

Children's Perception About Dental Care in Patients Attended at Ceulp-Ulbra School Clinic

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Abstract

The dental care of children is an area that requires special attention. The dental visit, even in the early years of life, allows the child to have, early on, greater contact and familiarity with the dental environment, thus having the possibility to learn new habits in addition to positive experiences with regard to oral health. Thus, it is extremely important to know the view of children about the dental care provided by the institution CEUPL-ULBRA. We randomly selected children aged 3 to 11 years, 13 males and 8 females. Data collection was performed through interviews and story-design after the service, as well as analysis of the medical records to record the procedures performed. For the analysis of the drawings and for the interview, four categories were considered:

- a) Dental environment
- b) Dental treatment
- c) Dentist image and
- d) Behavioral manifestation

The most frequent categories in storytelling were the environment and dental treatment, with the most cited curative procedures. The operator / dentist's image according to the drawing was considered technical. According to the interview, the clinical procedure itself was considered a positive point of care, especially when it was associated with pain relief. The most negative point was evidenced at times that led to some kind of discomfort in the child such as anesthesia, taste of the prophylactic paste and noise of high rotation. The perception of the operator's image was considered humanized in all responses. Most children showed satisfaction with their smile and some reported the need to return to the dental clinic for new procedures. Only a small portion was free of oral problems. It is concluded that: the need for dental follow-up is not consistent with the oral health condition of the children evaluated and that the care process follows the curative model.

Keywords: Pediatric Dentistry; child psychology; health evaluation

Introduction

Pediatric dentistry is the dental specialty that takes care of children's oral health. It is known that the great fear presented by adult patients in the dentist's chair originates from the negative experiences of dental treatments that occurred in childhood. For this reason, the role of pediatric dentists is of great relevance in dentistry. Pediatric dentists are responsible for the care of children from infants to adolescence, and their exercise is comprehensive, as it is not limited only to the prevention and solution of oral problems,

it also plays an important role with regard to the psychological and educational aspects of the patient [1]. The practice of children's dental clinic shows that children have some peculiarities, such as growth and development, biodynamics, tissue and organic responses, behavior, and personality structure. These peculiarities cause the sociological methods and the techniques of physical examination to have a different approach from that performed in adults, despite having the same diagnostic and therapeutic purpose [2]. According to Melo et al. [3], the dentist's approach must be in

accordance with the child's age and psychological development, and can be used from a more playful language in early childhood to logical explanations in early adolescence, so that in many situations children are driven to overcome fears and phobias. During clinical practice, it can be observed that lessinvasive procedures do not generate major behavioral reactions, whereas more invasive procedures are directly related to rejection and fear in the face of treatment [3].The negative attitude towards dental treatment is a process that begins in childhood, and the origin and cause must be investigated by the Pediatric Dentist before any behavior control technique is applied [4]. According to Gomes et al. [5], the child may manifest fear and anxiety in several ways, the most frequent symptoms being tachycardia, sweating, palpitations, tremor, flushing and gastrointestinal complications.

Behind a behavior, positive or negative, there are a multitude of characters that exert marked influences on children, such as: age; the socioeconomic class of the parents; temperament; psychological development; the environment in which you live. Through such knowledge, the operator / pediatric dentist will have more baggage for the application of certain measures, and for a better understanding of the types of behavior presented by the children[5]. According to the literature, several control techniques can be used, such as: orders; compliments; reward; suggestions; containment; distraction; restriction; dominance by voice and say-show-do. The pediatric dentist must, therefore, play an active role in the psychological and educational sectors, allowing the avoidance of possible trauma that almost always determines incompatible relationships with the dentist or with the clinical environment or even with the surgical procedures [6]. The control of fear and anxiety during dental treatment must be performed throughout the service. Thus, it is essential to use basic conducts to control the situation, such as verbalization, associated with pharmacological techniques for muscle relaxation or psychological conditioning, reducing the wear of the professional in relation to the patient. The proper use of these behavioral control techniques is fundamental for the success of the planned treatment and consequent restoration of the child's oral health. The choice of behavioral approach techniques may vary according to the professional's criteria, being influenced by factors observed during anamnesis, such as age, child's behavior, and parental acceptance. In this sense, it is of great relevance to establish which procedures generate more behavioral disorders through specific control protocols and techniques for the care of pediatric patients, because regardless of the procedure, it is clear that they present some type of discomfort such as fear and / or anxiety, proving to be of great importance for professionals to update themselves in offering treatment options and techniques so that this moment becomes more dynamic and comfortable, recognizing, first of all, each child with their particularities. Therefore, knowing the child's perception about

the dental experience is extremely important for understanding the dental practice developed within the different environments that offer this service. Such knowledge allows the dental surgeon to identify possible failures committed and can develop new forms of interaction during care, thus modifying negative behaviors and / or reinforcing positive ones. This will allow the use of more effective methods so that they accept and understand the need for the procedure[7].Based on this principle, this study evaluated the perception of children between 3 and 11 years of age regarding dental treatment, the figure of the dentist and their own oral health condition, through analysis of information obtained by interview, drawing on the topic and analysis of medical records.

Method

The present study is characterized in a cross-sectional analytical and descriptive design, where the bibliographic research took place through the consultation of online publications such as: LILACS, SCIELO, BVS, PubMed. The search strategy occurred through Health Sciences Descriptors (DECs) registered in Portuguese as: Pediatric Dentistry, Child Psychology and Health Assessment, which are terminologies that make up electronic articles and made possible their search, in addition to the terms in English: Pediatric Dentistry, Psychology Child and Health Evaluation. 100 publications were found on the proposed theme, including subjects related to fear, anxiety and behavior management, with 33 articles selected, 3 master's dissertations, 3 conclusion papers of a specialization course and 2 doctoral theses. For inclusion criteria, articles in Portuguese or English were selected, complete and published from 2009 to 2019, in addition to national books that addressed methods of controlling behavior in pediatric dentistry, considering the reliability of the selected material. As exclusion criteria, articles, monographs, and dissertations that do not fit the research objectives, in addition to those that are not available in full. The research was carried out at the Pediatric Dentistry's School Clinic of the Lutheran University Center of Palmas, during the second semester of 2019. The object of the study was children assisted by the children's clinic (I and II) of the institution, and the data were collected in the second semester of 2019. A random sample of 21 children aged 3 to 11 years participated in the research. The variables used in this study relate to those observed by the child, in relation to the procedures and the dental environment, and were adapted using a questionnaire already validated, and a drawing-story about their care.

As inclusion criteria, children in need of care participated in the research, whether for the first time or not at the school clinic. Children with motor difficulties or mental disabilities were excluded. Children who refused to do the drawing and answer the questions even with the parent's permission, were also excluded. Children who failed to answer just one question were not excluded

from the sample. Children who stopped making the drawing, but answered the questions, were not excluded from the sample. Based on previous studies and according to several authors [8-13] the application of the instrument was carried out through a questionnaire already validated, where the child's perceptions regarding the situation of care were recorded. All data were collected in the clinic environment, each child was approached individually. This collection was made after the service, with the application of a questionnaire containing 8 questions of the type:

- a) What is a dentist?
- b) Are you happy with your teeth? why?
- c) Do you think you need to take more care of your teeth? why?
- d) While you were with the dentist, how did he treat you?
- e) How was your reaction during the consultation?
- f) What did you like most about the consultation?
- g) What did you like least?
- h) Finally, how do you feel now?

After the questionnaire was completed, the child was invited to carry out a drawing-story about his care (each child was provided with crayons and a blank sheet to carry out the drawing.), And afterwards, describe the meaning of the researcher to the researcher. In addition to the interview, the researcher was responsible for collecting data regarding the patient's clinical history at the school clinic. The answers and the description of the drawing were faithfully transcribed and evaluated. Those responsible were informed of the research, and those who wished to participate signed the free and informed consent form. The level of invasion of the procedure to which the children were subjected was also subject to classification where they were divided into groups 1 and 2, being classified as invasive procedures (extraction; endodontics; restorations, which require absolute isolation) and not invasive (prophylaxis; topical application of fluoride and use of sealants that are carried out without absolute isolation) respectively. Only those drawings that met the following requirements were included in the study:

- i) focus on the proposed theme
 - j) be completed
 - k) be clear for interpretation
 - l) in isolation or with the help of the child's oral description.
5. Result and Discussion

A fluctuating reading was carried out for the initial knowledge of the material produced. Subsequently, the drawings were

systematically observed, and the texts obtained for each of them were read, as well as their responses. Thus, the quantification allows to define the shared thought collectively among the researched group. Twenty-one children aged 3 to 11 years participated in the study, with the frequency of each age as follows: 3 years (1), 4 years (3), 5 years (1), 6 years (1), 7 years (3) and 8 years (5), 9 years (4) 10 years (2) and 11 years (1). The male gender had the highest frequency (13).

Analysis of the interview

It was found that the majority of respondents reported to more than one subcategory during the interview. The perception of the operator's image was considered humanized in all reports and the design of the treatment model was described by most children as a curative, with preventive treatment being little mentioned. In the positive view, objects from the dental environment were highlighted, such as, for example, a dental chair, a Robinson brush, and a dental sucker. In the negative view, the most frequent responses were in relation to the dental procedure itself when the treatment generated pain or discomfort: "I did not like the needle" and "I thought that noise was bad". In the negative view, discomfort related to other objects was also highlighted, such as a needle and explorer probe.

Design analysis

It was identified that most of the interviewees reported to more than one subcategory during the elaboration of the drawing-story. The dental environment category was most frequently addressed, being the subcategories, operator, and equipment. The other categories demonstrated that, according to the child's view, the institution's dental treatment presents itself as a curative and technical model; but humanized, where the interviewees reported having been treated with great empathy. The moment of consultation in the days of the survey was reported by the interviewees as a pleasant moment and the environment was referred to as peaceful. The children's behavior during the observation made by the researcher was satisfactory (positive). The operator was sometimes mentioned in phrases such as: "nice, nice and polite" as well as "he treated me very well", "she explained what she was going to do". The appreciation of the dental treatment received by each one was evaluated by means of a positive view (what he liked best) and a negative view (what he liked least). In the positive view, the dental procedure was the most mentioned, when related to the child's pain relief, as identified in the excerpts: "I liked it when she passed the ointment, and when she removed the tooth, I didn't feel anything"; "I liked to pull the tooth out it because it hurt." In the negative view, the dental procedure was also the most cited when it caused a sensation of pain or discomfort, as identified in the excerpts: "When she put the needle it hurt" and "I didn't like that thing to brush my teeth".

Analysis of the record

In the analysis of the medical record, despite the innumerable invasive procedures, most of the subjects showed positive behaviors, as the drawings and the speeches that showed tranquility, empathy towards the dentist, establishing dialogue were expressive; it was evident in the studied group that there is a relationship of trust and good communication between professionals and patients. The self-perception of the oral condition was evaluated as positive by most children, and the most frequent reasons were demonstration of health (8), absence of pain (6), self-care (4) as observed in the report "I'm happy because they are beautiful". For those who negatively assessed their oral health condition, the presence of pain related to the carious process was the main related reason (5). Regarding the need for dental care, most children believe that they should attend other dental appointments (12), for one or more reasons, and the condition "To treat decayed tooth" was mentioned (9) times and procedures related to prevention were cited (3) times. Children who do not intend to return or only want to return in case of pain. It was found that the child's behavior in the dental consultation can be determined by a series of factors, such as maturity, relationship with parents, approach to the dentist, past experiences, office environment, this because their handling, in some circumstances, becomes a great challenge for the professional. The professional's positive interaction with the child brings out the image of a humanized professional. In both cases, the most apparent reaction in the child during and after the interview was joyful and calm. Behaviors related to anxiety, fear and scared were mentioned a few times (3), (1) and (2). In the present study, children who claimed to be happy with their oral health condition, even though they were compromised, demonstrate the inability to recognize oral health as an integral part of systemic health, which demonstrates a deficiency in health actions aimed at this evaluated population.

To demonstrate the view that the child has on the care that receives the drawing technique, it proves to be efficient because it is a pleasant activity and easy to perform. This can be seen in the course of this research. All children, after explaining the research, readily accepted the invitation and expressed satisfaction in drawing and reporting their drawings. The analysis of the story-drawings about the dental care provided by the Clinic of Pediatric Dentistry of CEULP-ULBRA showed very positive aspects regarding the actions developed by academics and teachers. The view of the infant patient that was part of this study reflects the effectiveness of the work performed by the teams of the Pediatric Dentistry Clinic of CEULP-ULBRA. The description of the drawings, through the children's speeches, denoted a scenario of tranquility and empathy. It was very evident that there is a relationship of trust, good communication between academics and children. Communication between the dentist and the child, aimed at a

friendly and friendly relationship during care, is essential for the success of dental treatment and, therefore, for the establishment of healthy behaviors. This condition was perceived in the story-designs carried out by the patients as being from a cordial setting, with good communication and goodwill. Therefore, it is suggested that further studies be carried out in order to identify the best way of working with health professionals in order to encourage the practice of prevention as a health promotion strategy in addition to raising the awareness of children and their guardians. about the importance of periodic dental consultations for the benefit of your children's health.

Conclusion

For most of the subjects participating in the research, the context of the dental consultation is revealed to be a pleasant situation, characterized by an educational-curative practice, and permeated by a humanized view of the dental professional, configuring itself in a pleasant situation. It was found that even in the midst of invasive procedures, in the days of the research, the children had behaviors of collaboration and demonstration of interest in the care and tranquility during the consultation. It was found that the evaluation process, through the technique of drawing-story, is rich and authentic. Therefore, the technique can be considered an excellent methodological alternative when compared to the use of questionnaires, which can induce the respondents' answers, limiting the quality and depth of the evaluation process. According to the interview and the medical record findings, the interviewees' oral health is not consistent, requiring dental follow-up for both new procedures and for hygiene and oral health care instructions.

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