

Acceptance of various behavior management techniques by parents

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ABSTRACT

Background: Dentist plays a unique role in the treatments plan for the pediatric patient. Without a proper behavior management technique (BMT), there would not be a successful treatment outcome. The reason for this study is to evaluate the various accepted BMTs by parents so that when such BMTs are performed on kids, parents should not get offended. **Aim:** The aim of the study is to analyze the various accepted BMTs by parents. **Materials and Methods:** The study is carried out by preparing a questionnaire containing 12 questions which are to be circulated among randomly selected parent group population using an online survey tool – survey planet. 100 questionnaires were filled. The questionnaire was used to analyze the various accepted BMTs by parents. General awareness about the type of BMT was also analyzed among parent group population. **Results:** This study gives us data that most parents accept Tell-Show-Do (TSD) technique followed by pharmacological techniques such as sedation and general anesthesia. Invasive techniques such as hand over mouth exercise, papoose board, and voice control were the least preferable ones. **Conclusion:** From this study, we can conclude that there is a drastic change in acceptance of various BMTs by parents for the past few decades. At present, the trend of moving into the pharmacological technique of behavior management is showing growth in acceptability among parents. Most of the parents do not prefer any kind of invasive BMTs such as voice control, papoose board, hand over mouth, and apart from these many parents readily accepted for TSD technique as this technique is parent and patient-friendly.

KEY WORDS: Accepted techniques, Behavior management, Parents, Questionnaire, Survey planet, Survey

INTRODUCTION

Children are not young adults, their conduct, frame of mind, capacity to comprehend, creative ability, coherent reasoning, thinking, and so forth, shift extensively from that of grown-ups and furthermore from one another. Dentistry is itself a super specialty which primarily depends on the cooperativeness of the patient, without which a dentist would not even think of performing any operatory procedure on the patient. Behavior management is one of the most challenging problems faced by dental practitioners and dental students while treating pediatric patient. Psychological variables such as anxiety, stress, and sociocultural which include individual characteristics, children's maturity, previous dental experience, and

legal requirements (parent's consent) are involved in dental treatment interfering with professional performance.^[1,2]

To be successful in pediatric dentistry, it is necessary to choose adequate strategies for behavior management based on procedures that stimulate children's cooperative behavior and knowledge which should have been acquired during formal dentistry training.^[3]

Apart from the various techniques followed for behavior management strategies few other strategies also should be followed as we should start as soon as the patient arrives in the dental operatory, and also involve attire, voice tone, facial expression, body language, and sense of humor of the dentist. For a child who is noncooperative, the dentist has to rely on other behavior management techniques (BMTs) as communication and education.^[4] In such cases, any of the techniques discussed below can be followed such as that of hand over mouth exercise (HOME), voice

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control, positive reinforcement, and Tell-Show-Do (TSD) technique.

In general, children used to judge a BMT, according to the way it looked; hence, HOME was the least acceptable BMT, whereas the most acceptable was TSD.^[5] Interestingly, it was observed the same reaction by parents, which considered HOME as an aggressive technique^[6,7] and TSD, the safest of all.^[8] There are many behavior management strategies available in the dental literature. To choose the appropriate protocol and strategies of effective management with the primary goal of installing, a positive attitude is the need for the hour. The anticipation of the newer strategies of behavior management and updating them is a vital task for the dentist.

Successful treatment of a non-cooperative child depends partially on the selection of an appropriate BMT, when evaluating a child and selecting a behavior management approach many factors should be assessed. These include: The type of behavior,^[9] the child's anxiety,^[9] age of the child,^[10-12] child rearing techniques, personality variables,^[13] parental attitudes toward BMTs, dental treatment to be rendered, and the legal implications.^[14] All BMTs are not equally acceptable to parents and several techniques are generally unacceptable. The acceptability of a BMT depends on the child's needs at the time of treatment, with the type and urgency of treatment influencing both the selection of a particular technique and parental acceptance of that technique. The purpose of this portion of the study was to determine various acceptable BMTs by parents.

MATERIALS AND METHODS

A cross-sectional study was conducted among parent group population. 100 parents were randomly selected who belong to the parent category who came for their child's dental treatment and the questionnaire was filled. This survey assessed the various accepted BMTs by parents.

Data Collection

A questionnaire consisting of 12 questions on various accepted BMTs by parents was circulated among randomly selected parents who had come for their child's dental checkup. It aimed at assessing the various accepted BMTs by parents. This survey was carried over using an online survey tool, the survey planet. Data were gathered from an online survey tool and analyzed.

RESULTS

Nearly 58% of parents reported that their children get too much distracted by audiovisual distractions. Hence, we can infer that audiovisual distraction can be

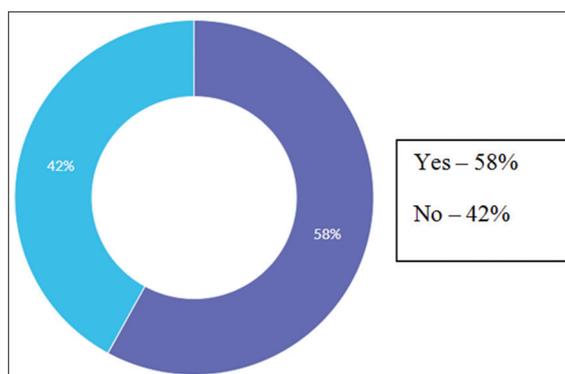
one of the most helpful aids in distracting a scared or frightened child. This technique is friendly both to the pediatric patient and parent. Hence, the most accepted type of BMT was found to be audiovisual distractions [Graph 1].

Nearly 63.3% of parents reported that they would not accept the usage of invasive BMTs on their child. Hence, simple and friendly BMT are preferred one by parents [Graph 2].

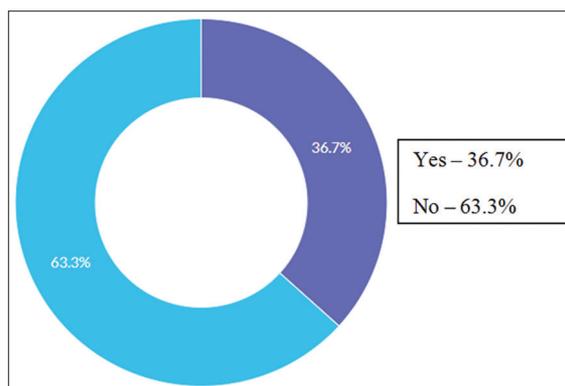
Nearly 41.7% of parents opposed the use of general anesthesia on their kids, when enquired about this they further told this is due to their fear of sedation and complications associated with it. Proper public awareness programs need to be conducted to spread awareness about the usage of general anesthesia and to showcase the advantages of it [Graph 3].

On enquiring about the usage of HOME on kids, it was seen that half the examined population accepted it to control their child and perceive required treatment [Graph 4]. Hence, when there is any need for usage of techniques to frighten, the child the best would be usage of HOME for behavior management of the child.

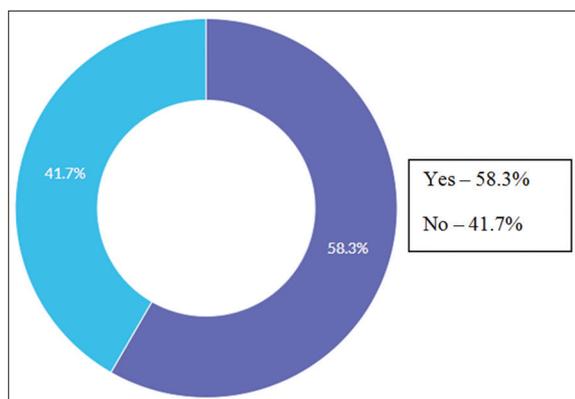
Our study also from [Graph 5] reports that 53.1% of parent population would leave the working area



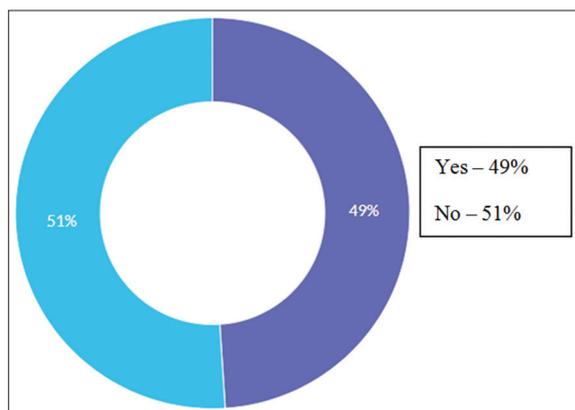
Graph 1: Response to audio visual distraction



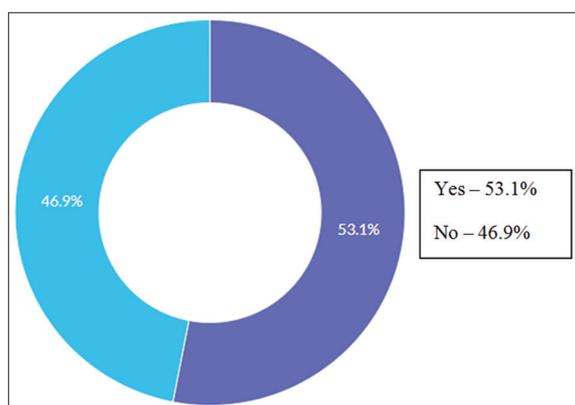
Graph 2: Acceptance of invasive behavior management techniques



Graph 3: Acceptance for general anesthesia



Graph 4: Acceptance to practice hand over mouth exercise on children



Graph 5: Acceptance on leaving the child and moving out of dental set up if needed

if needed to control the child and leave there child alone in the operatory along with the dentist for the continuation of treatment.

Table 1 gives us a clear idea on various aspects which are necessary/essential for behavior management of the pediatric patient in a dental setup. From this Table 1, it is clear that 34.7% reported their child to be notorious. This idea helps to be prepared for the type of behavior management required for most of the children. 54% of parents also reported that their child

Table 1: Aspects of behaviour management

Questions	Yes (%)	No (%)
Is your child a notorious one	34.7	65.3
Is your child scared of dental set up	54	46
Is your child interested in exploring new things	79.6	20.4
Is your child fascinated by colours	57.1	42.9
Is your child excited to receive gifts	77.1	22.9
Would you like someone to have voice control over your child	34	66
Are you aware of papoose board technique for your kid	55.3	44.7
Would you accept tell show do technique	92	8

is scared to visit dental setup. From this information, we can infer that the operator should try to remove the fear for dental setup in the kid. This can be done by special clinical setup like having attractive clinical setup, with a play area for kids, bright and colorful operatory with animated aprons and television for distraction. The child even can be appreciated by gifts if it overcomes this fear which would also furthermore appreciate the kid to visit the dental setup next time.

From this study, we can also infer that 57.1% and 77.1% of kids are fascinated by colors and are excited to receive gifts, respectively. This gives us a strong idea on how to manage a child in a dental setup. It can be done using bright color stuff and by appreciating kids cooperation by giving them gifts as many kids are excited to receive gifts, by giving gifts, they cooperate better in the dental setup in the next visit so as to get a new gift. Our study also shows that most of the parents were not comfortable with the dentist using voice control over their kids. 66% of parents reported to avoid voice control over their kids as a way of BMT. These are the various results obtained from this study to evaluate the various accepted BMTs by parents. 92% of parents prefer to TSD technique; hence, this technique was the most accepted BMT by parents.

DISCUSSION

In the past few decades, the acceptability of various BMTs among parents of pediatric patients has changed with pharmacological techniques such as sedation and general anesthesia getting better acceptance than previously described techniques such as HOME, voice control, and papoose board.^[15] It is interesting to note that few techniques which were not accepted earlier are accepted now whereas still few techniques remain to unaccepted that is acceptability of some techniques have changed, while the acceptability of other techniques has remained more constant over time.

From the results, oral premedication (sedation) and general anesthesia were ranked the lowest acceptable

techniques in 1984 and 1991.^[6] However, acceptability for both pharmacologic methods increased in subsequent studies from 2005 to 2015.^[15,17-19] Now, it is quite interesting to speculate the reasons for this paradigm shift toward pharmacological methods. Changing attitudes toward the acceptability of BMTs may be attributed to changes in parenting styles over the past years. A recent study reported parents are more overprotective and less likely to set limits on children's behavior. As a result, there may be a shift toward more pharmacologic BMTs.^[6] Results from our study are also in accordance with this changing pattern toward pharmacologic BMTs as 58.3% of parent population accepted it which is more than half; hence, this changing pattern is also in accordance with our study.

Furthermore, there has been a significant increase in the number of outpatient surgical centers and outpatient surgeries, due to simpler and safer procedures; thereby, increasing parental accessibility and familiarity with outpatient general anesthesia. Apart from this, increased use of the internet for information and the trend of medical television shows may have increased exposure and awareness of both general anesthesia and oral premedication (sedation). Changes in medications, with increased safety profiles and efficacy, used for oral premedication (sedation) over the years may also contribute to the rising acceptability. Overall, parents may perceive oral premedication (sedation) and general anesthesia to be less risky, more cost-effective, more comfortable for their children than in the past.^[6,20,21]

Most parents in the present study preferred TSD followed by positive reinforcement to be employed on their children. These findings were consistent with a previous study, in which the most preferred techniques were TSD, positive reinforcement by giving gifts as discussed above, and distraction like audiovisual distractions also as discussed in our study.^[22] Findings were also consistent with a previous study,^[23] which found that most parents preferred an explanation as a proper approach for treating their children.

Most parents in the present study did not prefer HOME than what was expected followed by physical restraint and voice control. These findings were consistent with another study which found physical restraint technique unacceptable by parents; however, the parents accepted GA in emergency dental situations.^[24] The acceptance of general anesthesia and sedation has shown an increase in the present study when compared to other studies conducted on Indian populations.^[7,17] In the present study, parents received explanations on the various BMTs intended to be used by the dentists involved in the research, what may be the reason why parents showed general acceptability toward various

BMTs. This finding is consistent with the finding of the studies conducted previously. The most significant outcome of the study was the increased acceptance of pharmacologic BMTs.

CONCLUSION

From this study, we can conclude that there is a drastic change in the acceptance of various BMTs by parents for the past few decades. At present, the trend of moving into the pharmacological technique of behavior management is showing growth in acceptability among parents. Most of the parents do not prefer any kind of invasive BMTs such as voice control, papoose board, and hand over mouth apart from these many parents readily accepted for TSD technique as this technique is parent and patient-friendly.

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