

Family Health Strategy dental surgeons' perception of Integrative and Complementary Practices

Percepções dos cirurgiões-dentistas da Estratégia Saúde da Família sobre Práticas Integrativas e Complementares

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ABSTRACT Although institutionalized in the Unified Health System, the dynamics of implementing Integrative and Complementary Practices (PICS) in the Family Health Strategy, from the perspective of dentistry, represents an unprecedented field of study. The aim was to understand the perception of dental surgeons working in this context in Vitória, Espírito Santo, Brazil, regarding the incorporation and implementation of these practices. Semi-structured interviews were carried out with forty dentists, which were recorded, transcribed and submitted to Bardin's content analysis. Three categories emerged from the data: the understanding of PICS, the perception of incorporation and implementation, and the perception of PICS policies. There was unanimous understanding, acceptance and interest in the practices, showing their value in line with the guidelines of the related policies, highlighting the significant potential available in the municipality. However, challenges such as gaps in knowledge of specific dental policies and regulations, as well as shortcomings in the continuing education process, highlight the importance of improving strategies for disseminating information and training professionals. The conclusion is that, although they have been incorporated and there is considerable potential for expansion, barriers need to be overcome to achieve effective implementation of PICS in the municipality, including in specific contexts such as dentistry.

KEYWORDS Primary Health Care. National health strategies. Dentistry. General practice, dental. Complementary therapies.

RESUMO Embora institucionalizadas no Sistema Único de Saúde, a dinâmica de implementação das Práticas Integrativas e Complementares (Pics) na Estratégia Saúde da Família, pela perspectiva da odontologia, representa um campo inédito de estudo. Assim, buscou-se compreender a percepção dos cirurgiões-dentistas atuantes nesse contexto, no município de Vitória, Espírito Santo, quanto à incorporação e à implementação dessas práticas. Realizaram-se entrevistas semiestruturadas com 40 cirurgiões-dentistas, gravadas, transcritas e submetidas à análise de conteúdo de Bardin. Dos dados, emergiram três categorias: o entendimento sobre Pics, a percepção sobre incorporação e implementação, e sobre as políticas de Pics. Observaram-se a compreensão, a aceitação e o interesse unânimes das práticas, evidenciando seu valor alinhado às diretrizes das políticas relacionadas, realçando o significativo potencial disponível no município. No entanto, desafios como lacunas de conhecimento das políticas e das regulamentações odontológicas específicas, bem como falhas no processo de educação permanente, destacam a importância de aprimoramento das estratégias de divulgação e capacitação dos profissionais. Conclui-se que, embora estejam incorporadas e haja um potencial considerável para expansão, é necessário ultrapassar as barreiras que se apresentam, a fim de alcançar uma implementação efetiva das Pics no município, incluindo em contextos específicos como a odontologia.

PALAVRAS-CHAVE Atenção Primária à Saúde. Estratégias de saúde nacionais. Odontologia. Odontologia geral. Terapias complementares.

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Introduction

Integrative and Complementary Practices (PICS), as defined by the World Health Organization (WHO)¹ and the Brazilian Ministry of Health², comprise a diverse set of practices that contribute to conventional treatment, based on holistic approaches and traditional knowledge. They involve complex medical systems and therapeutic resources, which broaden the understanding of the health-disease process, focusing on the global promotion of human care and using natural mechanisms of prevention and health recovery³.

Initially, five PICS were instituted in the Unified Health System (SUS) through the National Policy on Integrative and Complementary Practices (PNPIC), established by Ordinance GM/MS No. 971/2006, namely homeopathy, acupuncture/traditional Chinese medicine, anthroposophic medicine, medicinal plants/phytotherapy, and social balneotherapy/crenotherapy².

These approaches have expanded. Thus, in 2017, Ordinance GM/MS No. 849 added 14 practices: art therapy, ayurveda, biodance, circular dance, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflex therapy, reiki, shantala, integrative community therapy, and yoga⁴. In 2018, Ordinance GM/MS No. 702 expanded the scope to apitherapy, aromatherapy, bioenergetics, family constellation, chromotherapy, geotherapy, hypnotherapy, therapeutic touch, ozone therapy, and floral therapy, totaling 29 PICS available at SUS, aiming to offer comprehensive and effective healthcare⁵.

The regulation of the PICS policy extended to several municipalities and states, underscoring the Municipal Policy on Integrative and Complementary Practices in Health (PMPICS) in Vitória-ES, adopted in 2016 with the active participation of social and institutional actors⁶. Faced with a therapeutic and fragmented biomedical care model, with evident limitations of effectiveness in the epidemiological pattern of

diseases⁷, there is a gradual advance of integrative practices to transform health paradigms⁸.

The predominant offer of PICS services in Primary Health Care (PHC) represents an advance in the implementation of PNPIC². The conceptions of PICS and PHC, such as an expanded and holistic approach, family and community focus, attention to the social and cultural context of individuals, establishment of therapeutic bonds, and active participation of users, among other aspects, are aligned⁹.

Several studies have explored the perceptions of managers and professionals about PICS, revealing a favorable receptivity, but highlighting the need to expand the debate on the subject among actors and related instances¹⁰⁻¹².

Integrative dentistry, emerging from the PICS base, enables holistic care, characterized by welcoming listening and contextualizing users in a transdisciplinary scenario¹³. In this sense, the existence of dentistry regulations for specializations in acupuncture and homeopathy, in addition to qualifications in herbal medicine, floral therapy, hypnosis, laser therapy, anthroposophic dentistry, and ozone therapy, reinforces this perspective in PHC^{14,15}.

Therefore, several approaches to PICS are suggested as viable options for dental surgeons in treating users¹⁶. Although institutionalized in the SUS, the implementation of PICS in the Family Health Strategy (FHS) is a new field of study in dentistry.

Given the above, we sought to understand how dental surgeons working in the FHS of the municipality of Vitória-ES perceive the incorporation and implementation of PICS from the perspective of disease prevention, promotion, and health recovery.

Material and methods

This is an exploratory and descriptive study, with a qualitative perspective, that analyzes interviews with 40 dental surgeons working in the 25 FHS units of the Municipal Health

Department (SEMUS) of Vitória-ES, from April to July 2023, covering its six health regions: Santo Antônio, Maruípe, São Pedro, Forte de São João, Continental, and Centro. The sample was defined by saturation, representing the diversity and complexity of perspectives within the population of interest, achieving equivalence in the collected data.

The inclusion criteria for participation in the research was: being a dental surgeon working in the FHS of Vitória-ES, regardless of age, sex, or professional experience in the position. Those unable to answer the questions during the data collection period due to official leave or absence from the units after three contact attempts were considered in the exclusion criteria. The professionals received an invitation letter with the Informed Consent Form (ICF), with detailed information related to the study. The work contributes to the Graduate Program in Public Health thesis of the Federal University of Espírito Santo.

In this study, we follow Merleau-Ponty's concept of perception¹⁷⁽⁶³⁾:

Perception is the presence in the moment when things, truths, and values are constituted. This perception is an incipient logic that teaches, apart from dogmatism, the true conditions of objectivity itself. This summons to knowledge and action. It is not a matter of reducing human knowledge to sensation, but of watching the birth of knowledge, to make it as sensitive as the sensible, to recover the consciousness of rationality.

The profile of the interviewees was outlined considering the workplace, professional experience, professional status, graduate degree, and use of PICS in professional practice. A preliminary interview was carried out, which was the same interview as the data collection,

so that the researcher could understand the research scenario. Data were collected through a semi-structured interview previously scheduled, according to the availability of dental surgeons, in a research scenario in a reserved environment. The interviews were guided by two master's students, trained to apply standardized scripts that were previously prepared, and the questions were answered orally and recorded and registered in notes, with an average length of 30 minutes. They were fully transcribed and filed by the author of the research.

Based on Bardin's method¹⁸, content analysis covers a set of analytical techniques to examine enunciation, seeking meaningful inferences about emerging topics systematically and objectively. Data were ordered in three stages: 1) pre-analysis, when the researchers skimmed through the material to identify the participants' perceptions regarding the incorporation and implementation of PICS; 2) material exploration, encompassing the accurate reading of the meanings identified, aiming at the synthesis of prominent convergent and divergent points; and 3) interpretation of the results.

The analysis of the empirical material revealed ten subcategories: convictions about PICS; personal and professional experience in PICS; offer of PICS in the FHS; contribution to oral health; regulation by the Federal Council of Dentistry (CFO); potentialities and challenges in offering PICS; continuing education in PICS; interest in specific training; knowledge about PNPIC and PMPICS; and application of the principles of PNPIC and PMPICS in the FHS. From these subcategories, three central categories emerged: the understanding of PICS; the perception of the incorporation and implementation of PICS, and the perception of PICS policies (*box 1*).

Box 1. Subcategories, categories and their description. Vitória-ES, 2023

Subcategories	Categories	Description of categories
<ul style="list-style-type: none"> » Conviction about PICS » Personal and professional experience in PICS 	Understanding PICS	Beliefs and experiences of dental surgeons regarding PICS, reflecting their convictions and personal and professional experiences.
<ul style="list-style-type: none"> » Offer of PICS in the FHS » Contribution to oral health » Regulation by the CFO » Potentialities and challenges in offering PICS » Continuing education in PICS » Interest in specific training 	Perception of the Incorporation and Implementation of PICS	Perspective of dental surgeons on the integration of PICS in the FHS, including practical, regulatory and training aspects, as well as challenges and potentialities.
<ul style="list-style-type: none"> » Knowledge about PNPIC and PMPICS » Application of the principles of PNPIC and PMPICS in the FHS 	Perception of PICS Policies	Knowledge of dental surgeons about national and municipal PICS policies and the application of their principles in practice within the FHS.

Source: The authors.

CFO: Federal Council of Dentistry; ESF: Family Health Strategy; PICS: Integrative and Complementary Practices in Health; PNPIC: National Policy on Integrative and Complementary Practices; PMPICS: Municipal Policy on Integrative and Complementary Practices in Health.

Data analysis was enhanced using MAXQDA software, a tool that improves the accuracy of qualitative investigation. In addition, to ensure the research's clarity and completeness, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was used, a checklist for texts from studies of this nature¹⁹.

This research adhered to the ethical principles established for studies involving human beings, in line with the guidelines of Resolution No. 46620, of December 12, 2012, of the National Health Council (CNS), Ministry of Health. To ensure confidentiality, participants received a code, 'CD' (cirurgião-dentista, dental surgeon in English), followed by a randomly assigned numeral between 1 and 40. The project received approval from the Research Committee of the Technical School and Professional Health Training of the Municipal Health Department of Vitória-ES, and the Research Ethics Committee of the Federal University of Espírito Santo, CAAE: 63122522. 1.0000. 5060, under opinion No. 5696.573.

Results and discussion

The 25 FHS units throughout the six municipal health regions were included, providing an overview of the perceptions of working dental surgeons. Of the 62 oral health teams in the FHS, each containing a dental surgeon, a sample of 40 respondents was obtained through saturation sampling, as previously described.

Most professionals, 60% (n = 24), have been working for more than 10 years, reflecting the broad and consolidated experience of dental surgeons in the FHS of the municipality. Regarding professional status, 90% (n = 36) are employees, and 55% (n = 22) of them perform some PICS in their professional practice. In addition, concerning graduate degree, all interviewees have at least one specialization, with 37.5% (n = 15) in public health, 35% (n = 14) in family health, and 15% (n = 6) in public policies, among other graduate courses mentioned, highlighting the diversity and depth of the training of dental surgeons (*table 1*).

Table 1. Characterization of dental surgeons working in the Family Health Strategy of the municipality of Vitória-ES - Brazil, 2023

Variables		
Workplace	n	%
Santo Antônio	3	7.5
Maruípe	11	27.5
São Pedro	7	17.5
Forte São João	6	15.0
Continental	6	15.0
Downtown	7	17.5
Total	40	100.0
Professional Experience	n	%
Up to 5 years of work	8	20.0
From 5 to 10 years of work	8	20.0
Over 10 years	24	60.0
Total	40	100.0
Professional status	n	%
Employee	36	90.0
Temporary contract	4	10.0
Total	40	100.0
Graduate Degree	n	%
Public Health	15	37.5
Family Health	14	35
Public policies	6	15.0
Others*	5	12.5
Total	40	100.0
Knowledge about PNPIC and PMPICS	n	%
No knowledge	19	47.5
Knows superficially	10	25.0
Knows well	11	27.5
Total	40	100.0
Use of Pics in Professional Practice	n	%
Yes	22	55.0
No	18	45.0
Total	40	100.0
Laser therapy training	n	%
Qualification (acquired in the private sector)	08	20.0
Qualification (acquired in the private sector)	03	7.5
Training (acquired in the public sector)	22	55.0
No training in laser therapy	07	17.5
Total	40	100.0

Source: The authors.

*Endodontics, dental prosthesis/implants, pediatric dentistry, orthodontics, and occupational dentistry.

Understanding PICS

This category highlights the respondents' unanimous understanding of PICS as complementary to conventional medicine, prioritizing integral health. They are perceived as holistic approaches, based on traditional knowledge, with reports of promising results in clinical practice.

I understand them as complementary treatments, which help in our clinical treatment. And they not only help oral health, but also the integral health. (CD4).

I think they are additional resources for our daily practice, disease prevention, and holistic therapy, which adds to conventional medicine. We already see promising results in practice. (CD39).

By agreeing with the perceptions exposed by dental surgeons, the research highlights that PICS provide an expanded view of the human being and the surrounding universe. The integrality of the health-disease relationship is emphasized, and the individual is considered within a global perspective, valuing their individuality².

Transparency between respondents' beliefs and official definitions strengthens the understanding of PICS as practices aligned with the principles established by bodies that are a reference in health. In addition, they shared experiences related to PICS, reflecting familiarity with acupuncture, homeopathy, laser therapy, phytotherapy, among other approaches. In addition, they recognized positive therapeutic effects, enriching the professionals' perception of the potential of PICS in PHC.

At work, I like to suggest teas to have sleep better in case of bruxism, to create a habit... I have already used acupuncture, homeopathy, and laser therapy too... I often use phytotherapy... and aromatherapy with essential oils of lavender and peppermint. (CD9).

In my personal experience, I had more contact with homeopathy, acupuncture, and reiki. Professionally, I used more phytotherapy. (CD10).

These findings corroborate the observations of Dalmolin and Heidemann²¹, emphasizing that PICS are more than alternative or complementary methods of treatment, which represent health care approaches that encompass the entire human being, emphasizing self-knowledge, improved quality of life, and co-responsibility in the health-disease-care process. This harmony in perceptions reflects a growing appreciation of PICS in the context of contemporary health.

In addition, when contrasting these findings with the literature, there is a significant change in the understanding and application of PICS by dental surgeons. While Lima Júnior et al.²² pointed to a lack of knowledge and training in this professional group, current data indicate an increase in the familiarity and practical use of PICS in dentistry. This trend suggests an evolution in dental training and the adoption of holistic practices in oral health.

Perception of the Incorporation and Implementation of PICS

The incorporation and implementation of PICS in the FHS from the perspective of dentistry emerged in a multifaceted and inter-professional scenario. Laser therapy emerged as an innovation in the scope of dentistry. Auriculotherapy was used by various professional categories and phytotherapy, including therapeutic gardens used in different units, underlined the value of natural therapies and sustainability. Other practices offered were mentioned, reinforcing the integral vision. Furthermore, the perception of the positive impact on the lives of users highlighted the effectiveness and transformative potential of PICS in the practice of care in the FHS.

I am now using laser therapy in dentistry... in the unit, the team's nurse embraced the cause and is

using auriculotherapy with laser, and aromatherapy with essential oils. It is working very well for the patient, who is even quitting smoking, you know? (CD8).

There is a medicinal garden in the unit, a therapeutic garden. We have even been awarded because of this... they keep the garden alive, they make tea, flavored water, the food of the day, with ingredients from our garden, you know? (CD39).

The advancement of PICS, reflected in the experiences reported in this study, resonates with Telesi's²³ perspective on new ways of learning and practicing health. Characterized by interdisciplinarity and their own approaches, PICS are opposed to the technological and profitable health model, emphasizing an integral approach that encompasses the prevention of diseases, promotion, and recovery of human health in its entirety.

The data analyzed also showed relevant perceptions about the contribution of PICS to oral health, highlighting the knowledge of its diverse application and effectiveness in different clinical situations.

I use oral laser therapy in various situations, such as dentin sensitivity and traumatic injury. It helps a lot to heal and also improves in the postoperative period. I've always prescribed propolis for canker sores. Some herbal medicines are manipulated, which help patients who have bruxism. They are also available for periodontics, and it has shown good results. I turn on classical music and natural sounds. I've used aromatherapy with lavender, with lemongrass. (CD11).

This helps a lot. Especially in acupuncture for orofacial pain. Phytotherapy is very positive. There is the issue of anxiety involved in treatment, and reiki could help patients who are afraid. There are several possibilities. (CD6).

The connection between PICS and oral health highlights its relevance in dentistry. As mentioned in Lucas et al.²⁴, individuals

who adopt PICS are generally more attentive to their integral well-being, and are also more proactive concerning general and oral health, demonstrating greater frequency in the search for dental services in the health system.

The results of this study indicate a promising start in the incorporation of PICS in FHS dentistry, as they diversify care options and contribute to the humanization of care by bringing dentists and users closer together, promoting a more holistic and integrated approach to oral health, in line with SUS principles.

In this sense, the research reinforces the view of Carvalho et al.¹⁶, who emphasized the importance of PICS in dentistry as a means of reducing the distance between professional and user, emphasized the need for a deep historical and conceptual understanding, as well as the knowledge of the modalities of PICS by health professionals in the SUS, including dentists.

Thus, the perceptions of the interviewees in this study also indicate the direction in which the use of PICS promotes greater participation of individuals in their treatment decisions, enhancing their response and feeling of well-being²⁵. These practices are considered important for oral health self-care and can encourage people to seek regular dental care^{24,26}.

As for the potentialities offered, the results reveal a favorable perception of dental surgeons. The most prominent ones include the diversity of therapeutic options to promote integral health, community acceptance, reduced financial cost, the presence of municipal technical reference and the support infrastructure of the municipality.

The patients welcomed these options, and now there is a waiting list of people wanting to attend. (CD15).

And as it has a lower cost, it helps to improve one of SUS' greatest issues. (CD11).

The municipality of Vitória has a very good structure, with health units, it is a reference in the State... It has qualified professionals and the technical

requirements necessary to implement these PICS policies. (CD10).

The evidence of multiple potentialities of PICS in the FHS shown in this study is supported by the findings of Barros et al.²⁷, who highlighted benefits such as the strengthening of the bond between users and health units, the reduction of expenses with medication, the improvement in self-esteem and quality of life, in addition to the promotion of more humanized and comprehensive care. In line with these findings, Tesser²⁵ pointed out that there is an increase in the demand for PICS among users.

The perspective of this study is also in line with that of Barros et al.²⁸ when they emphasize that the benefits of PICS impact users and health professionals, by promoting interprofessional integration, improving the organization of work, strengthening the bond with the community, and improving the professional-community bond, highlighting them as a valuable instrument, especially in PHC, given the distribution of PICS services by level of complexity in Brazil: primary care (78%), average complexity (18%), and high complexity (4%) in PHC²⁹.

As for the presence of municipal technical reference and support infrastructure in Vitória-ES, in the Municipal Health Plan 2010-2013, there was a commitment to institutionalize the PMPICS. It became official in 2013, with the new health management, which expanded the responsibilities of the technical area of phytotherapy, creating the technical area of PICS in the municipality⁶.

In addition to the potentialities, important challenges were mentioned by dental surgeons in the implementation of PICS in the FHS, such as deficiency in the dissemination of practices, lack of incentive for training, insufficient support and lack of agreement between the different levels of management, and turnover of the team's professionals.

The biggest challenge is to inform the population and professionals and raise their awareness. I think the professionals should be trained. (CD7).

The management has no defined plan to offer this service here within the unit. (CD17).

There is a high turnover of professionals. (CD39).

This study supports Aguiar et al.³⁰ when they mention that, despite the existence of a national PICS policy, in many scenarios, implementation occurs autonomously, driven by engaged professionals, and limited by the lack of strategic management planning and resources allocated for this purpose. This scenario is reinforced by Tesser et al.³¹, as they point out that when such professionals leave the establishment, the supply of PICS tends to be extinguished.

However, it is relevant to note that 90% (n = 36) of the dental surgeons interviewed in this research are municipal employees (*table 1*). This stability suggests a greater potential to implement and maintain PICS on an ongoing basis, mitigating the challenge of staff turnover. Thus, the predominance of dental surgeons who are municipal employees in favors the continuity of PICS in the local FHS.

In the context of continuing education in PICS, the participants mentioned short-term training sessions, focused on laser therapy, phytotherapy and reiki. Among these training courses, laser therapy, performed in the public sector, was the most prominent, being mentioned by 55% (n = 22) of the interviewees (*table 1*).

I already took a phytotherapy course offered by the city hall. (CD21).

I took a reiki course with the technical staff. (CD38).

However, there are challenges, such as few offers of training and limited diversity

in the modalities of PICS addressed. In addition, different levels of management struggle to reach an agreement regarding the inclusion of dental surgeons in the training sessions when available.

I wanted to take a phytotherapy and reiki course, but they denied. There is some resistance from the unit's manager. I would have to take the course on a weekend and pay it out of my pocket. (CD23).

We could work more in PICS with training sessions, which I see that it works. It would be more productive... We have managers in several instances. Local, central, and at Etsus, which is the technical school. They could offer more courses for professionals. Because dentists want to do it, they are interested in it. (CD9).

In view of the challenges previously reported, professionals have a lack of knowledge about PICS, highlighting the need for training and the expansion of information dissemination³². In addition, there is a lack of management support to include professionals in PICS training³⁰.

The results show the unanimous interest of dental surgeons in additional training in PICS. Acupuncture is the most mentioned training, with 30% (n = 12), followed by laser therapy, with 25% (n = 10), and phytotherapy, with 15% (n = 6), which shows the search for complementary skills to enrich their performance in the FHS.

Acupuncture. There is a bunch of PICS training that I would like to do. (CD3).

I intend to take laser therapy training, which I like and read a lot about. And phytotherapy, which I usually use with patients. (CD9).

Tesser et al.³¹, in line with the present study, pointed out that training in PICS in Brazil is limited and not comprehensive, focusing on private educational institutions,

as evidenced by Barros et al.³³. In addition, according to Soares et al.³⁴, the lack of trained professionals and investment in more simple care technologies hinders the implementation of PICS in the SUS. Therefore, Nascimento et al.³⁵ point out that expanding the specialization in PICS committed to the principles of SUS represents a challenge for teaching these practices.

The conduct of these professionals should reflect the guidelines of SUS health policies, based on technical-scientific, ethical, and humanistic bases, integrated from the beginning of the training to the professional career³⁵. This ideal position, already identified among the dentists interviewed, demonstrates an alignment with SUS' expectations. However, the challenges related to training in PICS limit the full capacity of these professionals to contribute to promoting integral health.

Thus, the training of health professionals should focus on the development of skills for a comprehensive approach to health. This includes incorporating health literacy since the beginning of undergraduate courses, integrating it into the global assessment and anamnesis of individuals, being vital for promoting integral health³⁶.

Regarding the PNPIC and the regulation of PICS by the CFO, there was unanimous support from the interviewees, consolidating their legitimacy in dental practice in the SUS and evidencing their growing recognition. However, only a small portion of dentists, 25% (n = 10), were aware of this regulation by the CFO, while the majority were unaware, 45% (n = 18), or had a superficial understanding, 30% (n = 12).

I think it's important, because it strengthens the struggle of those who have been trying to increase the insertion of PICS in the system. (CD6).

So we can use them with the approval of the board. (CD38).

Through online meetings, the CFO has been working to formulate recommendations to strengthen PICS in SUS, including dentistry. At the same time, the debate on PICS continues in the CNS, extended by the Intersectoral Commission on Protection, Promotion and Integrative and Complementary Practices in Health³⁷.

However, the gap identified underscores the urgency of better outreach strategies, ensuring that dental surgeons are informed about PICS policies and regulations. For example, the CRO of Rio Grande do Norte created the PICS Commission, through Ordinance No. 9/2018, to raise knowledge and apply PICS, in addition to guiding the population³⁸.

Perception of PICS Policies

This category revealed a gap between the practice of PICS and the knowledge of ESF dental surgeons about PICS policies: only 27.5% (n = 11) of the 40 interviewees are well-informed about PNPIC and PMPICS (table 1).

The PICS Technical Reference always included the guidelines, the laws, and everything on the network. So, I know it exists. (CD35).

Both on the national and the municipal levels, I already knew that. I dugged into this. (CD39).

Those who knew about it showed positive perceptions.

The laws have interesting objectives, which make people able to be served in an integral, more humanized way. And there is also the fact of being able to prevent diseases, promoting the patient's health, with emphasis on primary care, and also on self-care. (CD9).

They also emphasized the importance of institutionalizing these policies in the context of PHC.

Because, in fact, you do something that has a protection. Thus, a law that establishes that what is

there is right. This is another issue, which will be a guide. (CD8).

However, most reported having superficial knowledge, 25% (n = 10), or no knowledge, 47.5% (n = 19), about the PNPIC and PMPICS (table 1).

I know it exists, but I have never read or studied the guidelines in depth. (CD6).

No, I have no knowledge about it. (CD3).

These findings corroborate those of Thiago et al.³², who found that the FHS professionals did not know about the guidelines for the implementation of PICS despite agreeing with their inclusion in SUS and showing interest in training.

The results show the need to expand the dissemination of existing policy guidelines, as well as to invest in permanent education, to ensure the effectiveness of the implementation of PICS in the FHS.

Final considerations

The understanding and acceptance of PICS by the dental surgeons interviewed show their potential in the prevention of diseases, promotion, and recovery of integral health, in line with the guidelines of the PNPIC and PMPICS, signaling a privileged position for incorporation and implementation of these practices within the scope of PHC.

The offer of PICS evolves in a promising, multifaceted and interprofessional scenario. In addition, it reveals engaged professionals with positive perceptions about the process of implementing PICS in the FHS, such as diversity of therapeutic options to promote integral health, community acceptance, reduced financial cost, active presence of municipal technical reference in PICS, and adequate supporting infrastructure of the municipality. Still, with resilience and commitment,

they face challenges, such as deficiency in the dissemination of practices, failures in the incentive and in the offer of training in PICS, lack of agreement between the different levels of management, in addition to the turnover of professionals in some teams.

There is a gap in the knowledge of dental surgeons about PICS policies and specific dental regulations, despite the support for the inclusion of PICS in the SUS and the interest in training, indicating the urgent need to expand dissemination and strengthen permanent education to ensure a more effective implementation of PICS in the FHS.

The limitations of this study include the sample restricted to FHS dental surgeons. Therefore, future research is suggested through multicenter studies and comparisons of contexts of action of other categories that make up these teams for more comprehensive investigations in PHC.

Collaborators

Alvarenga ACC (0000-0002-9495-0001)* and Thomes CR (0000-0003-3522-5368)* contributed to the conception and design of the work; data acquisition, analysis, and interpretation for the work; writing of the manuscript and critical review of the intellectual content; final approval of the version to be published; and responsibility for the integrity of any part of the work. Xavier FG (0000-0002-8256-8112)* contributed to the conception and design of the work; data analysis and interpretation; writing and critical review of the intellectual content; and final approval of the version to be published. Siqueira MM (0000-0002-6706-5015)* contributed to the conception and design of the work; data analysis and interpretation; critical review of the intellectual content; and final approval of the version to be published. ■

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