

Dentistry: A Crisis Aggravated by the Covid-19 Pandemic *

Odontología: una crisis agravada por la pandemia del Covid-19

Odontologia: uma crise agravada pela pandemia de Covid-19

Wilson Giovanni Jiménez-Barbosa^a
Universidad Jorge Tadeo Lozano. Bogotá, Colombia
wilsong.jimenezb@utadeo.edu.co
<https://orcid.org/0000-0002-0467-0365>

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Johanna Sareth Acuña Gómez^a
Fundación Universitaria de Ciencias de la Salud. Bogotá, Colombia
jsacuna1@fucsalud.edu.co
<https://orcid.org/0000-0002-9172-0825>

Gino Montenegro Martínez^a
Universidad CES. Medellín, Colombia
gnmontenegro@gmail.com
<https://orcid.org/0000-0001-9090-6209>

Authors' Note: ^a **Correspondence:** wilsong.jimenezb@utadeo.edu.co; jsacuna1@fucsalud.edu.co; gnmontenegro@gmail.com

ABSTRACT

Background: The Covid-19 pandemic involved the establishment of health emergency measures, among others, the suspension and subsequent progressive reopening of dental care. **Purpose:** Understand how health measures due to Covid-19 affected owners of dental offices and clinics in Bogotá, Colombia, and whether these aggravated the crisis of the profession. **Methods:** a qualitative study was conducted, interviewing seven dentists who owned dental clinics or offices. They investigated working conditions, economic changes, hiring conditions and the participation of professional organizations in the pandemic. **Results:** Dentistry was already in a crisis that was exacerbated by health measures in the face of the Covid-19 pandemic. Those interviewed did not perceive a quick leadership voice from government entities to establish care protocols. Administrative management is different according to the capabilities of dental clinics compared to private offices. Finally, the pandemic and mobility restrictions made it possible to establish improvements in time shared with the family; however, this affected the owners' income, leading them to seek other forms of income. **Conclusions:** Dentistry has been in crisis for many years, which was more evident with the confinement measures implemented to control the Covid-19 pandemic. There are differences in administrative management in favor of dental clinics that were essential in the context of the pandemic.

Keywords: Coronavirus infections; dental personnel; dentistry; health care management; health personnel; health services research; pandemics; public health

RESUMEN

Antecedentes: La pandemia por Covid-19 implicó el establecimiento de medidas de emergencia sanitaria, entre otras, la suspensión y la posterior reapertura progresiva de la atención odontológica. **Objetivo:** Comprender la forma en que las medidas sanitarias por Covid-19 afectaron a propietarios de consultorios y clínicas odontológicas de Bogotá, Colombia, y si estas agravaron la crisis de la profesión. **Métodos:** se realizó un estudio cualitativo, entrevistando a siete odontólogos propietarios de clínicas o consultorios odontológicos. Se indagó por las condiciones laborales, cambios económicos,

condiciones de contratación y la participación de organizaciones profesionales en la pandemia. **Resultados:** la odontología ya venía en crisis que se exacerbó a partir de las medidas sanitarias ante la pandemia por Covid-19. Los entrevistados no percibieron una rápida voz de liderazgo de las entidades gubernamentales para establecer protocolos de atención. La gestión administrativa es diferente de acuerdo con las capacidades de las clínicas odontológicas en comparación con los consultorios privados. Finalmente, la pandemia y las restricciones en la movilidad permitieron establecer mejoras en el tiempo compartido con la familia, no obstante, esto afectó los ingresos de los propietarios que los llevó a buscar otras formas de ingreso. **Conclusiones:** La odontología viene desde hace muchos años en crisis que fue más evidente con las medidas de confinamiento implementadas para controlar la pandemia de Covid-19. Se presentan diferencias en la gestión administrativa en favor de las clínicas odontológicas que fueron fundamentales en el marco de la pandemia. **Palabras clave:** administración en salud; infecciones por coronavirus; investigación sobre servicios de salud; odontología; pandemias; personal de salud; personal de odontología; salud pública

RESUMO

Antecedentes: A pandemia de Covid-19 implicou o estabelecimento de medidas de emergência sanitária, entre outras, a suspensão e posterior reabertura progressiva dos cuidados dentários. **Objetivo:** Compreender como as medidas sanitárias devido à Covid-19 afetaram os proprietários de consultórios e clínicas odontológicas em Bogotá, Colombia, e se estas agravaram a crise da profissão. **Métodos:** foi realizado um estudo qualitativo, entrevistando sete dentistas proprietários de clínicas ou consultórios odontológicos. Investigaram as condições de trabalho, as mudanças econômicas, as condições de contratação e a participação das organizações profissionais na pandemia. **Resultados:** A Odontologia já se encontrava em uma crise que foi agravada pelas medidas sanitárias diante da pandemia da Covid-19. Os entrevistados não perceberam uma rápida voz de liderança das entidades governamentais para estabelecer protocolos de cuidado. A gestão administrativa é diferente de acordo com as capacidades das clínicas odontológicas em comparação aos consultórios particulares. Por fim, a pandemia e as restrições de mobilidade permitiram estabelecer melhorias no tempo partilhado com a família, mas isso afetou a renda dos proprietários, levando-os a buscar outras formas de renda. **Conclusões:** A medicina dentária está em crise há muitos anos, o que ficou mais evidente com as medidas de confinamento implementadas para controlar a pandemia de Covid-19. Existem diferenças na gestão administrativa em favor das clínicas odontológicas que foram essenciais no contexto da pandemia.

Palavras-chave: gestão de saúde; infecções por coronavírus; pesquisas em serviços de saúde; odontologia; pandemias; pessoal de saúde; pessoal odontológico; saúde pública

INTRODUCTION

The effects of the Covid-19 pandemic on the health of populations have been widely described (1, 2), as well as its consequences on other sectors of society (3). In particular, pandemics have represented challenges for States with regard to health care, prevention, mitigation and overcoming their effects. Likewise, they have led to changes in the economic, political and social systems derived from the exposure of their weaknesses (4).

The economies of Latin America and the Caribbean have been affected by the pandemic, among others, by the reduction in international trade, the fall in prices of primary products, the intensification of risk aversion and the worsening of financial conditions world (5). As a result, approximately 2.7 million businesses in the region closed, 44 million people lost their jobs, and poverty increased from 30.3 % to 33.7 %. Under this context, the region was faced with a crisis that, among others, meant the largest economic contraction in the developing world expressed in a reduction in GDP of 7.7 % of GDP (6).

Since March 2020, the Colombian government implemented different health measures to confront the pandemic. Among others, he decreed the suspension of commercial and drinking establishments and the mandatory confinement of the population (7). The latter was widely debated in different sectors due to its likely effects on the national economy, a discussion that led to the postulation of a possible dilemma between economy versus health (8-11).

The health sector was especially affected by the pandemic, not only the professionals and services linked to Covid-19 care due to overcrowding (12-14), but also those outpatient services that had to

suspend patient care (15). This has economically affected professionals who practice liberally in offices and clinics, with dentists being one of the most affected groups of professionals (16-19).

Among the consequences of the pandemic on dental students and professionals, impacts on mental health (20), well-being (21, 22) and financial situation (20, 23) have been reported. In terms of job prospects, professionals considered reducing work hours or retiring early (24); move to a non-clinical but related job or change professions (25). Finally, the pandemic has been a scenario for reflection around dental training, pointing out the necessary strengthening of the profession by strengthening unions and improving working conditions (26).

By 1993, Colombia conducted a process of transforming the health system through Law 100 of the same year (27). This new structure in the provision of health services in the country involved moving from a supply-side subsidy model to a demand-side subsidy model. In addition, it involved the participation of the private sector in both the insurance and provision of health services. In addition to this, a health benefits plan was established containing a series of health procedures and technologies that the population can access, including a series of dental procedures (oral hygiene, dental surgery, endodontics, oral surgery). Which have been updated and included others throughout the 30 years of life of the system. The structure adopted by the reform of the Colombian health system was typical of those undertaken in other countries in the region in the 1990s (28).

Since Law 100, dental practice has been experiencing different transformations; among them: it went from being a liberal profession to being a job that is, for the most part, conducted under salaried employment relationships with significant levels of unemployment and precariousness (29, 30). Among others, 69.9% of professionals are concentrated in 7 of the 32 departments of the country (31); It has been estimated that unemployment is around 30 % (32) and monthly income is on average USD\$1,300 nationally (31). The above, in a context where there was the creation of multiple private dental clinics (33) and the inclusion of dental practice in a services market that, together with the execution of contracts that do not guarantee working conditions dignified (34, 35) which, with the consequent impacts on the quality of life (36), have been described as part of the causes related to the dentistry crisis in the country (29, 37-39).

Bogotá is the capital of Colombia, which is a city with approximately 8 million inhabitants. According to the Ministry of Health, a third of the people unaffected by Covid-19 nationwide were residents of the city. The country's capital brings together a significant number of dental professionals, representing approximately 17.61 dentists per 10,000 inhabitants (31).

Due to the above, the closure of the offices, in compliance with the health emergency measures due to the pandemic, set up a scenario that could aggravate the aforementioned problem, which does not easily allow us to foresee the future of the exercise of this profession (29, 40). Previous studies have been conducted that seek to investigate the effects of the pandemic on students and professionals in dentistry, both internationally, in the region and in the country (20-25). However, to our knowledge, no studies have been conducted in the country that use a comprehensive approach that allows us to account for the consequences of the Covid-19 pandemic on dentists who own dental offices and clinics.

Given this panorama, this investigation questioned how the health measures adopted in the face of the Covid-19 pandemic affected the owners of dental offices and clinics in Bogotá and if these aggravated the crisis of the dental profession.

MATERIALS AND METHODS

This manuscript is part of the inter-institutional investigation titled “Affects to owners of dental offices and clinics in Bogotá from the implementation of health emergency measures within the framework of the Covid-19 pandemic” endorsed in 2020 by the Jorge Tadeo Lozano University of Bogotá and the CES University of Medellín. Approved by the corresponding Ethics committees, for the

Jorge Jadeo Lozano University Foundation registered in Minutes No. 6-2020 and for the CES University registered in minutes No. 152 of 2020.

This study uses a qualitative study with the objective of understanding the way in which the health measures adopted in the face of the Covid-19 pandemic affected the owners of dental offices and clinics in Bogotá, in addition to investigating whether these aggravated the health crisis. dental profession. The participants were dental professionals who owned dental clinics or offices. A homogeneous sampling was conducted (41), the participants were contacted through the *Acción Odontológica* portal which has a page on Facebook© (Table 1).

TABLE 1
Characteristics of research participants

Professional training	Type of owner	Years of dental practice
General dentist	Owner of a dental office	24
General dentist, studies in health administration	Owner of a dental office	27
General dentist, specializing in orthodontics, master in biological anthropologist, and doctorate in biomechanics.	Owner partner of a franchise dental clinic	19
General dentist, specializing in periodontics	Owner of a dental office	28
General dentist	Owner of a dental clinic	7
General dentist specializing in endodontics	Dental clinic owner partner	20
General dentist, specializing in orthodontics	Owner of a dental office	13

Source: the authors.

Semi-structured interviews were conducted based on a guide that investigated working conditions, economic changes, hiring and social security conditions, and the participation of professional organizations in the face of the contingency. The interviews were conducted through the Skype © platform, between August and November 2020, they were recorded and later transcribed for analysis. The interviewees authorized the use of the information for the research through informed consent. The final number of people interviewed was the result of saturation of the analysis categories.

The interviews will be conducted based on a guide previously designed by the researchers, which contained a series of questions based on some primary categories of analysis: working conditions, economic changes, hiring conditions and the participation of professional organizations in the pandemic. Once the interviews were conducted, they were transcribed in the Word® Office processor.

The interpretation was carried out by applying a coding process that occurred in three phases: open coding through the stipulation of established categories, obtained from interview fragments; axial coding by grouping the categories defined according to the interrelationships between properties and dimensions, resulting in new emerging categories; selective coding when the information was organized in such a way that it explains the phenomenon that is intended to be understood through the research question (42).

In the first stage of coding, 147 codes were established. In the second phase, making relationships between said codes, renaming some and including others, 19 codes were grouped. In the third and final phase, the information was integrated and interpreted to emerge a discourse, organized from 3 definitive categories, which are used in a logical and coherent way to present the research findings.

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RESULTS

Dentistry in Crisis

The implementation of the strict confinement measures decreed by the national government within the framework of the Covid-19 health emergency highlighted the structural problems that had been occurring in the dental profession. Among others, unfair competition, the pressures derived from understanding dentistry as a business rather than as a right or a public service, and the poor remuneration of professionals.

Recently, dental practice has been immersed in a scenario of commercialization, as a result, dental clinics and other private practices have emerged, where mechanisms of advertising and financing of treatments, among others, are integrated. This has led, within the framework of market conditions and free competition, to offer services at low prices, affecting private offices that must affect their profits to be more attractive to patients.

... large clinics that work more by volume and whose prices are very low... then, if there is one of those clinics close to the office, then one also has to compete or give more or less a range of those costs, to have a point of competition with them... large clinics can handle a lot of advertising, propaganda, something that perhaps a small office does not handle in that way... (E6).

The above, combined with signs of decline in the country's economic growth, in the period prior to the declaration of a pandemic, characterized by a reduction of 3.1 percentage points of GDP in the period 2010-2017 with a slow recovery between 2017 and 2019 (41), had been negatively impacting the attention of people in the provision of dental services.

...the country's economy, which had been affected a few years ago, had deteriorated, so that, well, the number of consultations or procedures had been decreasing, since the volume did change year after year (E6).

This same dynamic has promoted the consolidation of a scenario of job insecurity for the dental professional expressed, among others, with payment for a percentage of the value of the care provided, that the professional contributes his implements and supplies to care for the patient and evasion or avoidance of social security payments. The above configures a context where there are few options that the dental professional has to opt for an employment contract that, among others, dignifies their condition as a worker.

In the case of dental clinics, given the relationship established to link a professional, there is greater control over the payment of social benefits, an issue that does not occur in private offices, where the relationship established is more informal...to the doctor who works with me, I pay her by percentage and I pay her a basic, because I have told her that, if we use that basic to make an affiliation directly to make her health payment, pension, which is the law, but, well, she has made her choice that no, that she wants her basic plus her percentage and that she is responsible for that part (E6).

...each professional is in charge of the equipment they want to modernize their consultation, very good technology photocuring lamps, very good technology endodontic equipment, rehabilitation equipment, nanotechnology handpieces, but well, that is for each professional, the clinic as such, let's say, handles the basic issue that is the unit and the sterilization center (E5).

This scenario has promoted that the decision about starting dental treatment by the patient includes an assessment of the price and not exactly the comprehensive care proposal provided by the dental

professional. The above, added to the declaration of a health emergency due to Covid-19, reduced the income of dentists.

...with respect to our fees, well nothing, March we do not receive zero, we as owners nothing zero, eh April neither, until May, we receive a small part of back wages, because well in fact eh since we opened the clinic the priority has always been paying rent, salaries, everything and from what we have left we are paying our arrears fees... (E6).

On the other hand, dental associations are perceived by those interviewed as distant, and incapable of becoming the voice of dentists in the face of the problems they experience daily.

...I have to say that I do not feel represented by those associations, the truth is that they make me sad, and I simply feel that they are entities that serve to raise money, period, they live off of that, to raise money, but there really is no return for the associates... (E5).

There are also opinions according to which some of those interviewed consider that this fragmentation should be eliminated through the consolidation of a single union that is responsible for championing the defense of dentists.

Managing Dental Services During the Pandemic

The management of dental services is different when comparing dental clinics and private offices. The possibilities that the former have to hire professional services in areas such as administration, finance, marketing and accounting, allow them to maintain strict control and make the investments they make more efficient, in addition to projecting expenses and savings.

The owners of private offices must assume these tasks based on what they learned in the undergraduate curriculum. The above results in designing a rustic administrative exercise.

...I keep an accounting of the daily income, each procedure that is billed is entered, we keep an accounting notebook in which we manage, well, the laboratory discount, but I don't have anything like that planned, I don't manage it, as well as in such detail, let's say that if something on the unit is damaged, I don't have it so specific that I can... have money or capital saved for that... (E6)

The need for care expressed by some patients and the need to have income that would allow them to cover their expenses, led some of those interviewed, a few months after the health emergency measures began, to resume dental care, even without having a authorization from the national and local government. Among others, the guidelines for restarting patient care were not very clear. To do this, they established means of contact with each patient to set times and days to provide care, which focused on dental emergency consultations.

When the biosafety protocols and standards for dental care were already established at the local and national level, it was necessary to make adjustments that involved making new investments, which configure a more complex panorama for the reactivation of the dental profession.

...to begin with, the economic issue is what is going to hit us hard to be able to comply with all the requirements, that the isolation of the offices from floor to ceiling, that the distancing of patients in the waiting room, so we can no longer have so many chairs but now they are very few... the issue of ensuring that there is air flow in the offices... the issue of discharge rooms, the issue of floor-to-ceiling disinfection between patient and patient, leaving an hour or I don't know how long to follow the patient in the same office, the issue of the extra cost of everything that biosafety implies... (E5).

It is important to mention that, at the time of the interviews, the reactivation had been slow, mainly due to the appearance of new peaks of Covid-19 contagion. However, during the pandemic and the period of reactivation of dental care, new dynamics were generated in clinical practice such as the possibility of reactivating the charge for treatment assessment.

...I didn't charge the evaluations, now it's time to charge the evaluations... I see it as positive [...] and well the other thing is that they are paying us for something that should always have been like that, the consultation should have had a cost, I don't know why we came to the free assessment... (E6).

On the other hand, clinical work requires specialized equipment and supplies (e.g., gloves, masks, gowns, face shields, disinfectant liquids, autoclaves), highly requested during the time of total quarantine and later during reactivation. This situation negatively affected the provision of services due to the increase in the sales prices of said inputs and, finally, in higher production costs of the services, which sometimes cannot be compensated by the increase in care prices.

The above affected the expectations of reactivation which, at the time of the interviews and particularly in the case of practice owners, generated uncertainty about the future, especially due to not being clear about what the behavior of the pandemic would be like and, derived from it, the possible new mobility restriction measures for citizens, which would impact the dynamics of the clinics.

...no matter how much they lift restrictions and surely many more people will be able to go out on the streets, however, we are planned to work with this Covid situation, until around March or April of next year [2021], it will surely be to be like this (E5).

On the other hand, the closure of clinics and offices during the pandemic meant pausing a series of dental treatments that had been in progress. This lack of continuity is seen by those interviewed as potentially risky by worsening the oral health condition of patients.

...I started to worry when I started to see that it was prolonging, when it wasn't anymore, well it wasn't 15 days anymore, it wasn't a month anymore, we've been there for two months, because you know that orthodontics are follow-up treatments Yes, many times if one does not attend to the patient in time there may be things that cannot be corrected, so I thought about my patients... (E6).

Those interviewed considered that once they can provide all the services offered, it would not be a priority for patients to resume dental treatments, since, they consider, the people who attend their consultation will have other issues that they value as more important.

Now, the confinement, initially total and then partial, generated an economic crisis in most sectors of the economy. Among the measures that the national government took to mitigate the impact on the economy is Decree 639 of 2020 that created the formal Employment Support Program (PAEF), in which a subsidy of 40 % of a minimum wage was granted to workers dependent on companies who had seen their income reduced by at least 20% and explicitly requested it.

Clinic owners were linked to this program and also resorted to other administrative measures, especially agreements with creditors and tenants, which allowed their survival during times of confinement.

...the first was payroll aid, which is where we requested precisely that payroll aid...; Regarding fixed expenses, we had to negotiate with the landlord of the premises and we also achieved a reduction for these months... and; we resorted to tax refunds practically, that was what saved us (E3).

This panorama was not the same for the owners of dental offices interviewed who did not access government aid, as they did not meet the requirements established to receive it or did not apply. This led to the fact that, in order to obtain some financial help to cover expenses during the pandemic, they resorted, without much success, to banks requesting loans, and availing themselves of facilities or extension of payments of personal debts (housing payment installments or banking products).

...my bank sent me information about assistance for being independent but only like advertising, when I entered the information it said no, I couldn't acquire that type of benefit either... (E6)

Wellbeing During the Pandemic

The Covid-19 pandemic implied a series of changes in both the professional life and the family and personal life of the owners of dental offices and clinics, among others, having more time with family members and sharing different aspects of life at home. daily life. This issue was experienced as positive, given that clinical practice leads, among other things, to having less time to share with other loved ones.

On a personal level, it was a break that my body needed, I had a wonderful time, I was happy, the rest of March, from March 20 to 31, I was happy, April I was happy and the half of May that I was at home I was also happy , I needed that, I had a lot of time to reflect on what happens to me as an endodontist. On a family level, it was the possibility of sharing a lot with my husband... (E5).

However, as has been suggested, the work crisis was already advancing and with the current situation resulting from the pandemic it deepened, in such a way that some had to resort to family solidarity.

...my husband was the one who was covering all the expenses of the house, he had his normal source of income up to that point and so he could cover all those expenses, such as: the mortgage of the house, the girl's school, market... (E1).

On the other hand, the scenario of decreased income not only for the owner of the clinic or dental office, but also for his partner, led to making family decisions that implied a reduction in family expenses; in others, arrangements or changes in the dynamics were sought. family that would allow us to face the moment of family economic crisis.

...we had to make all the financial arrangements with all the credits, cards, that is, we were barely having income for what was food, I told my husband, if we have food and we have money for the girls, we are good (E4).

On the other hand, a contradiction found is that dentists frequently neglect taking care of their own health. Thus, compared to the diseases that are valued by those interviewed as having work-related origin, there are several that were documented. However, the regularity is that this type of ailments has been managed as a general illness, which, in addition to the under-reporting of this type of work-related pathologies, may not be comprehensively addressed from the perspective of health and safety in workplaces.

Yes, I have carpal tunnel syndrome [...] no, we are only in the process with the EPS, so, eh, in order to get to the ARL, we have to do the entire process with the EPS first, so I am in appointments with the physiatrist, with the orthopedist, doing therapies (E4).

As can be seen, the quality of life of dentists was seriously affected by the decrease in income due to the closure of their facilities and the increase in care costs. However, it is worth highlighting that the quality of life and well-being of these health personnel is subject to constant precariousness, which began in the 1990s with the creation of the General Social Security Health System and the proliferation of dental schools that It increased competition without symmetrically increasing the opportunities and working conditions of these professionals.

DISCUSSION

The objective of this study was to understand how the health measures implemented during the COVID-19 pandemic had an impact on the owners of dental offices and clinics in Bogotá and if these measures aggravated the crisis of the dental profession. A qualitative approach was used, a qualitative study was conducted, interviewing seven dentists who owned dental clinics or offices. They investigated working conditions, economic changes, hiring conditions and the participation of professional organizations in the pandemic.

According to the results of this study, it was found that dentistry was already in crisis, which was even more evident from the health measures in the face of the Covid-19 pandemic. On the other hand, according to those interviewed, there was no quick leadership voice from government entities to quickly establish care protocols within the framework of the pandemic, which could affect its reactivation. Additionally, the management of dental services in the pandemic was different according to the capabilities of dental clinics compared to private offices. Finally, the pandemic, and the restrictions on mobility that it led to, allowed improvements in time shared with the family, however, over time this affected the income of the owners which led them to transform their income and expenses.

Dental practice, as well as other professions, has been affected by a series of political, economic and social measures configured within the framework of globalization processes and international division of labor at the end of the last century (44, 45). The above has represented, among others, transformations in the labor market based on flexibility and, through this, the configuration of new dynamics and interactions that have mostly promoted the detriment of working conditions, the lack of guarantees social security as a right, the undermining of the very value of the worker and his bargaining capacity (46, 47).

Through the interviews, it was important to confirm that, in recent decades, the precariousness of the working conditions of dental professionals has been consolidated, which includes participation in the labor market through variable hours and payment for tasks, objectives. or results with decreasing wages (46). Additionally, dentistry as a practice develops in an environment of competition, innovation and entrepreneurship linked to the production of new products and services. In this way, the professional must face new demands in their training, which has further segmented the provision of dental services, tending more towards training that is oriented more towards economic profit than towards processes of promoting practices favorable to health. buccal (48).

Within the context of the previously described context, the pandemic represented a challenge for the owners of dental offices and clinics in the management of the practice itself, which was decisively more complex for the former, given the previous resources to face the measures of health emergency that, among others, included the suspension and subsequent progressive opening of the provision of dental services. Situation that was also debated and implemented in several countries (15).

The consequences of its implementation have been analyzed, in general, in terms of the control of virus transmission and related mortality (49) and, in particular, in the income of dental professionals (20, 23). Regarding the latter, the need to reorganize the practice itself and establish government subsidies (50) or special financial aid (51) has been described. In line with what has been discussed so far, some facilities for loans or subsidies were implemented in the country, which, according to those interviewed, are easy to access for owners of dental clinics, but not for owners of dental offices.

This finding has made it possible to show that the incorporation of dental practice in the service sector includes competition in unequal conditions between business conglomerates with a more developed financial, management and administrative structure compared to dental professionals who, by not incorporating themselves into said market, establish individual strategies to continue participating in the provision of private services, which do not always result in better conditions to practice the profession.

Those interviewed perceived that at the beginning of the pandemic, the guidelines for resuming patient care were not entirely clear. This, in part, has been related as a result of the stage of knowledge of the behavior and forms of contagion of Covid-19, so the delay in the promulgation of the guidelines for patient care was expected (52). Thus, throughout the pandemic, a series of professional consensuses were developed in which some fundamental guidelines were issued for dental care in various parts of the world. Among others, maintaining strict infection control practices, using personal protective equipment, strengthening disinfection protocols, reducing aerosol production during dental procedures, improving air quality and maintaining social distancing, were some of them. (53-55).

In relation to the well-being of the dentists interviewed, it was interesting for this study to find that at the beginning the quarantine allowed the possibility of sharing more time with their families, which was valued positively. However, over time, this involved a reduction in income and the development of economic arrangements, including the reduction of expenses. Effects on the psychological well-being of dentists in the context of the pandemic have already been previously described, among others, related to the decrease in income and uncertainty regarding the reactivation of professional practice (20-22). However, at the time of the interviews, it had been 5-6 months since the start of the pandemic, and dental emergency care had already been authorized, so the interviewees were already receiving some income to support themselves.

Limitations

This research used a qualitative approach in order to investigate the effects of the implementation of health emergency measures due to Covid-19 on dental practice in a group of owners of dental clinics and private offices. Although its purpose is not to generalize the results, the findings show a reality that may be similar to what other property owners in the city or other cities in the country may experience.

Considering that the pandemic and the health emergency measures lasted a little more than a year, it is important to consider the moment in which the interviews were conducted, since only 5-6 months had passed since the start of the pandemic. This is how the results of this study give an account of the owners' stories in relation to the health emergency measures for that specific period and not for the entire time in which the dental care restriction measures were implemented.

On the other hand, it is important to consider that the study participants could ignore, not remember or change the story of their experience in the context of the pandemic, as well as their experiences prior to the confinement measures. However, in both the research design this was considered and was the subject of discussions within the research group. To this end, in each of the interviews the interviewees were informed of the relevance of their contributions, their purpose and the importance of their responses.

CONCLUSIONS

Dentistry has been in a deep crisis for many years, which was more evident within the framework of the confinement measures implemented to control the Covid-19 pandemic. The restrictions, within the framework of the health emergency, affected the well-being of the dentists interviewed due to the closure and subsequent gradual opening of services, which implied a decrease in income and an increase in the costs of supplies for care, as well as the difficult access to state aid, especially by the owners of offices more than the clinics that were part of this investigation.

RECOMMENDATIONS

Situations such as the pandemic suggest the constant training of dental professionals for the implementation of patient care protocols in these circumstances. This article highlighted the working conditions of dental professionals, among others, revealing a crisis that dates back decades. In this sense, it is important to strengthen the participation of the dental union in spaces that allow the establishment of regulations for both work and health care, aimed at improving working conditions.

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