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Original Research

Awareness and application of behavior management techniques for paediatric dental patients by dental practitioners

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ABSTRACT:

Background: Management of children's behavior is an integral component of pediatric dental practice. **Objective:** To investigate the awareness and application of behavior management Techniques in dentists when attending paediatric dental patients. **Methods:** A cross-sectional study among dental practitioners. Data collection was done through interview using a structured questionnaire. The recorded information included: awareness and application of behavior management techniques (BMT) when attending a child dental patient, socio-demographics, level of professional training, working experience and facility profile. Statistical analysis was performed. **Results:** 50 dental practitioners participated in the study, of whom 30 (60%) were males and 20 (40%) were females. 12(40%) males were aware and 7(35%) females were aware.36(72%) were young and 14(28%) were old.13(56%) of young were aware 7(50%) old were aware.29 were private and were public practitioners.10(34%) of private were aware 9(40%) of public practitioners were aware.Out of 36 young and 14 old 8(22%) and 4(28%) were users.9(30%) males and 5(25%) females were users.8(27%) out of 29(28%).11(36%) of lesser experienced were aware and 8(40%) out of experienced were aware.5(20%) out of 25 BDS were aware and 13(20%) out of 25(52%) MDS were aware. 11(36%) of lesser experienced were users and 8(40%) of experienced were users. 5(20%) out of 25 BDS were users and 13(52%) of MDS were users ($p< 0.05$). **Conclusion:** Many participants were aware of BMTs, although few acknowledged having adequate skills to apply the techniques. They use BMTs during treatment of paediatric dental patients.

Keywords: Behavior Management, Paediatric Dental Patients, BMTs

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INTRODUCTION

Management of children's behavior is an integral component of pediatric dental practice. It is as fundamental to the successful treatment of children as are hand piece skills and knowledge of dental materials in dental practice and it is achieved through application of various Behavior Management Techniques (BMTs). BMTs are a set of procedures aimed at enhancing the child's useful coping skills, achieve complete willing and acceptance of dental care, and ultimately reduce the child's perception that the dental situation is overwhelming or dangerous.

In other words, the techniques are employed by dental practitioners in attending a child dental patient so as to establish communication, alleviate fear and anxiety, facilitate delivery of quality dental care, build a trusting relationship between dentist, child, and parent, and promote the child's positive attitude towards oral/ dental health and oral health care thus cope with and be willing to undertake dental treatment procedures. To date, a wide variety of behavior management techniques are available to dental practitioners namely; tell-show-do, desensitization, modeling, positive reinforcement, voice control, distraction, parental presence/ absence, restrain/protective stabilization, non verbal communication, hand-over-mouth, sedation.

MATERIALS AND METHODS

A cross-sectional study was performed among oral health care providers..At the facilities (dental clinics) all working oral health care providers (dentists BDS or MDS) were invited to participate. A structured English questionnaire specifically designed for the purpose of this study was used to collect information. It included questions that inquired on participants' level of training, year of graduation, working experience, awareness on various BMTs. Sex was recorded as male or female, age in year groups of younger than 30, 30-39, 40- 49, or 50 years and above. The oral health care providers' level of professional training was recorded as (BDS, MDS),experience (>10 years) and less experience (<10 years). The universally applied BMTs included; tell-show-do, desensitization, non-verbal communication, positive reinforcement, modeling and distraction. Those who reported to use more than five of the six universally applied BMTs in their daily practice were considered as users while those reporting infrequent use of the universally applied BMTs were considered non users. Those who know all universal behaviour management techniques were considered as aware others unaware. Chi-square test was used to test for statistical significant associations between dependent and independent variables . The level of statistical significance was determined at $p < 0.05$.

RESULTS

50 dental practitioners participated in the study, of whom 30 (60%) were males and 20 (40%) were females. 12(40%) males were aware and 7(35%) females were aware.36(72%) were young and 14(28%) were old.13(56%) of young were aware 7(50%) old were aware.29 were private and were public practitioners.10(34%) of private were aware 9(40%) of public practitioners were aware.Out of 36 young and 14 old 8(22%) and 4(28%) were users.9(30%) males and 5(25%) females were users.8(27%) out of 29(28%).11(36%) of lesser experienced were aware and 8(40%) out of experienced were aware.5(20%) out of 25 BDS were aware and 13(20%) out of 25(52%) MDS were aware. 11(36%) of lesser experienced were users and 8(40%) of experienced were users. 5(20%) out of 25 BDS were users and 13(52%) of MDS were users

Distribution of practitioner's awareness of universally applied behavior management techniques by participants' demographics and facility characteristics.

		AWARE	UNAWARE	P- VALUE
AGE	YOUNG (36)	13 (56%)	23 (44%)	0.8
	OLD (14)	7 (50%)	7 (50%)	
SEX	MALE (30)	12 (40%)	18 (60%)	0.3643
	FEMALE (20)	7 (35%)	13 (65%)	
TYPE	PRIVATE (29)	10 (34%)	19 (66%)	2.27
OF PRACTICE	PUBLIC (21)	9 (43%)	12 (47%)	

Distribution of practitioner's use of on universally applied behavior management techniques by participants' demographics and facility characteristics.

		USERS	NON USERS	P- VALUE
AGE	YOUNG (36)	8 (22%)	28 (78%)	0.35
	OLD (14)	4 (28%)	10 (72%)	
SEX	MALE (30)	9 (30%)	21 (70%)	0.13
	FEMALE (20)	5 (25%)	15 (75%)	
TYPE	PRIVATE (29)	8 (27%)	21 (73%)	0.008
OF PRACTICE	PUBLIC (21)	6 (28%)	15 (72%)	

Distribution of practitioners' awareness on universally applied BMTs when handling child dental patients by experiences and training.

		AWARE	UNAWARE	P- VALUE
WORKING EXPERIENCE	LESS EXPERIENCE (30)	11 (36%)	19 (64%)	0.2
	EXPERIENCED (20)	8 (40%)	12 (60%)	
TRAINING	BDS (25)	5 (20%)	20 (80%)	11.25
	MDS (25)	13 (52%)	12 (48%)	

Distribution the dental practitioners' use of universally applied BMTs when handling child dental patients by working experiences and training.

		USERS	NON USERS	P- VALUE
WORKING EXPERIENCE	LESS EXPERIENCE (30)	11 (36%)	19 (63%)	0.015
	EXPERIENCED (20)	8 (40%)	12 (60%)	
TRAINING	BDS (25)	5 (20%)	20 (80%)	5.2
	MDS (25)	13 (52%)	12 (48%)	

DISCUSSION

Generally, the results of the current study shows that dental practitioners' awareness on behavior management techniques is high which is a good and encouraging finding for the quality of oral health care. It was seen that males and females were equally aware of the BMT'S. Both young and old dentists were equally aware of the BMT'S. No significant difference was seen in public and private practitioners regarding Awareness of BMT'S. It was seen in our study that both young and old dentists used BMT'S equally. Our findings are contrary to those of **Wright et al**[1] who reported that younger dentists used more BMT'S than older ones. Both males and females use equally BMT'S according to our study. Our findings are in support of the study done by **Wells et al**[2] which says no significant difference is there between and females regarding use of BMT'S. Both lesser experienced and more experienced were aware and used BMTs equally. Our findings are contrary to report given by **Strom et al**[3] which says that undergraduate training on BMTs may not be sufficient. MDS were found to be more aware and more users of the BMTs than BDS and the results was statistically significant. Our results are in support of the study reported by **Folayan and Idehen**[4] that training has a role to play in basic and efficient use of BMTs in managing child dental patients. According to our study both private and public practitioners were aware and used BMTs equally. Our results are in contrary to study conducted by **Juntgen**[5] which states that type of practice influence the utilisation of Behaviour management techniques.

CONCLUSION

Behavior management is broadly agreed to be a key factor supplying dental care for children. Certainly, if a child's behavior in the dental surgery/office cannot be managed then it is not easy if not unworkable to hold out any dental care that is needed. Most participants were aware of BMTs, although few acknowledge having adequate skills to apply the techniques. They use BMTs during treatment of paediatric dental patients.It is essential that any approach to behavioral management for the dental child patient have to be rooted in compassion and a worry for the well-being of each child. A wide diversity of behavioral management techniques are existing to pediatric dentists who must be used as

suitable for the profit of each child patient, and which, significantly, must take into account all cultural, legal and philosophical requirements in the country of dental practice of each dentist concern with dental care of children.

REFERENCES

1. Wright FA, Giebartowski JE, McMurray NE. A national survey of dentists' management of children with anxiety or behavior problems. Aust Dent J 1991; 36: 378-83.
2. Wells M, McTigue DJ, Casamassimo PS, Adair S. Gender shifts and effects on behavior guidance. Pediatr Dent 2015; 36: 138-44.
3. Strøm K, Rønneberg A, Skaare AB, Espelid I, Willumsen T. Dentists' use of behavioural management techniques and their attitudes towards treating paediatric patients with dental anxiety. Eur Arch Paediatr Dent 2015; 16(4): 349-55.
4. Folayan MO, Idehen E. Factors influencing the use of behavioral management techniques during child management by dentists. J Clin Pediatr Dent 2004; 28: 155-61.
5. Juntgen L, Sanders B. Factors influencing behavior guidance: a survey of practicing pediatric dentists. Pediatrics 2013; 35(7): 539-45.
6. Pinkham JR. Behavioral themes in dentistry for children: 1968- 1990. ASDC J Dent Child 57: 38-45.
7. Oliver K, Manton D. Contemporary behavior management techniques in clinical pediatric dentistry: out with the old and in with the new? J Dent Child 2015; 82(1): 22-8.
8. Crossley ML, Joshi G. An investigation of paediatric dentists attitude towards parental accompaniment and behavioural management techniques in the UK. Br Dent J 2002; 192: 517-21.
9. American Academy on Pediatric Dentistry Clinical Affairs Committee- Behavior Management Subcommittee; American Academy on Pediatric Dentistry Council on Clinical Affairs. Guideline on behavior guidance for the pediatric dental patient. Pediatr Dent J 2015; 30: 125-33.
10. Rogers CR. A theory of therapy, personality, and interpersonal realtionships, as developed in the client-centered framework.Psychology: A Study of a Science, Formulations of the Person and the Social Context, In: Koch S, ed. New York: McGraw-Hill, 1959; p. 199.
11. Strange D. The evolution of behavior guidance: a history of professional, practice, corporate and societal influences. Pediatr Dent 2014; 36(2): 128-31.
12. Carr K, Wilson S, Nimer S, Thornton J. Behavior management techniques among pediatric dentists practicing in the southeastern United States. Pediatr Dent 1999; 21(6): 347-53.
13. Oredugba FA, Sanu OO. Behavior Management Techniques Employed by Nigerian Dentists for their Child Patients. Pesqui Bras Odontopediatria Clin Integr 2009; 9: 271-6.
14. Folayan MO, Idehen E. Factors influencing the use of behavioral management techniques during child management by dentists. J Clin Pediatr Dent 2004; 28: 155-61.
15. Peretz B, Glaicher H, Ram D. Child-management techniques. Are there differences in the way female and male pediatric dentists in Israel practice? Braz Dent J 2003; 14: 82-6.
16. Sharath A, Rekka P, Muthu MS, Rathna Prabhu V, Sivakumar N. Children's behavior pattern and behavior management techniques used in a structured postgraduate dental program. J Indian Soc Pedod Prev Dent 2009; 27: 22-6.
17. Grewal N. Implementation of behavior management techniques: how well accepted they are today. J Indian Soc Pedod Prev Dent 2003; 21: 70-4.
18. Abushal M, Adenubi J. The use of behavior management techniques by dentists in Saudi Arabia: a survey. Saudi Dent J 2000; 12(3): 129-34.
19. Ajlouni O, Al-Moherat F, Habahbeh R. Behavior Management Techniques among Jordanian Pediatrics Dentists. J RMed Serv.
20. Adair S, Schafer T. Age and gender differences in the use of behavior management techniques by pediatric dentists. Pediatrics 2007; 29(5): 403-8.