistados sobre a satisfação com a ambiência e acolhimento no ambulatório, contudo, com algum comprometimento, devido à priorização de funções específicas do militarismo, tais como: serviços de segurança e formaturas militares.

Descritores: Humanização da Assistência; Acolhimento; Odontologia.

RESUMEN

Objetivo: Conocer las directrices del ambiente y acogida de la Política Nacional de Humanización desde la perspectiva de los cirujanos-odontólogos y los usuarios de un ambulatorio de odontología. **Métodos:** Estudio de abordaje cualitativo realizado



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entre diciembre de 2017 y febrero de 2018 en la Escuela de Aprendices-marineros de Ceará (EAMCE) de Fortaleza, Brasil. Se recogieron los datos de las entrevistas semiestructuradas de cinco cirujanos-odontólogos y once usuarios del ambulatorio de odontología a través del análisis de contenido para el tratamiento de las entrevistas de las cuales han emergido dos categorías temáticas: *Percepción de los profesionales: humanización, ambiente y acogida; Percepción de los usuarios: humanización, ambiente y acogida.* **Resultados:** Los cirujanos-odontólogos reconocieron la importancia de la asociación entre el ambiente y la tranquilidad y la confianza y la acogida de la escucha cuidadosa de los pacientes. Los usuarios consideran el ambiente satisfactorio articulando la acogida con la confianza. Las pocas críticas de ambas partes indicaron algún comprometimiento de las prácticas de humanización, el mal aprovechamiento del espacio de la sala de espera y el retraso para el señalamiento de las consultas. **Conclusión:** Hay un consenso entre los entrevistados (profesionales, clientes) sobre la satisfacción con el ambiente y la acogida del ambulatorio, sin embargo, con algún comprometimiento debido a la prioridad de las funciones específicas del militarismo tales como los servicios de seguridad y las formaciones militares.

Descriptores: Humanización de la Atención; Acogimiento; Odontología.

INTRODUCTION

Given the various challenges of making the Unified Health System (*Sistema Único de Saúde – SUS*) a system that treats its users as citizens, and after several debates about humanization and user embracement in health care, the Ministry of Health created in 2003 the National Humanization Policy (*Política Nacional de Humanização – PNH*) or HumanizaSUS, which consolidates existing programs that work in a fragmented way based on the principles of humanization, such as the Prenatal and Childbirth Care Program and the National Program for the Humanization of Hospital Care. The PNH, whose official document is its Base Document, aims to strengthen the SUS as a public health policy through the promotion of working relationships that praise the SUS staff and its users^(1,2).

The PNH encourages the interaction between managers, workers and users through communication with the aim of building collective processes to tackle power, work and affection relations that often lead to dehumanizing attitudes, thus hindering health professionals' autonomy and co-responsibility and the users' self-care⁽¹⁾. In enhancing the autonomy and protagonism of users and favoring the exchange of technical and popular knowledge (overcoming power relations), humanization is a potential instrument for health promotion and has an impact on quality of life.

One of the guidelines of the PNH is user embracement, which is defined as the acknowledgement of one's demand as legitimate and a singular necessity. User embracement involves welcoming, listening, providing guidance and care and referring health demands⁽¹⁾. It also means the careful and respectful monitoring of these needs until they are met⁽³⁾.

Ambience is another guideline of the PNH, and it consists in creating a cozy and comfortable space with the capacity to transform the work processes. Ambience also denotes the treatment of the physical space, which is part of the social space where the interpersonal relations between professionals and users take place and should be a welcoming place capable of solving users' problems, thus contributing to humanized care in the production of health⁽¹⁾.

Humanization of care is a principle not only foreseen in the National Humanization Policy, but it is also a founding value of the National Health Promotion Policy (*Política Nacional de Promoção da Saúde – PNPS*)⁽⁴⁾. In this regard, both State policies introduce care and management models that converge towards humanization as a common end either through respect for and acceptance of users' demands or through collective humanized care practices for the production of health promotion.

The interest in studying this issue emerged due to an apparent contradiction while reflecting on the National Humanization Policy in military organizations. Some doubt has been raised regarding how user embracement and ambience guidelines for dental care are set among users and health professionals in this peculiar field. The recommended humanized practices may lead one to think that they are incompatible with the hierarchical training and the disciplinary rigidity of a military institution.

Thus, this study proposed an understanding⁽⁵⁾ of which seemingly contradictory categories may not be self-excluding and can coexist in an adapted and singular way. This study is justified by the return that its results can provide, such as the improvement of the humanized health processes in the military field, which shall give visibility to the needs and subjectivities of users and health professionals. An academic contribution is also expected as the study can elucidate the questions raised by the authors. Given that context, the following assumptions were outlined in this study: How do dental surgeons perceive humanization, ambience and user embracement guidelines described in the National Humanization Policy, while serving their patients in the military environment? On the other hand,

what are the users' perceptions about humanization, ambience and user embracement guidelines described in the National Humanization Policy while being served the Dental Surgeons?

The purpose of this study was to understand the guidelines on ambience and user embracement within the National Humanization Policy from the perspective of dental surgeons and users of a dental outpatient clinic.

METHODS

We carried out a qualitative study⁽⁵⁾ as it is able to incorporate meanings, reasons, aspirations, beliefs, values and attitudes, which corresponds to a deeper and more subjective space for relationships, processes and phenomena that cannot be reduced to the operationalization of variables.

The study took place at the Ceará Navy Academy (*Escola de Aprendizagem-Marinheiros do Ceará – EAMCE*), a personnel training institution of the Brazilian Navy located in the city of Fortaleza, Ceará, Brazil. It is a military center focused on teaching; however, it offers outpatient health care and is part of the Navy Health System (*Sistema de Saúde da Marinha – SSM*), which is aimed at the care of its users – military, their dependents, and pensioners. In Brazil, there are more than 343 thousand users of the SSM; in the state of Ceará alone, there are more than 6,503 users⁽⁶⁾.

The operation of the Brazilian Navy involves a structure of conduct strongly based on the pillars of hierarchy and discipline and is directed towards the defense of internal and external orders. These pillars, especially the hierarchy, are parameters that shape interpersonal relations according to a logic of power ranking that informs the seniority of each member, including military dental surgeons, and their social position in the institution and expected behavior⁽⁷⁾. As shown in the results of this study, such formatting of interpersonal relationships confers a differential that impacts the process of health production between the military dental surgeon (DS) and the military user.

According to the office in charge, the dental outpatient clinic of the Ceará Navy Academy provides daily care and has five military DS who are part of the temporary staff of the Brazilian Navy (*Marinha do Brasil – MB*), and is able to serve six patients per day for each DS – a total of 30 daily appointments and 40 working hours per week. The clinic offers the following specialties: Prosthesis (basic care), Surgery (basic and third molars), Pediatric Dentistry, Dentistry and Endodontics. The institution opens from Monday through Friday from 8 am to 4 pm; however, the dental clinic where the research took place opens from 7 am to 7 pm. In addition to dental services, the health department also provides outpatient medical care and has a Regional Health Board, a clinical analysis laboratory and the Social Work Department. All the services share the same reception for initial triage and scheduling of consultations. On the day of the consultation, the user waits to be seen in the waiting room of the upper floor, which is shared with the Social Work Department and the Regional Health Board.

The study included the users of the clinic and the dental surgeons who worked there during the period of data collection. Visits were made to the clinic and the participants were invited to participate in the study after being informed about the objectives. Users should be beneficiaries of the Navy Health System (*Sistema de Saúde da Marinha – SSM*) in Ceará and be over 18 years of age. None of the five professionals who worked in the clinic refused to participate. As for users, eleven beneficiaries were interviewed and data collection was finished after saturation of the research responses, that is, a satisfactory amount of information that could demonstrate the complexity of the relationships involved in the health production process so that new data collection would not add anything new to the findings⁽⁸⁾.

The data were collected from December 2017 to February 2018 after the termination of the treatment. Semi-structured interview was used for being considered an adequate instrument of data collection for this type of qualitative research as it uses a flexible questionnaire with open-ended questions respecting the interviewee's freedom to build the narrative⁽⁵⁾. A private place was used for the interviews, which lasted at least 20 minutes. A predominantly collaborative relationship was established between interviewer and interviewee, with episodes of curiosity about the theme and enthusiasm for the opportunity to comment.

The answers were recorded for further analysis and we used instruments with two types of questions: one for users and the other for DS. The first part of the questionnaire addressed the profession and sex and identified the relationship of the interviewee with MB. The second part contained a question about the dental surgeons' and users' perception about humanization, user embracement and ambience in dental care.

The material obtained in the interviews was analyzed following the procedures of Content Analysis⁽⁵⁾ for qualitative research, which consists of three phases: pre-analysis, material exploration, and treatment and interpretation of results. The first phase, pre-analysis, consists of systematizing the initial concepts described in the theoretical framework used as reference and pointing out possible explanations of the elements collected. The second phase, the material

exploration, consists of coding operations and the division of the text into coding units, the definition of measurement rules and the arrangement and association of the data into symbolic or thematic categories. The third phase consists of the treatment and interpretation of results with the aim of obtaining the evident and hidden contents contained in all the collected material (interviews, documents and observation). The aspects considered analogs and the different estimates were highlighted. Thus, two categories emerged from the thematic analysis: Professionals' perception: humanization, ambience and user embracement; Users' perception: humanization, ambience and user embracement.

The research was approved by the Ethics Committee of the University of Fortaleza (*Universidade do Fortaleza – UNIFOR*) under Approval No. 2.080.439. The study complied with the recommendations of Resolution No. 466/12 of the National Health Council⁽⁹⁾ on research involving human subjects. Participants signed the Informed Consent Form. Anonymity was ensured by identifying the participants as “User (U) 1 to 11” and dental surgeons (DS) as “DS 1 to 5”.

RESULTS AND DISCUSSION

This section will describe the results of the study with regard to the data related to the interviewees and after that the categories that emerged from the study will be presented and discussed based on pieces of information extracted from the original text and theoretically supported.

Data on the interviewees

The dental surgeons interviewed are part of the temporary team of active officers: three women and two men. As for the eleven interviewees, they were: three active sergeants, three inactive sergeants, one active non-commissioned officer, one inactive non-commissioned officer, one active sailor, one inactive sailor and only one interviewee was a female active officer – ten men and one woman.

Professionals' perception: humanization, ambience and user embracement

This category describes professionals' perceptions about humanization, ambience and user embracement at service. It is known that humanization can be understood as the creation and development of bonds between professionals and users based on actions directed by the perception and valorization of the subjects, thus reflecting ethical and human attitudes^(10,11). As for DS' perception about humanization, it was possible to note that:

“[...] it is talking about life [...] getting to know a little about that patient, [...] the best way to carry out the intervention required.” (DS 2)

“[...] The patient is always heard and treated the best way possible [...]” (DS 3)

The answers indicated that humanization in dental care in the institution occurs through communication, dialogs and qualified listening between user and professional. The interviewees also showed a respectful positioning while providing care and attentive listening of patients.

There was also apparent contradiction regarding the direct association between humanization, hierarchy and discipline. There were exceptions related to the accumulation of collateral charges, which are inherent to the military environment:

“[...] well, here in the Navy, because we have discipline and hierarchy, we already have a really cool humanization.” (DS1)

“[...] among the military (in the corporation) there is no humanization, it is quite the opposite actually. The military environment is for activities that are not related to serving the public [...], but for the public it is humanized... yes.” (DS2)

According to §1 of article 14 of the Military Statute⁽¹²⁾, “the military hierarchy is the ordering of authority into different levels (...). Respect for hierarchy is embodied in the spirit of adherence to the sequence of authority”. Discipline is defined in § 2 of the same article as “strict observance and full compliance with laws, regulations, norms and provisions (...), which is translated as the perfect fulfillment of duty by each and every one of the components of this organism”. Hierarchy is therefore based on the ranking of authority and discipline and on strict obedience to orders, both supposing an idea of hardness and severity which are not usually automatically associated with humanization, as the above statement suggests (DS1).

With regard to this opposition, research carried out in the fields of military psychology, administration and military law obtained results that point to a distance between the military field and humanization, especially with regard

to guidelines on user embracement and respect. These results indicated high anxiety among the military due to organizational pressure for perfection, efficiency and speed based on excessive disciplinary demands⁽¹³⁾; impairment of quality of life at work caused by superiors' disrespect for subordinates and by excessive rules⁽¹⁴⁾; and moral suffering generated by recurrent threats related to criminalizing indiscipline (noncompliance with orders) by some superiors who assume hierarchy as an absolute power⁽¹⁵⁾.

The interviewees DS1 and DS2 mentioned a possible humanization when serving the general public; however, such humanization is separated from the military activities themselves. This may mean that humanization would only be feasible in the military environment if it is separated and isolated from the most striking features of military activities. Thus, it would be possible in situations where command and order fulfillment should not be too rigorous and radical, such as in the care for the user. This demonstrates the singularity of humanization practices in the military environment, which, in this case, take place in a delimited space as they occur in the space between the care for the public and the tasks of training for combat.

According to the DS interviewed, other factors that could compromise humanized care would be the collateral charges and other activities typical of the military environment. According to art. 6-4-16 of the General Ordinance for the Navy Operation (*Ordenança Geral para o Serviço da Armada – OGSA*)⁽¹⁶⁾, collateral charge “is that performed by the Officer cumulatively with any position for which he has been appointed”. Thus, it consists of tasks other than dental care, such as military graduations, parades and center security service:

“[...] a dentist at work, the armed service of the Academy (...). So, for a more humanized service, I believe I would need [...] full time in the Dentistry department, but... we know it is our job. Before being dentists, we are military [...].” (DS3)

“[...] militarism is demanded a lot [...] we struggle very often to prioritize care, [...] the patient [...] ends up being left behind and [...] complaining about it.” (DS4)

Collateral charges and other military activities can represent a conflict and hinder humanization due to the lack of time for providing care and the obligation to perform other activities. By saying that the patient is sometimes left behind because militarism is very demanding, the professional exposes the relevance of the hierarchy over the dental care itself (DS1), which contradicts some guidelines of the PNH. In that case, this delays care provision and prolongs waiting time, thus impacting directly on the quality of user embracement and humanization.

Permanent education encompasses all the actors involved in the process of humanization of health care^(17,18). It is capable of solving problems that can contribute to the health care humanization process as it can provide updated knowledge on the subject and renew the commitment of the actors involved to the importance of humanized care. This was also the conclusion reached by a study on the models and instruments of humanization adopted in several countries, such as Brazil, the United States, Italy and France. The study revealed that, in those countries, the lack of protagonism of humanization in academic training is an important obstacle to the patient-centered approach⁽¹⁹⁾.

As ambience is the place where the user's contact with the service provided occurs and where the first impressions will be recorded, it should be presented with positive impression and encourage users' security and confidence during the treatment. Besides the importance of the physical structure of the place, which contributes to the quality of the service offered, the ambience is considered a quality of a healing environment. The patient improves his/her positive perception through the physical and non-physical components of the ambience, which promote a favorable expectation about the procedures to be performed^(10,20). User embracement takes place through a good quality listening offered by the workers to the demands of the user who should be given access to technologies appropriate to their needs, thus increasing the effectiveness of health practices⁽¹⁾.

According to the interviewees, studies indicate that dental care involves procedures that generate anxiety and stress due to the possible invasion of part of the physical body, leading them to perceive the situation as threatening^(21,22). In agreement with this perception, the DS interviewed in the present study also mentioned feelings of fear and anxiety present in the dental care and also that the observance of the ambience could be something that softened these feelings in the user:

“[...] the issues related the place where dental care is provided, the reception itself, [...] all this influences the patient to be calmer, be less worried [...].” (DS1)

“[...] ambience, [...] it is important because the patient will be calmer when he enters the office. [...] a place where [...] he will have a magazine to read. He will talk to the other patients [...], there is television for him to watch. [...].” (DS3)

Fear and anxiety are sometimes inherent in patients undergoing dental treatment, but a factor that minimizes

this stress is the welcoming feature of the ambience of the waiting room and the office, which favors greater quality and tranquility to the acts and modes that constitute the health work processes⁽²³⁾.

With regard to the concept of user embracement and its importance for health, the professionals interviewed in the present study emphasized the word “trust” as an important welcoming attitude capable of breaking paradigms through the creation of ties and interaction with users; they also emphasized the importance of dialog, attention and respect. All this can favor more efficient and humanized health care services⁽¹⁾:

“[...] to break that paradigm that the dentist causes pain, then when you embrace, [...] you get the patient to trust you [...]” (DS 2)

“[...] user embracement [...] must overcome this barrier between the patient and the professional so that the patient can feel at ease and speak everything he wishes [...]” (DS 4)

Users’ perception: humanization, ambience and user embracement

This category describes users’ perception about humanization, ambience and user embracement and shows that the waiting room environment was considered good, but some participants said it could be improved, as described in the following statements:

“The place is very far and this ends up hindering the good receptivity that the department should have, (...) it could be a little more ventilated [...]” (User 9)

“[...] if you are not in a good waiting room... you get nervous [...] it is not a bad environment, but [...] it is not ideal [...] some coffee, a newspaper.” (User 6)

The interviewed users who were satisfied with the environment said that the facilities were not luxurious but that they considered them adequate and sufficient. Some factors, such as a very large and underused space, uncomfortable chairs and the absence of newspapers and magazines, can negatively influence the user’s first impression of the facility, thus leading to a possible withdrawal and distrust in relation to the care provided and increasing their level of anxiety⁽²³⁾.

To improve the ambience of the room and hence user embracement, some measures could be taken with the respective institutional support to favor hospitality, such as painting the walls in a less neutral color (it is now light gray), ornamentation with plants and paintings, and the availability of magazines and newspapers. Thus, a functional physical space can be transformed into a welcoming social space⁽¹⁷⁾.

The interviewed users considered user embracement to be unsatisfactory sometimes due to the delay in being called to be seen by the dentist and the physical distance between the waiting room chairs and the entrance of the Dentistry department, which causes the assistants to call the users using a high tone of voice, thus compromising both the ambience and the user embracement, which are indissociable features of the PNH. Reducing such distance can symbolically represent an approximation between the expectations and perceptions of both sides, thus contributing positively to the user embracement⁽²⁴⁾. Therefore, the delay in being called demonstrated an agreement between users’ answers and professionals’ answers, thus emphasizing the great impact of this problem on user embracement.

The agreement between the answers provided by the actors involved in the health process indicates a fundamental aspect of the compromise of humanization practices in the military field as it reveals that the user’s time and needs are not respected as recommended in the PNH, thus preventing the care for the user from being a priority for health professionals. This aspect could benefit from a change in the institutional policy, which should establish as a priority the commitment to humanization in the process of health production⁽²⁵⁾:

“[...] the delay, because there are just a few dentists and [...] the need to work in the State Hall [main entrance of the military center], [...] the need to reschedule the same consultation [...] and spend months without being seen [...]” (User 1)

“[...] the place is very far [...] and this hinders a good receptivity [...] the patient is called from the entrance of the office, which is far [...] instead of inviting the patients, they shout their names [...]” (User 9)

On the other hand, users reported feeling confidence and praised the competence of the team of dental surgeons, two very important factors for the humanization of care as the quality of the relationship between them is usually considered by the users as important as the professional’s technical ability⁽²⁵⁾:

“[...] confidence on the part of the professionals [...] all the professional part is ok, very good.” (User 3)

“[...] they are always very attentive and [...] the team is always professional, always helpful.” (User 8)

These statements are relevant because it is the professional's knowledge about the user's feelings and a clear explanation of the procedures that will be performed and the user's participation in the decision of the treatment plan that favors building a bond of trust. The user's trust in the professional is also shaped by his/her experiences and what values he/she considers important, such as respect and transparency⁽²⁶⁾.

Given that, building a trustworthy and welcoming relationship that can promote cooperative behavior by adapting the professional's actions to the user's needs makes health care practices more humanized and enhances health production outcomes⁽²⁷⁾.

The results obtained corroborate other findings reported in other studies, such as: the association between ambience, user embracement, listening and respect in the production of health and subjectivities; the need for permanent education in humanization and the negative impact on humanization caused by the delay and difficulty in accessing services⁽²⁸⁻³⁰⁾. Considering the due proportions, these studies indicate the possibility of extrapolating the results to the other actors involved in the health process in dental outpatient clinics due to the rigor of the hierarchy and discipline and the challenges of implementing humanization practices in the health sector as a whole⁽³⁰⁾, which can contribute to promoting the health of the population involved.

This study is believed to represent an advance in giving voice to users' and health professionals' perceptions in the military field. The vocalization of the needs and subjectivities of the actors involved in the health process contributes to the compliance with the values/principles of participation and autonomy foreseen in the PNPS⁽⁴⁾, thus favoring the creation of spaces for the social production of health and assigning importance and meaning to the actions formulated and/or the ones that need to be reformulated^(31,32).

As for the development of new research to deepen the discussion on the theme, we suggest studies to address the impact of professional and family training of health workers on the outcomes of humanization practices. Further studies should also seek to understand to what extent these outcomes are shaped by the inherited subjectivities of the repertoire brought from the family sphere and/or the organizational culture in which they are inserted as the embracement of the subjectivities of these actors is an important intervention strategy in the health processes.

We also suggest carrying out studies on the humanization practices according to the perception of health policy managers in the military field as they are responsible for formulating the adjustments of public policies for use in the military centers. It is known that managers' level of commitment to programs and projects based on humanization has an impact on the institutional interaction which, in turn, influences workers' and users' adherence to these actions^(27,33).

The contextual diversity of this field, which is full of meanings and symbologies, also imposes some limitations. Therefore, this analysis does not exhaust all possible versions of the truth about the dynamics of the practices studied as the participants analyzed are much more complex than what was suggested; additionally, the possibilities of answers portrayed were also shaped by the time and space to which they belong.

FINAL CONSIDERATIONS

The service provided in the Dentistry department was considered by the interviewees a model of humanization specifically tailored to the reality of the Armed Forces. This model did not fully meet the ideal proposed in the PNH, especially with regard to the guidelines on user embracement, due to the prioritization of the military tasks that dentists need to fulfill at the expense of clinical care. Ambience was considered satisfactory by the actors involved, but they reported the need for adjustments, such as optimizing the use of the large physical space of the waiting room to make it more welcoming and favorable to humanized care.

A systematic assessment should be carried out with users in order to improve the care provided, listen to their complaints and identify their individual or collective needs. In addition, the health professionals and managers in the military center should receive periodic training in humanized health promotion practices.

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There are no conflicts of interest in this study.

CONTRIBUTIONS

Klaus Almeida do Rosário Silva contributed to the study conception and design, analysis and interpretation of data, and writing the manuscript. **Aldo Angelim Dias** contributed to the methodology and writing the manuscript.

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