

Attitude of General Dentist in Providing Dental Healthcare to Children – Isolating the Challenges

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Abstract

Context: Pediatric patients are one of the most challenging groups of patients to provide treatment. This can be attributed to their volatile personality and psychology. **Aims:** This study tries to determine if the nonpediatric dentist feels apprehension/discomfort in providing dental care to children and to determine what aspect of treatment is most stressful. **Settings and Design:** The study was conducted as a cross-sectional study using a questionnaire containing eight questions to evaluate the attitude and eight questions to evaluate the challenges faced by a general dentist in treating child patients. **Subjects and Methods:** A total of 100 dental surgeons were selected randomly using stratified sampling methods, among which 18 were MDS and 82 were BDS from specialties other than pedodontics. **Statistical Analysis Used:** The data collected were computed and analyzed using IBM-SPSS 19. Descriptive statistics was used; the absolute and percentage frequencies were obtained for data analysis. **Results:** Out of the dentists evaluated, 46% were apprehensive in providing treatment to children. Among dentists with experience 5 years and less, 67% were found to be apprehensive, whereas only 33% were apprehensive among dentists with >5-year experience. **Conclusions:** A significant percentage of nonpediatric dentists were apprehensive toward treating pediatric patients.

Keywords: Attitude, general dentist, pediatric patient

INTRODUCTION

Having good oral health is very important for a good physical, psychological, and social well-being. All people irrespective of age, socioeconomic status, and occupation deserve a good oral health and right to seek oral health care services.

Children are one of the groups who are most vulnerable to dental problems. They are often pampered with sweets, their dental health is prone to be neglected, increased chance for injuries due to their active lifestyle, and sometimes unable to find dental healthcare providers capable of working through their behavioral immaturities and shortcomings.

Pediatric patients have an ever-changing personality and oral anatomy; they are easily affected by their surroundings. Young children often turn up for treatment at an age where they are only starting to understand the “why” of things and when rational thinking has not developed yet. This often leads to fluctuating temperament and obedience. In situations like this, stress often falls on the behavior management aspect of providing pediatric oral health care. Moreover, as each child is a different entity with his/her own likes and dislikes, fears

and anxieties, needs and passions, behavior management techniques also will have to change from child to child, combine along with these the other aspects of children such as smaller stature, hyperactiveness, and short attention span we face with a real challenge.

Since the number of general dentists hugely outnumbers the specialists, they are often interacting more with children, and as a result, more stress falls on their attitude toward treating pediatric patients. Doubt in one’s capabilities can prevent even a good practitioner from treating patients with challenging problems.

This study aims to determine whether the nonpediatric dentist (BDS and MDS in specialties other than pedodontics) feels apprehension/discomfort in providing dental care to children and if so, which aspect of treatment they feel as being challenging.

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SUBJECTS AND METHODS

Methods

Ethical approval was obtained from the University Ethics Committee (Ref: DrMGRDU/TMDCH/2015-16/2811004). The study was conducted by The Department of Pedodontics and Preventive Dentistry, Thai Moogambigai Dental College and Hospital, Chennai, Tamil Nadu. A total of 100 practicing dental surgeons were selected randomly using stratified sampling methods.

Inclusion criteria

Both undergraduate and postgraduate dentists with private clinical practice were included in the study.

Exclusion criteria

Pediatric dentists were not included in the study.

Questionnaire

The study was conducted using a questionnaire containing two parts.

- Part 1 consisting eight self-explanatory questions to determine apprehension and each question carried a point toward either +/- response. Individuals obtaining a positive score <5 were assigned as apprehensive
- Part 2 containing eight questions to determine the hurdles faced to providing treatment.

Statistical analysis

The data collected were computed and analyzed using IBM SPSS Statistics for Windows, version 19 (IBM Corp., Armonk, N.Y., USA). Descriptive statistics was used; the absolute and percentage frequencies were obtained for data analysis.

RESULTS

Among the 100 surveyed dentists, 18 were MDS from specialties other than pedodontics and 82 were BDS.

Among the dentists surveyed, 59% were males and 41% were females.

Out of the dentists surveyed, 37% had experience 5 years and less.

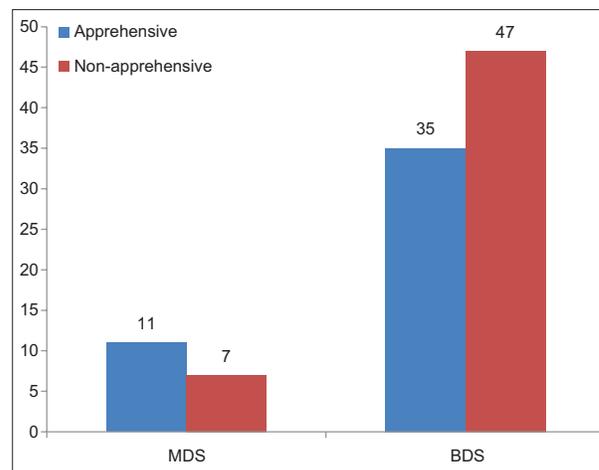
The responses to the first eight questions were graded as +ve or -ve.

Those scoring <5 +ve responses were considered apprehensive.

Out of the dentists evaluated, 46% were apprehensive in providing treatment to children.

When studying the influence of experience on the attitude of a dentist, 67% of dentists having experience of 5 years and less were found to be apprehensive whereas only 33% of dentists were apprehensive among the group with >5-year experience.

Out of the total 18 MDS practitioners, 11 were apprehensive toward treating children [Graph 1].



Graph 1: The distribution of apprehensive and nonapprehensive dentist among postgraduate and graduate dentists.

Out of the total 82 BDS practitioners, 35 were apprehensive toward treating children [Graph 1].

From the first eight questions to determine attitude, the responses obtained are in Table 1.

For the remaining eight questions to isolate the challenges, the responses obtained are in Table 2.

DISCUSSION

This cross-sectional study was carried out to assess the attitude of general dentist in providing dental healthcare to children. A self-administered questionnaire was used in the study which was distributed personally to 100 nonpediatric dentists with clinical practice.

There are very few studies that have been conducted regarding the attitude of the nonpediatric dentist toward treating pediatric patients. This study found out that almost half (46%) of the dentists who participated in the study turned out to be apprehensive toward providing children oral healthcare.

A healthy deciduous dentition impacts proper speech, proper nutrition, self-confidence, and future alignment of permanent teeth. If a general dentist is apprehensive in providing treatment to a child patient as found by this study, it can lead to children not receiving the maximum benefit of available treatments and preventive technologies. Preventive techniques such as pit and fissure sealants^[1] and remineralization of early carious lesions can often prevent unwanted pain and future need for more invasive endodontic therapy; however, an apprehensive dentist might not make use of them.

Seale and Casamassimo^[2] were of the opinion that lack of specialized training was responsible for the decreased care of young children by general dentists.

A higher percentage of postgraduate dentists were uncomfortable in providing treatment to children; this could

Table 1: Responses obtained to questions 1-8

Question number	Question	Response (%)
1	Treat pediatric patients in clinic	Yes (96) No (4)
2	Treatment by	Only consultant (60) Self and consultant (40)
3	Enjoy treating children	Yes (47) No (53)
4	Treating children is stressful	Yes (59) No (41)
5	Restore asymptomatic dental caries	Yes (75) No (25)
6	Treat uncooperative children with other patients present in clinic	Yes (13) No (87)
7	Parent involved in behavior management	Always (60) Selective (40)
8	Counsel parents against extraction of a restorable tooth	Yes (93) No (7)

Table 2: Responses obtained to questions 9-16

Question number	Question	Response (%)
9	Most challenging aspect	Behavior management (83) Physical strain (14) Parent attitude (2) Financial feasibility (1)
10	Most difficult procedures	Giving local anesthesia (59) Cavity preparation (32) Isolation (8) Impression making (1)
11	Most challenging age group	3-5 years (85) 6-8 years (11) 9-12 years (4) Above 12 years (0)
12	Stopped treatment midway	Yes (56) No (44)
13	Stopped treatment for which reason	Uncooperative behavior (43) Procedural error (0) Parent interference (11) Fatigue (2) Not available (44)
14	Most challenging dentition stage	Deciduous dentition (40) Mixed dentition (60) Permanent dentition (0)
15	Preferred procedure on the 1 st visit	Prescribe medication (63) Scaling (24) Emergency extraction (6) Restoration (7)
16	Most difficult behavior in a child	Crying (65) Temper tantrum (18) Talkativeness (6) Stubborn (11)

be attributed to them acclimated to treating a particular category of patients.

Dentists with experience were more willing to provide care for children when compared to those with less overall clinical experience. This could be because of the better exposure, observational learning, and maturity that every dentist gains with experience.

A majority of dentists who participated in the study preferred to have a consultant to treat the patient; this could be due to lack of self-confidence or the honorable intentions of providing a better standard of treatment.

Most practitioners did not want to treat a child patient in the presence of other patients; this can be attributed to the fact that children can be loud and treating and uncooperative child might create an unpleasant atmosphere in the clinic, wherein it might scare patients in the waiting room. This, however, is no reason to deny treatment to a child patient in pain and the issue can be circumvented by providing a child-friendly atmosphere and sound isolation through proper designing of the clinical setup.

A study by McQuistan *et al.*^[3] has shown that nearly 50% of general dentists often or always referred children younger than 3 years to pediatric dentists. Dentists who enjoy treating children are more likely to have properly equipped offices to treat them.

Almost all the dentists surveyed in the study were willing to give proper guidance to parents even if the treatment plan was contradictory to what the parents wanted.

A similar study by Rich *et al.*^[4] found out that only 40.4% of the dentists surveyed reported that they were well prepared to treat child patients and only 33.4% indicated that they had enough clinical experiences to prepare them well to treat children.

The current study found that general dentists were most reluctant toward treating children between the ages of 3–5 years; a similar study by Garg *et al.*^[5] who did not treat pediatric patients did so due to discomfort in interacting with small children, uncooperative behavior, and insufficient reimbursements.

As similar to the results of the present study, a study by Lee *et al.*^[6] to isolate the barriers in preschool children receiving treatment found higher level of apprehension among general dentist when compared to pediatric dentist. Lee *et al.* also reported that higher number of general dentists claimed treating pediatric patients to be troublesome and stressful.

Mathews *et al.*^[7] also did a similar study and concluded that time consumption and financial constraints were the major barriers in children receiving treatment. Furthermore, the authors said that dental education affected the attitude and professional behavior of practitioners toward treating children.

Limitations of study

The current study was conducted restricted to a single city with a small sample size of 100, and since it is a cross-sectional study, it cannot establish a cause–effect relationship. A more elaborate study including multiple cities and with comparable

number of postgraduate and undergraduate dentist would yield better results.

CONCLUSIONS

The importance of deciduous dentition is often underplayed. Untreated pathologies of deciduous dentition can lead to many unwanted consequences involving the permanent teeth and orofacial structures. A significant percentage of nonpediatric dentists surveyed were found to have an unfavorable attitude toward treating pediatric patients; as such, it is essential to provide frequent workshops and training to the private practitioner to better educate and improve their attitude on treating pediatric patients.

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Conflicts of interest

There are no conflicts of interest.

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