# International Journal of Pharmaceutical Research and Applications Volume 6, Issue 1 Jan-Feb 2021, pp. 181-189, www.ijnrajournal.com

Volume 6, Issue 1 Jan-Feb 2021, pp: 181-189 www.ijprajournal.com ISSN: 2249-7781

# Assessment of feelings and attitudes of pedodontic patients towards their dentists

## Deeksheetha.P. Dr.Ganesh

Bds undergraduate Saveetha dental college and hospital, Chennai, India. Dept. Of pedodontics Saveetha dental college, chennai, India.

Date of Submission: 10-1-2021 Date of Acceptance: 22-01-2021

**ABSTRACT: Aim:** This research is maimed at assessing the feelings and attitudes of children towards dentists and its association with dental treatment

**Objective:** The main objective of this research is to asses the feelings and attitudes of children towards their dentists and towards dental treatment. **Materials and methods:** A questionnaire designed to evaluate the attitudes of children toward dentists and preferences is to be given to 100 children from ages 7 to 17 visiting Saveetha dental college and hospitals.

Background: It is important for dentists to establish a friendly relation- ship with patients, especially children, to reduce patient fear and achieve efficient dental treatment. Children who have positive interactions with their dentist will be less likely to develop a fear of dentists and will experience less anxiety. As a result, they will be more likely to visit the dentist and will have better dental health. In this study the attitude of children towards their dentists is assessed along with its association with the oral health of the patient.

**Reason:** Fear of dentists and dental treatment has become a major hindrance in delivery quality treatment especially in children. Hence, understanding their perception and attitude towards dentists and dental treatment can aid in providing a better treatment.

**Keywords:** Dental treatment, anxiety, Pedodontic patients, attitude of children, perception.

## I. INTRODUCTION:

The children who visit the dental practice are mostly uncooperative, and the main reason for this occurrence is had a bad past with dental treatments had been threatened by their parents using dental treatment. [1] And due to this reason children have a pre occupied impression about dentists and doctors in general. These management difficulties are related not only to the technical procedures involved, but also to the different emotional upsets experienced by children.[2] The

most common emotional upsets seen during dental treatment are anxiety and fear, which might originate from a previous traumatic experience in the dental office or during hospitalisation for other reasons. [1,3]

Dental anxiety and fear of dental treatment in children are recognised in many countries as a public health dilemma. The terms dental fear and dental anxiety are often used synonymously and are considered to be the main reason for behaviour management problems and avoidance of dental care.[1,3]. These problems sometimes require replacement of conventional treatment with more complicated alternatives, such as sedation or general anaesthesia. A child's fear towards dental treatment is a huge barrier in providing quality dental treatment. [4]. Child rearing styles have changed in late decades. Dentists are looked with challenges from the rising number of kids who a considerable measure of times are badly prepared, the aptitudes and self-control important to manage novel encounters in the dental office.[5]. Ordinarily, parental desires for the kid's conduct, like no tears, are impracticable, however desires for the dental specialist who steer their conduct are huge. A few guardians may even endeavour to manage treatment, however their liberal of the strategy is deficient. Powerful correspondence with all the more difficult guardians speaks to a shot for the dental specialist to go warily finished conduct and treatment choices and together fix on what is in the kid's finest advantages.[6].

It is important for dentists to establish a friendly relationship with patients, especially children, to reduce patient fear and achieve efficient dental treatment. Sitting on a dental chair under bright lights and hearing the noise coming from the equipment can be an unpleasant experience for children. A paediatric dental office should be designed in such a way that children can feel comfortable as they wait for their appointment.[7].Children who have positive interactions with their dentist will be less likely to

develop a fear of dentists and will experience less anxiety. As a result, they will be more likely to visit the dentist and will have better dental health.[8]. The main aim of this study is to assess the attitude and feelings of pedodontic patients towards their dentist.

## **Materials and Methods:**

The study sample consists of 100 pedodontic patients between ages 7 and 16 visitingSaveetha dental college and hospitals, Chennai. A questionnaire was given to them, that would assess their attitude and feelings towards their dentists. A consent form was obtained from their parents if the child's picture was taken.

## **Questionnaire:**

- 1) Have you ever visited a dentist before? A)yes
- B)No
- 2) If yes, how was your visit to the dentist?
- A)Liked it
- B)Did not like it
- 3) How did you feel during the dental treatment?
- A) scared
- B) happy
- C) painful
- 4. Is there a physician in your family?
- A) Yes
- B)No
- 5. How did your sibling feel when he/she visited the dentist?

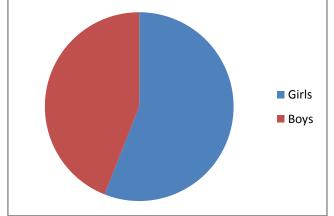
- A)Liked it
- B)Did not like it
- 6. Do you prefer to be treated by a female or a male dentist?

ISSN: 2249-7781

- A)Female
- B)Male
- 7. Have your parents ever had fear of dental treatment or a bad history with dental treatment? A)Yes
- B)No
- 8. Have your parents threatened you with dental treatment?
- A)Yes
- B)No
- 9. Are you scared about your visit to the dentist?
- A)Yes
- B)No
- 10. Did your past dental treatments hurt?
- A)Yes
- B)No
- 11) Do you prefer the dentist wearing a colour coat or a white coat?
- A)White coat
- B)Colour coat
- 12) Do you like your dentist?
- A) Yes
- B)No. [1,2]

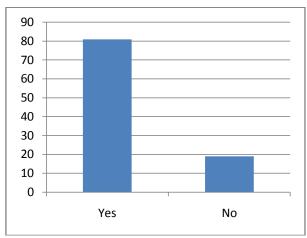
## II. RESULTS:

## Distribution of the research participants according to gender:

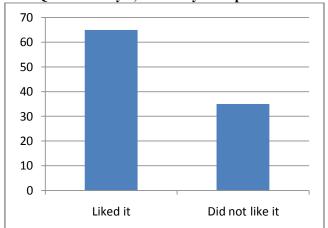


Question 1: Have you visited the dentist before?

ISSN: 2249-7781



Question:2 If yes, how was your experience?

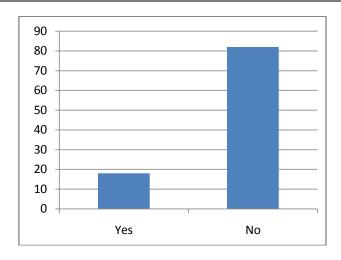


Question: 3 How did you feel during the dental treatment?

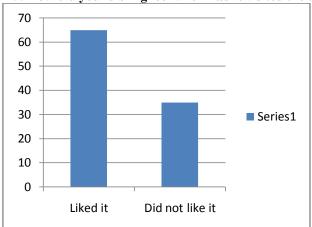


Question 4: Is there a physician in your family?

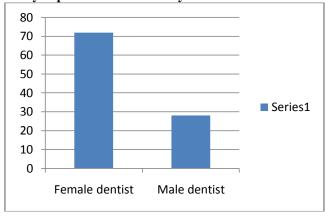
ISSN: 2249-7781



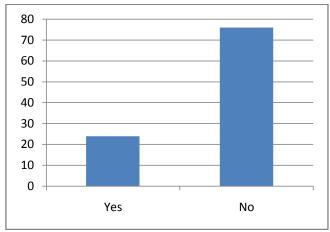
Question 5: How did your sibling feel when he/she visited the dentist?



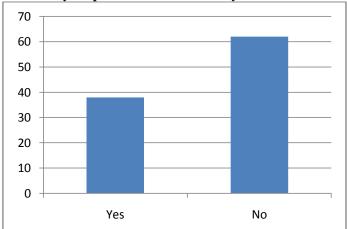
Question 6: Do you prefer to be treated by a female dentist or a male dentist?



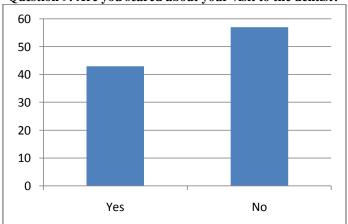
Question 7: Have your parents ever had fear of dental treatment or a bad history with dental treatment?



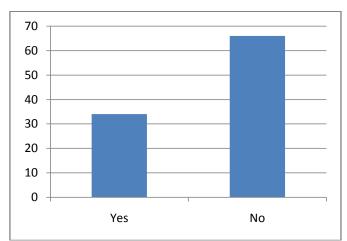
Question 8: Have your parents ever threatened you with dental treatment?



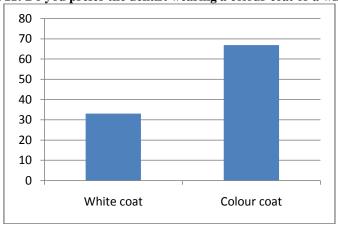
Question 9: Are you scared about your visit to the dentist?



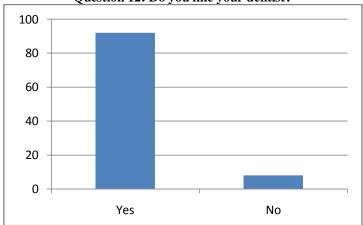
Question 10: Did your past dental treatments hurt?



Question 11: Do you prefer the dentist wearing a colour coat or a white coat?



Question 12: Do you like your dentist?



Different types of fears in children from infants through adolescents: [7].

Age	Type of fear
0-6 months	loud noises; loss of physical support
6-18 months	strangers; unknown situations; separation from parents; sudden and unexpected objects
2-3 years	animals; darkness; imaginary creations



Volume 6, Issue 1 Jan-Feb 2021, pp: 181-189 www.ijprajournal.com ISSN: 2249-7781

3-6 years	darkness; storms; loss of close persons; body injuries
6-10 years	school; concern; darkness; body injuries and physical
	danger; loneliness; insects; supernatural beings.
10-12 years	socialisation; physical appearance; thunders and
	lightning
13-18 years	socialisation; rejection from surroundings; physical
	appearance

#### III. DISCUSSION:

This study consists of 100 children out of whom 56 were girls and 44 were boys as shown in the Graph 1. Graph 2 shows that most of the percentages of children 81% have visited a dentist before, and a percentage of 65%( Graph 3) liked their experience. About 45% of the children had a happy experience while 32% were scared and about 22% had a painful experience.(Graph 4) Only about 18% had a physician in their family. (Graph 5). About 65% reported that their siblings liked it when they visited their dentist.(Graph 6). 72% of children preferred female dentist to male dentists.(Graph 7.) 24% of the children's parents had a bad experience or a bad history with dental treatment. (Graph 8). 37% children were threatened using dental treatment by their parents.(Graph 9). About 42% were scared about their visit to the dentist. (Graph 10). A majority of 62% told that their past dental treatments did not hurt.(Graph 11). 65% of the children preferred colour coats to white coats. (Graph12). And 92% of the children liked their dentist. (Graph 13).

In this research factors like past dental visits, effect of parental anxiety or fear of dental treatment, along with induced fear of dental treatments by the parents, were assessed. A few children were scared about their dentist due to past bad experiences or due to their sibling's bad experience, or most of the time they lacked knowledge about the treatment, which was the main cause of fear of dental treatment. As a child grows, fears appear in every period until start of puberty, can be directly or indirectly related to the contents of dental office (the environment, personnel, sounds, noises and smells, instruments, pain, etc.). [Table 1]. [7]. Children with physicians in their families were more open and co operative to the dental treatment and towards their dentist. A qualitative relationship between the therapist, parents and the child patient should be established for a successful dental treatment.[9,10]. It is obvious that every member of this partnership has equal duties for fulfilling the goal of oral health preservation, as well as administering every kind of dental procedures to any dental patient. The parents

have to be aware that their actions are of the most importance and that they begin even before child birth.[11] Future parents, especially the future mother, have to be introduced on time with the risks of cariogenic bacteria transmission to infants with the preventive administering in pregnancy and after birth. The characteristics related to dentists are their own appearance (mostly white uniform), the way of their behaviour during dental treatment, as well as paying attention to existence of a need for behaviour and pain control management techniques administration in child patients during dental treatment. [12,13]. Today especially the child patients have need and every right to underwent to appropriate behaviour and pain management control techniques administration during dental treatment. [14] The dental practitioner is the only responsible person (but also the most responsible one) who has to judge properly and timely which of these methods has to be applied in the clinical circumstances, starting from everyday use of nonpharmacological methods (for example tell-showdo approach, distraction, gradual desensitisation) to rarely indicated dental treatments in general anaesthesia. [14,15,16]

The majority of children liked their first visit to the dentist which was similar to the results obtained by AslJ PatJr MünevveroLlu, Beyza BallJ Akgöl, and TuLba Erol, [1] AlSarheed [4] and Mittal and Sharma [2]. According to Mittal and Sharma, younger children had negative perception of dental treatments compared to the older children. Physical appearance affects a child's perception towards a person, the white coat gives a sense of security but in this study the children preferred colour coats to white coats which was similar to the results obtained by AslJ PatJr MünevveroLlu, Beyza BallJ Akgöl, and TuLba Erol, [1]. According to the study done by Mistry and Tahmassebi there was a significant difference over the preference of female and male dentists according to the genders, while the girls preferred female dentists and the boys preferred male dentist, in our story the majority preferred female dentists which was similar to the results obtained by AslJ PatJr



Volume 6, Issue 1 Jan-Feb 2021, pp: 181-189 www.ijprajournal.com

MünevveroLlu, Beyza BallJ Akgöl, and TuLba Erol, [1]

## **IV. CONCLUSION:**

The study was concluded that children perceive according to what they see and hear for the first time. Hence, with children the first impression should be the best impression, because that can cause them to have a positive or a negative approach towards dental treatment. A comfortable environment for both the child and the dentist helps in delivering a quality dental treatment. The study concluded that the children have a strong preference towards the appearance of the health care provider and external factors like parental anxiety or past threats about dental treatment by their parents affected the attitude of the children towards dental treatment. All health care and dental care providers should understand the child's perception and proceed accordingly instead of traumatising the child to achieve a quality dental care.

## **REFERENCES:**

- [1]. ASLJ PATJR MÜNEVVEROLLU et al, Assessment of the Feelings and Attitudes of Children towards Their Dentist and Their Association with Oral Health, 2014, Istanbul correspondence.
- [2]. SANGEETHA, VINAY KUMAR, Evaluation of the perception and attitude of children towards their dentist: an explanatory study. IJPCDR.
- [3]. R. MITTAL, M.SHARMA, "Assessment of psychological effects of dental treatment on children," Contemp Clinic Dent, 2011, vol. 3, supplement 1, pp. S2–S7.
- [4]. M. ALSARRED, "Children's perception of their dentists," European Journal of Dentistry, 2011,vol. 5, no. 2, pp. 186–190.
- [5]. K. Salem, M. KOUSHA, et al., "Dental fear and concomitant factors in 3-6-year-old Children," Journal of Dental Research, Dental Clinics, Dental Prospects, 2012, vol. 6, no. 270, 74 pages.
- [6]. W. A. BRILL, "The effect of restorative treatment on children's behaviour at the first recall visit in a private pediatric dental practice," The Journal of clinical pediatric dentistry, 2002, vol. 26, no. 4, pp. 389–393.
- [7]. E. BAJIRIC et al, Factors that determine child's behaviour during dental treatment, Balkan journal of dental medicine, 2016, vol 45 no pp 331-335.

[8]. S. LAHTTI, H. TUUTTII, and E. HONKALA, "The relationship of parental dental anxiety and child's caries status," ASDC journal of dentistry for children, 1989,vol. 56, no. 3, pp. 191–195.

ISSN: 2249-7781

- [9]. D. Q.TAANI, S. S. EL-QUADDERI, and E. S. ABU ALHALIJJA, "Dental anxiety in children and its relationship to dental caries and gingival condition," International journal of dental hygiene, 2005, vol. 3, no. 2, pp. 83–87.
- [10]. A.GUSTOFSSON, "Dental behaviour management problems among children and adolescents—a matter of understanding? Studies on dental fear, personal characteristics and psychosocial concomitants," 2007, Swedish Dental Journal, vol. 202, pp. 2–46.
- [11]. A. GUSTAOFSSON, K. ARNRUP, A. G. BROBERG, L. BODIN, and U. BERGERRN, "Psychosocial concomitants to dental fear and behaviour management problems," 2010, International Journal of Paediatric Dentistry, vol. 17, no. 6, pp. 449–450
- [12]. I. ALEVESALO, H. MURATOMMA, P. MILGROM, A. HONKAEN, M. KARANJALIN, and K. M. TAY, "Dental Fear Survey Schedule: a study with Finnish children,"1993,International Journal of Paediatric Dentistry, vol. 3, no. 4, pp. 193–198.
- [13]. WHO,Oral Health Surveys: Basic Methods, 1997, Geneva, Switzerland, 4th edition.
- [14]. D.MISTRY, and J.F.TAHAMASSEBI, "Children's andparents' attitudes towards dentists' attire," European Archives of Paediatric Dentistry, vol. 10, no. 4, pp. 237–240, 2009.
- [15]. J.J.MCCARTHY, M.C.MCCARTHY, and R.E. ELIERT, "Children's and parents' visual perception of physicians," Clinical Paediatrics, 1991. vol. 38, no. 3, pp. 145–152.
- [16]. H. KLEIN, "Psychological effects of dental treatment on children of different ages," Journal of dentistry for children" vol. 34, no. 1, pp. 30–36, 1967.
- [17]. M. N. OPPENHEIM and S. N. FRANKL, "A behavioural analysis of the preschool child when introduced to dentistry or hygienist," Journal of Dentistry for Children,1971. Vol. 38, pp. 317–325.



Volume 6, Issue 1 Jan-Feb 2021, pp: 181-189 www.ijprajournal.com ISSN: 2249-7781

- [18]. E. R. SCHULMAN, and W. T. BREHM, "Dental clinical attire and infection-control procedures: Patients' attitudes," Journal of the American Dental Association, vol. 132, no. 4, 2001, pp 508–516.
- [19]. MANAL.A et all; Children and parental preference of dental attire in paediatric dental practice; Pakistan oral and dental journal, volume 36 July.
- [20]. HARENDAR SINGH et al, Techniques for the Behaviours Management in Pediatric Dentistry, International journal of scientific study, October, Vol 2.
- [21]. WILLIAM LAWRENCE et al, Paediatric Dentistry, American Academy of Paediatric Dentistry Guidelines for behaviour management. 1998;20:27-32.