

Influence of different parenting styles on dentist's treatment plan

ABSTRACT:

Every paediatric dentist desires to treat their patients in a stress and anxiety free environment. All steps including diagnosis of the condition, explaining the existing dental status to the patient and treatment planning are based on the mental attitude of the patient and how the dentist reciprocates it. The aim of this study is to evaluate the influence of different parenting styles on the dentist's treatment plan. A convenience sample size of parent-children pairs were selected as participants. Analysis of the mental attitude of the parents was carried out from the very first instant the parent-child pair walked in the dental office. The parents were classified into the four categories of parenting styles which are, authoritarian, authoritative, permissive and uninvolved. 83% of the parents accepted the treatment plan without any signs of hesitation or doubt; whereas 17% of the parents denied the treatment option suggested by the dentist or accepted after lots of questions and hesitation. Parenting styles has no influence on dentist's treatment plan. Parenting styles cannot be used efficiently to classify parental mentality in pediatric dentistry.

INTRODUCTION:

Pediatric dentistry stands out from general dental practice by its exclusivity of having children as their patient population. Every paediatric dentist desires to treat their patients in a stress and anxiety free environment. In order to achieve this, experimentally learned skills have to be implemented by the dentist to render a high quality dental care (Corah et al. 1988). A good treatment depends on each and every move of the dentist starting right from diagnosis (Belting 1956). All such steps including diagnosis of the condition, explaining the existing dental status to the patient and treatment planning are based on the mental attitude of the patient and how the dentist reciprocates to it (Feigal 2001). However, pediatric dentistry involves patients whose psychological development is not as it is in adults and hence the dentist has to deal with another person, a parent or a guardian to discuss and construct the treatment plan followed by execution of it (Menzies and Christopher Clarke 2013). Each and every response given by the parents affect the treatment planning directly or indirectly (Tarini, Lozano, and Christakis 2009; Viswanath et al. 2020; Krikken and Veerkamp 2008, Nimbulkar et al 2020). Parental attitude towards the dentist and his/her treatment plan have to be studied and anticipated in a right way to provide an unawkward treatment (Tsoi, Wilson, and Thikkurissy 2018) environment (Wright 1987). There is a classification already in the literature on different parenting styles. The aim of this study is to evaluate the influence of different parenting styles on the dentist's treatment plan.

METHODOLOGY:

This cross-sectional study was conducted in the Department of Pediatric and preventive dentistry, Saveetha dental college and hospitals, India between September 2020 and January 2021. A convenience sample size of parent-children pairs were selected as participants. All the participants were analysed by a single examiner. The age of the children were kept within a range of 4 to 11 years of age. Analysis of the parenting style of the parents was carried out from the very first instant the parent-child pair walked in the dental office. The parents were classified into four categories of parenting styles- authoritarian, authoritative, permissive and uninvolved. The parenting style of the parents were examined by interacting with them and by asking a few questions on the way they raise their children and how they spend time with them.

The parental acceptance of the treatment plan suggested by the dentist was compared between the parents with different parenting styles. Statistical analysis was done using SPSS software (IBM version 23). Chi-square test was used to determine the statistical significance.

RESULTS:

A total of 100 pediatric dental patients-parent pairs were examined. 68% of the patients required invasive treatment like pulp-therapy and extractions. 32% of the patients required minimally invasive treatments like restorations(Fig 1). 83% of the parents accepted the treatment plan without any signs of hesitation or doubt; whereas 17% of the parents denied the treatment option suggested by the dentist or accepted after lots of questions and hesitation (Fig 2). Acceptance and denial of treatment options was distributed throughout the parenting styles and it was not statistically significant ($P>0.05$).

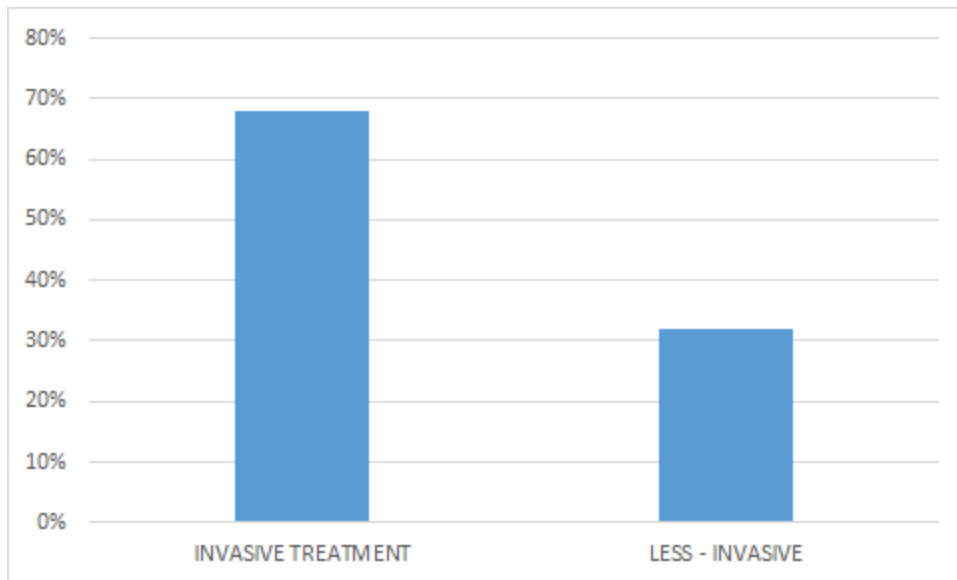


Fig 1: Distribution of patients requiring invasive and less invasive treatments.

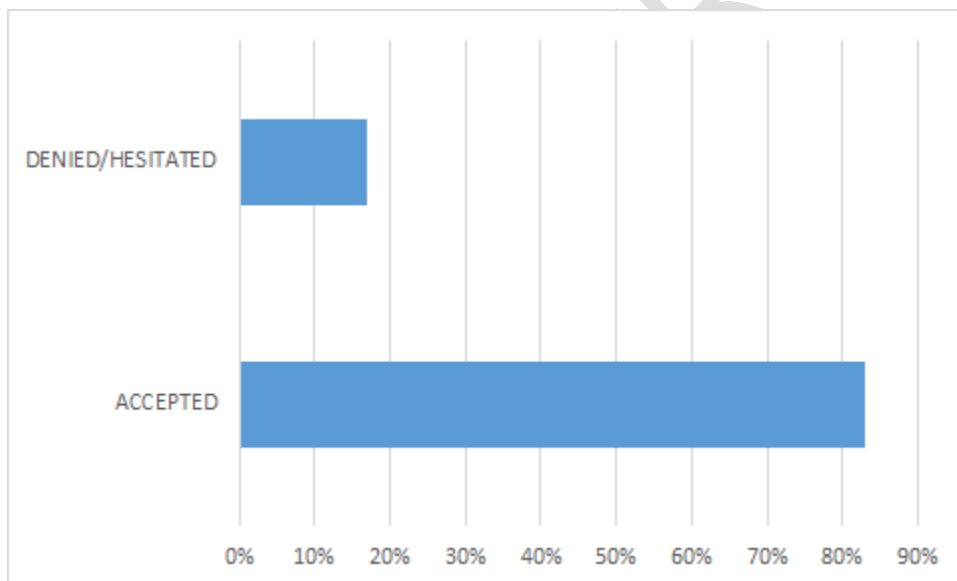


Fig 2: Distribution of parents who accepted or denied the dentist's treatment plan

DISCUSSION:

Parental acceptance for a treatment is an essential factor in pediatric dentistry as the pediatric dental patient lacks the ability to think and give consent for his/her own treatment (Lawrence et al. 1991). According to the pedodontic treatment triangle(Öz and Kırzioğlu 2018), a pediatric dentist has to deal with the parents in addition to the patient which is a tedious yet important aspect of the treatment(“Influence Of Parenting Styles On Child Behaviour And Anxiety In A Dental Setup- A Cross Sectional Study” 2020)(Sumargi, Prasetyo, and Ardelia 2020). As there are no specific classification existing in pediatric dentistry to classify the mentality in which the parents of pediatric dental patients interact with the dentist, in this study we evaluated the influence of four different parenting styles (Spera 2005) on the treatment plan suggested by the dentist by which we can categorize the mentality of each parent towards the pediatric dentist and his treatments plan.

Authoritative parents are those who are demanding of their children (Aunola and Nurmi 2005). They are very sensitive and responsive over their children and never let them think or act on their own. Authoritarians are those who are almost similar to authoritative parents except they are rude and punitive to their kids (Leung, Lau, and Lam 1998). In today’s world authoritative parents are generally accepted by psychologists to an extent but authoritarian style of parenting is unhealthy to the children and affects them psychologically. Permissive are those who don't enforce limits on their children but at the same time they will be sensitive and responsive (Kopko 2007)(Jain et al. 2019)(Hosey and Blinkhorn 2009). This is the most accepted and advised parenting style among the others according to psychologists and children. Uninvolved or neglectful parenting is the one which is too deleterious for the children and the parents are very aversive towards their children and they don’t show any love or affection(Talen 2009)

In this study, all the parenting styles were observed and their acceptance or rejections of treatment options were compared. No significant difference was found among the various parenting styles regarding the dentist's treatment plan. This is because parenting style depicts the way the parents raise their children and interact with them. It has nothing to do with the way the parents react to a dentist in a dental office for the treatment of their children. Parents' mentality towards the dentist is based on their level of concern over their children's oral health, their understanding and awareness about dental treatments in general. Parenting styles cannot be used efficiently to classify parental mentality in pediatric dentistry. A novel classification exclusively classifying parental mentality in pediatric dentistry is the need of the era.

CONCLUSION:

- Parenting styles has no influence on dentist's treatment plan
- Parenting styles cannot be used efficiently to classify parental mentality in pediatric dentistry.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. There is absolutely no conflict of interest between the authors. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

Ethical Approval:

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

Consent

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

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