



ORAL HEALTH COORDINATORS: PERCEPTION ON MANAGEMENT AND SKILLS IN THE SINGLE HEALTH SYSTEM

Coordenadores de saúde bucal: percepção sobre gestão e competências no Sistema Único de Saúde

Coordinadores de salud bucal: percepción de gestión y competencias del sistema único de salud

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ABSTRACT

Objective: To analyze the perceptions of oral health coordinators about management and competencies in the Unified Health System. **Methods:** Qualitative study conducted in six Regional Executive Offices of Fortaleza, Ceará, Brazil. Data collection took place in March 2019, through semi-structured interviews with six dental surgeons who are in charge of the oral health coordinations of the referred organs. The interviews were analyzed through content analysis, emerging the following categories: competencies of an oral health coordinator; training course for the position of the manager; the contribution of academic formation to the position of the manager; challenges in the work process; satisfaction to be in the position of manager. **Results:** The main activities developed by oral health coordinators are: human resources coordination; management of dental materials, supplies and equipment; consolidation of procedures; planning of care goals and promotion and prevention in oral health; production and monitoring of indicators; and preparation of technical reports. According to the participants, the position of manager requires training in public health management, involvement, and commitment in the execution of processes, and is essential for oral health management. **Conclusion:** Oral health coordinators consider public health management important, despite obstacles in daily work, such as insufficient inputs and underfunding of the sector, and the need for qualification to assume the position of oral health manager to enhance attention to health promotion, promoting actions for the promotion, prevention, and recovery of the user's health.

Descriptors: Health Management; Public Health; Oral Health; Unified Health System.

RESUMO

Objetivo: Analisar as percepções de coordenadores de saúde bucal sobre gestão e competências no Sistema Único de Saúde. **Métodos:** Estudo qualitativo realizado em seis Secretarias Executivas Regionais de Fortaleza, Ceará, Brasil. A coleta de dados ocorreu em março de 2019, através de entrevistas semiestruturadas com seis cirurgiões-dentistas que atuam à frente das coordenadorias de saúde bucal dos referidos órgãos. Analisaram-se as entrevistas por meio da análise de conteúdo, emergindo as seguintes categorias: competências de um coordenador de saúde bucal; curso de formação/capacitação para o cargo de gestor; contribuição da formação acadêmica ao cargo de gestor; desafios no processo de trabalho; satisfação por estar no cargo de gestor. **Resultados:** As principais atividades desenvolvidas pelos coordenadores de saúde bucal são: coordenação de recursos humanos; gerenciamento de material, insumos e equipamentos odontológicos; consolidação de procedimentos; planejamento de metas assistenciais e de promoção e prevenção em saúde bucal; produção e monitoramento de indicadores; e elaboração de relatórios técnicos. Segundo os participantes, o cargo de gestor requer capacitação na área de gestão em saúde pública, envolvimento e comprometimento na execução dos processos, além de ser essencial para a gestão de saúde bucal. **Conclusão:** Os coordenadores de saúde bucal consideram importante a gestão de saúde pública, apesar de obstáculos no cotidiano de



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Received on: 08/04/2019

Accepted on: 08/08/2019

trabalho, como quantidade insuficiente de insumos e subfinanciamento do setor, e necessidade de qualificação para assumir o cargo de gestor em saúde bucal para potencializar a atenção primária em saúde, promovendo ações de promoção, prevenção e recuperação da saúde do usuário.

Descritores: Gestão em Saúde; Saúde Coletiva; Saúde Bucal; Sistema Único de Saúde.

RESUMEN

Objetivo: Analizar las percepciones de coordinadores de salud bucal sobre gestión y competencias del Sistema Único de Salud. **Métodos:** Estudio cualitativo realizado en seis Secretarías Ejecutivas Regionales de Fortaleza, Ceará, Brasil. La recogida de datos se dio en marzo de 2019 a través de entrevistas semiestructuradas con seis cirujanos-odontólogos que actúan en las coordinaciones de salud bucal de los referidos órganos. Se analizaron las entrevistas a través del análisis de contenido de las cuales emergieron las siguientes categorías: competencias del coordinador de salud bucal; curso de formación/capacitación para el cargo de gestión; contribución de la formación académica para el cargo de gestión; los desafíos para el proceso de trabajo; satisfacción del cargo de gestión. **Resultados:** Las principales actividades desarrolladas por los coordinadores de salud bucal son: la coordinación de recursos humanos; el gerenciamiento de material, insumos y equipos odontológicos; la consolidación de procedimientos; el planeamiento de metas de asistencia y para la promoción y prevención de la salud bucal; la producción y el monitoreo de los indicadores; y la elaboración de informes técnicos. Según los participantes, el cargo de gestión requiere la capacitación para el área de la salud pública, el involucramiento y el compromiso para la ejecución de los procesos además de ser esencial para la gestión de la salud bucal. **Conclusión:** Los coordinadores de salud bucal consideran importante la gestión de salud pública pese los obstáculos del cotidiano de trabajo como la cantidad insuficiente de insumos y la baja financiación del sector, y la necesidad de cualificación para asumir el cargo de gestión de salud bucal para potencializar la atención primaria de salud promoviendo acciones de promoción, prevención y recuperación de la salud del usuario.

Descriptores: Gestión en Salud; Salud Pública; Salud Bucal; Sistema Único de Salud.

INTRODUCTION

Public health management is a primordial area, permeated by political influence, which provides subsidies for policy design and implementation, management, and evaluation of processes and programs, ensuring patient safety and comfort for health teams⁽¹⁾.

In the Unified Health System (*Sistema Único de Saúde - SUS*), management is a basic pillar for the system to function equitably and universally. Oral health is a part of this system and has a structural management organization that needs to be monitored and improved. Primary Health Care (*Atenção Primária à Saúde - APS*) is presented as coordinator and organizer of health care networks, to provide coverage to the entire population⁽²⁾. It contains oral health as an area that crosses all SUS programs and strategies.

The National Oral Health Policy (*Política Nacional de Saúde Bucal - PNSB*), known as Smiling Brazil (*Brasil Sorridente*), launched in 2004, with progressive transverse articulations in actions within the Ministry of Health, along with other ministries, has as one of its propositions the reorientation of health care oral⁽³⁾. One of the PNSB's axes is the protection and health promotion, which includes preventive actions, primarily instituted to prevent or minimize oral diseases (implementation of water fluoridation systems in Brazilian municipalities and health education directed to oral asepsis)⁽⁴⁾.

Thus, for the development of effective management activities related to oral health care, a series of strategies considered fundamental, among them human resources, techniques, and programming theories are of great relevance to the organization of services, besides the processes, care, and management work/manager matured⁽⁵⁾.

Managing oral health service systems and programs is a primordial issue. Their importance can be identified by the development of social protection systems based on a redistributive institutional model, which presupposes a consistent state action that guarantees goods and services to all citizens⁽⁶⁾.

Oral health in SUS is considered a social process in continuous construction, with several achievements, in which discussions about its model of care need to be debated, as well as the existing paradigms in the oral health-disease process and the performance of different professionals involved⁽⁷⁾.

Dentistry presents a history of practices through individual and clinical interventions⁽⁸⁾. This picture has changed with the emergence of dentists with preventive and management profiles. This practice of oral health care, basically focused on the clinical model, which aims at solving the patient's health condition, as well as the isolation of the

dentist from the function of being the only responsible person in the health area to take care of the well-being of an individual, contribute significantly to the difficulties encountered in the performance of dental surgeons in SUS⁽⁵⁾.

So, the participation of managers in oral health is recent but needs to be matured in favor of shared and interprofessional management, besides offering a holistic oral health care practice. However, there are numerous obstacles in the work process of the oral health manager, such as the lack of human resources and interference of financial resources, demonstrating an incompatibility between their work process and the desired social interventions⁽⁶⁾.

Given the authors' observation about the difficulties faced in the role of oral health coordinator, the development of this research was necessary to support the work process of oral health managers and future research on the topic.

The guidelines of the PNSB⁽⁴⁾ list actions developed by the oral health coordinators, such as evaluation of indicators, the articulation between the different levels of care, and strategic planning. This study is important, therefore, not only for the increasing presence of the oral health manager in the SUS but also for the orientation with the state and municipal secretariats about the importance of the role of this professional in health care networks. Thus, the question is: what is the perception of oral health coordinators about management and competencies in the SUS?

Given this context, the objective was to analyze the perceptions of oral health coordinators about management and competencies in the SUS.

METHODS

The study is characterized as qualitative. Qualitative research works with the universe of meanings, motives, aspirations, beliefs, values, and attitudes, which corresponds to a deeper space of relationships, processes, and phenomena that cannot be reduced to the operationalization of variables⁽⁹⁾.

The study was conducted in six Regional Executive Offices (*Secretaria Executiva Regional - SER*) in Fortaleza, Ceará, Brazil. It is an administrative division of Fortaleza City Hall, where each regional has a Coordination of Education, Environment, Social Assistance and Infrastructure, Health, among others. Within the Municipal Health Secretariat (*Secretaria Municipal de Saúde - SMS*), there is a Health Coordination and under this is the Regional Oral Health Coordination, which is responsible for managing the oral health care of the population of the municipality⁽¹⁰⁾.

Six dental surgeons who work in the position of management of oral health coordinator of the six SER in the city of Fortaleza, Ceará, Brazil, participated in the study. Initially, the professionals in question were contacted through telephone calls and e-mails, explaining the relevance, purpose and methodology of the research to be performed. All participants agreed to participate in the study. Inclusion criteria were: to be an oral health coordinator, regardless of time in office, and to be available to undergo the interview on the due day. Exclusion criteria were: not being present on the day of the scheduled interview, with no opportunity for another day for the interview.

Data collection took place in March 2019, through semi-structured interviews, as it has as its characteristic basic questions that are supported by theories and hypotheses related to the research theme. The questions would bear fruit to new hypotheses, arising from the answers of the informants. It is characterized by a script with open and closed questions⁽¹¹⁾. The interview script addressed the interviewees' personal and professional aspects (age, period of practice, specialization, and specific training for acting as a manager), in addition to the following guiding questions: what are the competencies of an oral health coordinator? Has the job training course contributed to assuming the position of manager in oral health? What is the contribution of academic education to the position? What are the challenges in the work process? What is the satisfaction of being in the position as manager?

The responsible researcher conducted the interview with the participant in a reserved place, on the premises of the respective SER. The interview took place in a climate of cordiality between them, lasting 20 minutes, on average. There was no sample saturation criterion, as it was previously established and included the six coordinators of oral health of the SER, and there was no denial of any coordinator to participate in the study.

In the data analysis, the interview descriptions provided by the participants were evaluated according to the content analysis⁽¹²⁾, which is presented as a set of twelve communication analysis techniques aiming to obtain, by systematic procedures and objectives of content description of the messages, quantitative or qualitative indicators that allow the inference of knowledge regarding the conditions of production and / or reception of data for discussion in the light of the relevant literature. In the present research, we opted for a documentary analysis through categorical and thematic.

The categorical analysis deals with the dismemberment of discourse into categories, in which the criteria of choice and delimitation are guided by the dimension of the investigation of the themes related to the research object, identified in the speeches of the participants⁽¹²⁾. This analysis followed the guiding requirements of the interview script⁽¹²⁾.

After the interview with the oral health coordinators, we made the transcription and structuring of the speeches in text format. Then, we performed the dismemberment with the categorization and comparative analysis of the data, according to guiding requirements obtained in the different reports made by the oral health coordinators. These messages were analyzed according to the study objectives, based on the information obtained through the instrument applied to the research participants and discussed in the light of current literature, based on scientific articles and ministerial ordinances, and the proposed analysis⁽¹²⁾. From the guiding questions, the result was structured into five categories: competencies of an oral health coordinator, a training course for the position of manager, contribution of academic formation to the position of manager, challenges in the work process, and satisfaction to be in the position of manager.

This research was approved by the Research Ethics Committee of the Universidade de Fortaleza, under Opinion No. 3,192,763, and all respondents signed the Informed Consent Form (ICF) after detailed explanation of the objectives of the research, in accordance with the dictates of Resolution No. 466/12 of the National Health Council⁽¹³⁾, which regulates the ethical and bioethical aspects of research with human beings. The interviewed professionals were categorized as C1, C2, C3, C4, C5, and C6, safeguarding their identity.

RESULTS AND DISCUSSION

Participants Identification Data

Six dental surgeons acting as oral health coordinators, aged 25 to 64 years participated. The period of management practice ranged from one to twenty years. All had specializations and master degrees in Family Health, Health Services Management or Clinical Management at SUS.

Competences of an Oral Health Coordinator

In this category, it can be seen that participants expressed the term “work processes” with respect to the competencies of an oral health coordinator:

“[...] The main delegated competencies revolve around assisting dental surgeons in their work processes, including welcoming, collective health activities and the presentation of proposals and goals to be achieved by professionals.” (C1)

“[...] They are related to the work process of dental surgeons, workloads, the systematization of work processes, the implementation of electronic medical records, the elaboration of scales among professionals, the encouragement of extraclinical activities, and courses aiming at a better qualification for professionals.” (C2)

“[...] Manage the dental care processes of Primary Health Care Units [Unidades de Atenção Primária à Saúde - UAPS] - shelters, waiting rooms, clinical scheduling and home visits ... There are referrals to the specialties...” (C3)

“[...] Organization of work process; equipment maintenance and monitoring; input control and management; human relations; monitoring of general actions, oral health indicators; besides helping in other areas of management when needed.” (C5)

A study conducted in Rio de Janeiro, Brazil⁽¹⁴⁾ found that dental surgeons of the Family Health Strategy (*Estratégia de Saúde da Família - ESF*) presented as main activities in the work process clinical activities, actions in kindergartens and schools, home visits, and team meetings. And such actions were managed by a dental surgeon called the oral health coordinator. This study corroborates the speeches of the participants of this research, who pointed out the competences of an oral health coordinator.

We noted through the speeches of the participants of the current study that the management of inputs and equipment stands out among the main activities performed by the oral health coordinators. Thus, all supply and maintenance of office components are the responsibility of these managers:

“Medical and hospital materials and dental materials requirement. The most specific dental material orders are evaluated according to the number of professionals X the number of chairs X the number of the assisted population. We are also responsible for the progress of the ombudsman. Inspection of dental equipment (X-rays, purge, dental chair). It also analyzes the scale of professionals. We conduct technical visits to prevent and support the units. Implementation of the electronic medical record...” (C3)

“The orders are evaluated regarding the material quantity X dentist X procedure performed. Monitors the need for sterilization equipment maintenance, for example” (C6)

Human relations are also directly linked to the coordination of the manager, and the professional-to-professional and professional-to-patient interaction should be articulated by the coordinator, in order to establish a harmonious work environment:

"[...]We can point out the management of people (dental surgeons, ASB / TSB [Oral Health Assistant / Oral Health Technician]), the location of vacancies in the different units. We also promote continuing education courses for professionals. There is also the management of dental supplies, monthly. Encouraging interdisciplinary collective actions. In addition to holding core meetings aimed at the exchange of experiences by professionals from various areas." (C6)

The main functions delegated to an oral health coordinator revolve around helping the dentists work in their work processes, such as performing collective health activities (welcoming and home visits) and presenting proposals and goals to be met by professionals in the service in which they are acting⁽¹⁵⁾.

The activities cited by respondents aiming at improving the services offered are parallel to a study that argues that the assumptions governing the reorientation of the oral health care model in Brazil include integrality, resoluteness, and qualification of primary care, inextricably linked to the whole of the service network⁽¹⁶⁾.

The competencies of an oral health coordinator include: coordinating basic and specialized oral health care and human resources in dentistry; control the supply of consumables, instruments and dental equipment; supervise and direct technical assistance; consolidate procedures through daily maps of clinical and extraclinical procedures; produce, monitor and evaluate oral health indicators; prepare technical reports regarding the results of dental surgeons' work processes; contribute to the permanent education of dental surgeons, among other⁽¹⁷⁾.

As an essential part of oral health management, evaluation has as its fundamental purpose to support the entire decision making process within the SUS and, therefore, should support the identification of problems and the reorientation of actions and services developed, as well as evaluating the incorporation of new health practices in the routine of professionals and measure the impact of actions implemented by services and programs on the health status of the population^(7,17).

A study conducted in the state of Rio Grande do Norte, Brazil, compared strategies for monitoring and evaluating oral health indicators, pointing out that the coverage indicator of oral health teams in the municipality of Santa Cruz surpassed that in Rio Grande do Norte. It may be that tactics of execution, monitoring, and evaluation of oral health actions are still a serious problem to be faced by managers. The authors consider that such an obstacle may have several factors, such as lack of mechanisms for monitoring, controlling and evaluating actions performed by dental services⁽¹⁸⁾.

Moments of discussion between the oral health coordinator and the dental surgeons are of great value for the enrichment of the work process of all involved, especially in the decision making in oral health evaluation^(5,6).

The current study corroborates another⁽¹⁹⁾, in which it is stated that a local coordinator, who may be a basic dental surgeon, may have the following competences: ability to establish intermediation, dialogue, negotiation, and problem-solving partnerships; political articulation in favor of the basic health unit Municipal Health System; and leadership, decision-making, shared management, and citizens' needs, especially service users⁽¹⁹⁾.

Coordinators ensure that goals are agreed upon, each professional's indicators evaluated and monitored. The management of professional productions is performed by feeding the electronic medical record system. It is requested to have a daily filling of what was done in the unit. The offer of dental actions and procedures is evaluated monthly by the coordinators. It is also considered the competence of an oral health coordinator to carry out visits to the units, in order to highlight the operational needs, aiming to guarantee a complete attendance to the users, elaborating scales between professionals and goals according to the local needs⁽¹⁹⁾.

The oral health coordinator should also monitor Primary Health Care, which minimally includes aspects such as: estimation of population coverage of oral health team (*Equipe de Saúde Bucal - ESB*); percentage of children free from dental caries; incidence rate of changes in the oral mucosa; percentage of extraction performed in relation to clinical procedures; average number of participants in supervised tooth brushing class action; coverage of the first consultation of dental care to pregnant women; ratio between completed treatments and first programmatic dental appointments, among others⁽¹⁷⁾.

And, within the scope of the Centers of Dental Specialties (*Centro Especializado de Odontologia - CEO*), the coordinator should: act on the number of users in the queue of referrals registered in the regulation service; act on average waiting time between referral and start of CEO service; verify the percentage of unfinished treatments, resize the availability of schedules by specialty and request change in the type of CEO taking into account the needs of the population, among other actions⁽¹⁷⁾.

In some Brazilian municipalities, oral health coordinators are unable to perform management activities regarding the planning, evaluation, and monitoring of actions and services, and do not understand the oral health care model advocated by Brasil Sorridente. As a result, practice that is ineffective and not consistent with the real oral health needs of the population⁽²⁰⁾.

High accumulated demand and lack of planning are also pointed as the main difficulties for the incorporation of extra clinical activities in the context of oral health in ESF, characterizing a model of clinical oral health care⁽¹⁴⁾. These conditions hinder the work process of the oral health coordinator, directly affecting the execution of their competences.

Training course for manager position

In this category, it is observed, through the reports, that there was not the offer of a qualification prior to the possession of the position. Only one coordinator reported training. The other interviewees stated that they had previous experiences, as well as specializations and masters degrees, which contributed to their performance in the management position, as shown in the statements below:

“There was no training provided by the service before the moment of its inauguration, but only a transfer of information regarding the functioning of the functions delegated to management. Currently, some courses are offered by SMS, however, nothing specific at the beginning of management.” (C1)

“There was training prior to taking office, in order to instruct about the functioning of health units, the conduct of the coordinator and the possible existing doubts.” (C4)

“There was no prior training. However courses are offered during management and training is provided as needed (eg systematization training). I was invited by the experience I gained in the management of Canindé, I was already Secretary of Health and Executive Secretary” (C5)

There are oral health coordinators in Brazilian municipalities who do not have a qualification or postgraduate training based on SUS premises, and present curative academic training, favoring a lack of professional preparation for more adequate performance in the position⁽²⁰⁾.

It is noted that university curricula are still focused on the fragmentation of dental care, with a curative and specialist character. Most of the participants of this research received training focused on curative and technical actions, with little emphasis on socioeconomic and psychological factors of the health-disease process, besides management. Although the General Curriculum Guidelines for health education, approved by the National Council of Education, establish that curricula should emphasize health promotion, SUS principles and guidelines, and the basics of health management, higher health education in Brazil still follows a model of hospital-centered and specialized practice, not being focused on health management. This fact may represent another challenge for the ESF dental surgeon and, especially, the oral health coordinator, who needs to develop multidisciplinary management actions and services with a holistic view. Thus, there is a need for training and continuing education for oral health coordinators, in order to supply a possible curricular weakness⁽¹⁴⁾.

Participants of the current study reported, within their work process, participation in courses offered by SMS and Higher Education Institutions (HEIs) regarding training in various areas of Public Health and specific updates on Oral Health Management. Possibilities are offered for better training of new health professionals and for qualification and development of those already working in the SUS, through proposals that drive them and direct the provision of services more broadly⁽²¹⁾.

Contribution of academic background to the position of manager

Regarding this category, the investigated coordinators stated that the undergraduate course contributed significantly to their role as managers in oral health, information that was obtained from the speech of those involved in the research. The other participants state that they did not have preparation in the undergraduate period, but in their experiences outside the college, after graduating. Of all the coordinators interviewed, only one reported that the curriculum matrix of their undergraduate course was directed to public health and directly influenced their role as oral health coordinator. The other respondents stated that basic education in dentistry is fundamental for the exercise of the function:

“My academic background was essential, as I had the opportunity to experience in practice what was passed on during the lectures” (C1)

"I remember that at the time of college, there was no direction in the area of management. My twenty-four years of experience, my office management and management in the polyclinic allowed me an experience to assume the position." (C2)

"My training did not contribute to the management scope. The interest was gradually aroused throughout my work in the municipality of Canindé" (C5)

"My academic background has influenced almost nothing. What really contributed were my experiences in coordinating the municipality of Maranguape, associated with the desire to act as manager" (C6)

It is observed that, in the field of dentistry, the reformulation of undergraduate courses is indispensable, making them courses with an inter-professional character and collaborative work, so that professionals are able to exercise the practices that make up the SUS, also emphasizing the importance of the constant qualification of the graduates who work in the service⁽²²⁾.

To this end, the Ministry of Health composes dialogue strategies with the Ministry of Education, in an attempt to enable the fulfillment of constitutional goals. Both in the jobs and the technical courses and universities, measures were established to reorganize the training, development, and qualification of health professionals, to combat the hegemonic biomedical model⁽²³⁾.

Despite advances in Brazilian Higher Education Institutions, the training of health professionals is still fragmented in terms of comprehensive care and health management. There is a need for training and continuing education to (re)structure the work profile of health professionals for the qualification of services provided to SUS, including oral health management⁽²⁴⁾.

The changes made in the curricular matrices of health courses, inserting disciplines and modules of Collective Health, were necessary for the improvements in the academic formation of a dental surgeon. This condition is only reported by the interviewee C1, who, with less than two years of graduation, compared to the other coordinators, during the college period attended Collective Health disciplines to develop management skills for his work in SUS.

In addition to the obstacles related to the deficiency in the formation and qualification of professionals working in public health, funding also appears as the main obstacle to the functioning of satisfactory oral health management.

Challenges in the work process

In this category, oral health coordinators stated that the main obstacles experienced during management focus on the insufficient amount of supplies to cover the largest number of users. Another relevant factor is the need for maintenance of equipment, which is stopped in the offices, thus making it impossible to serve the population:

"In the role of an oral health coordinator, we highlight some obstacles, in which the resolution of similar problems is very recurrent, among them we can emphasize the lack of hospital supplies for daily use, dental materials, and equipment, as well as dealing with possible complaints from professionals and even patients" (C1)

"One of the main obstacles focuses on human resources management. These include professionals and assistants, which requires an understanding of both. Inadequate supply of materials and structural problems of UAPS with electrical part and current drop" (C3)

"[...]We have a small coverage of the area, only 26%. There is a large population for a small number of family health teams, in addition to the inefficiency of coverage of medium and high complexity in oral health." (C5)

"The main difficulties encountered revolve around the financing of oral health, approximately one hundred ESB without registration, in which the amount released does not match the real need of the municipality's UAPS." (C6)

Obstacles still need to be overcome, both regarding the fragility of the quality of service and the scarcity of financial resources made available by the rulers, in line with a study that reports that most municipal oral health coordinators cannot indicate the percentage of the municipal health budget for oral health⁽⁵⁾. Also relevant is the lack of adequate profiles of professionals involved in oral health management issues, which makes it impossible to carry out and maintain oral health programs offered to populations⁽²⁵⁾.

The difficulty of referring patients to medium and high complexity is present. The referral and counter-referral to specialized units occur through the regulation center, with the focus on the availability of vacancies, which characterizes a scheduled demand. But when it comes to high complexity, there is no organization via the system, thus obeying a spontaneous or informally sent demand by telephone and/or email⁽²⁶⁾. It is believed that the absence of actions and services planning can influence the referral process.

In four municipalities of the state of Pernambuco, the lack of an official reference and counter-referral network for oral health is present, which compromises the quality of care provided and does not guarantee the population's attention to the other levels of complexity in the care network oral health"^(16,20).

Another reported obstacle is the underfunding of oral health, as there are various conditions of non-compliance in UAPS, such as units and ESB without entries, so that the amount released does not match the real need of the population. There is no fixed and specific portion of overall oral health funding from primary care. This context is the subject of discussions in congresses and even in National Health Conferences⁽²⁷⁾. The oral health coordinator, for the most part, is unaware of the money is being spent on oral health, even though the funding comes from the Primary Care Floor. (PAB).

Satisfaction for being in management position

According to the interviewees' report, in this category, the greatest satisfaction in being in front of the management position is, above all, the interaction with professionals from different areas, contributing to the constant individual learning:

"My greatest satisfaction in being in charge of the coordination is, basically, by the opportunity to live with professionals from different areas, allowing me to learn a little more every day." (C1)

"My satisfaction in working with management is due to the daily learning, very valid for the wealth of people who live together. The work becomes challenging for many factors, among them I can highlight the implementation of the biological test, which was a challenge." (C2)

The interviewed coordinators state that improvements in customer service are of great value in terms of the feeling of personal and professional success when they observe the strengthening and qualification of the service, as shown in the reports below:

"One of the greatest satisfactions in acting as a manager is the challenges you face, because it is a tiring job that demands a lot from you." (C3)

"My satisfaction with this position is to be able to contribute to the management for the improvement of care, making the performance of dentistry in the basic health units fundamental. See the service happening, the professional dentist attending and the population, thus assisted." (C4)

"It's complicated, but I like it. We have to really like what we do, there are many difficulties. It brings a personal well being knowing that you may be helping people. The biggest difficulties are not with regard to work processes, but with human relations." (C5)

"My greatest satisfaction with the regional oral health coordination is personal, in order to broaden the quality dental services, thus reverberating our actions. I feel fully fulfilled in my role, but it is not an easy job." (C6)

Job satisfaction is susceptible to situations and experiences experienced inside and outside the work environment, and may also influence social routine and affect the quality of life. Therefore, once the professional is satisfied with his or her work, there may be stimuli in the search for improvements in health services⁽²⁸⁾. The existence of some dissatisfaction due to the lack of inputs, especially hospital doctors, is present in the reports. This condition directly affects the provision of dental services to the population and causes oral health coordinators to be harassed by professionals and users of SUS, which requires a posture of conflict mediator.

According to the participants' interviews, it is observed that, even with the difficulties that arise during the management position, the coordinators claim to like the activities performed and refer to personal well-being when they know they are helping other individuals. However, they state that the biggest difficulties are related to work processes and interpersonal relationships. It was also found that the greatest satisfaction with the management position is the contribution to the improvement of care, expansion of quality dental services and the possibility of living with professionals from various areas.

These results corroborate other studies^(29,30), in which the interviewed dental surgeons considered significant the works developed in the public health system, especially the welcoming, because it benefits the users, being considered personal success and professional accomplishment at work.

Knowing the skills and position of managers in oral health are challenges for researchers, however, it can cause changes in health promotion, and support technicians and managers in the formulation of new marked practices and potential to cause changes in the oral health profile of the Brazilian population⁽³¹⁾.

The present study has limitations since it was conducted with only six coordinating oral health managers, which may not represent the number of oral health managers in the state of Ceará, however, it was not the objective of the study to analyze the entire state. The results presented here may contribute to the planning and implementation of training policies and better insertion of the oral health coordinator in public dental services, especially in the ESF.

FINAL CONSIDERATIONS

The oral health coordinators investigated to consider the position important for public health management, despite encountering obstacles in daily work, such as insufficient supplies and underfunding of the sector. Human relations, supplies and equipment management and the management of dental care processes were presented as key competences and are essential for a good quality of public oral health service.

There is a substantial need to qualify dental surgeons to assume the position of manager of oral health in SUS, so that they can enhance primary health care as a gateway to the service, promoting actions to promote, prevent and recover the health of the user.

CONFLICTS OF INTEREST

The authors of this paper have no conflicts of interest.

CONTRIBUTIONS

Davi Oliveira Bizerril contributed to the elaboration and design of the study; data acquisition, analysis and interpretation; writing and proofreading of the manuscript. **Francisco Cristóvão Mota Lima Júnior** contributed to the elaboration and design of the study, and the writing of the manuscript. **Margarida Maria Saraiva** and **Dulce Maria de Lucena Aguiar** contributed to the acquisition, analysis and interpretation of data, and the revision of the manuscript.

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How to cite: Bizerril DO, Lima FCM Júnior, Saraiva MM, Aguiar DML. Oral health coordinators: perception on management and skills in the single health system. Rev Bras Promoç Saúde. 2019;32:9273.
