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PRACA ORYGINALNA
ORIGINAL ARTICLE

CONSIDERATION OF CHILDHOOD PSYCHOLOGICAL FACTORS AT DENTAL APPOINTMENT

ANALIZA CZYNNIKÓW PSYCHOLOGICZNYCH TOWARZYSZĄCYCH WIZYCIE U DENTYSTY W WIEKU DZIECIĘCYM

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ABSTRACT

Introduction: Paediatric dentistry is a special field of dental practice. The scope of professional activities within this field covers not only high level of expertise and technical skills tailored to the needs of young patients, but requires searching and creating positive psychological environment and communicative management of each child in order to improve daily service methods.

The aim of this study is to identify and describe the main psychological characteristics of the age developmental periods of child's personality that dental professionals should regard dealing with the paediatric patients.

Materials and methods: The study involved 124 paediatric participants aged 2,5 – 15 years, who were referred to get specialized dental care at the Department of Paediatric Dentistry at the Municipal Paediatric Dentistry Hospital, Poltava. We have collected and identified behavioural patterns of children of all age groups during their contacts with dentists at the dental offices as well as studied the characteristics of childhood psyche age periods through the available literature. The data obtained were thoroughly As a result of the analysis of the obtained data, the principles for managing paediatric patients' behaviour at the dental office have been elaborated and introduced into the practice.

Results: Outer evaluation of the children's activities performed is perceived by children as an assessment of personality, so any negative doctor's remark can provoke anxiety, irritability, and discomfort, apathy. Therefore, the paediatric specialists should remain attentive to physical and emotional indicators of stress when dealing with young patients.

Conclusions: Hence, among the key tasks of a paediatric dentist is to create the friendliest and most comfortable conditions for small patients, where they have the opportunity to play toys and receive little gifts for patience and courage.

KEY WORDS: children, paediatric dentist, childhood psychological factors

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INTRODUCTION

Paediatric dentistry is a special field of dental practice. The scope of professional activities within this field covers not only high level of expertise and technical skills tailored to the needs of young patients, but requires searching and creating positive psychological environment and communicative management of each child in order to improve daily service methods, to deliver quality dental care as well as to foster a positive attitude to medical professionals and medical settings that can contribute much to the early detection and prevention of orofacial problems.

The psychological growth and development is a complex process of the development and maturation of mental functions of a person that occurs under the influence of a number of factors including hereditary, biological and special impacts (education, social environment, etc) [1,2,3,4]. Through the life of children, their state of mind is continually developing and this process is far from always being even; quite the contrary: periods of slow, gradual maturation alternate periods of the rapid saltatory development.

Each age period is characterized by a set of anatomical, physiological and psychological characteristics of the child, the emergence of new social needs and a particular nature of his or her relationship with the surrounding world.

THE AIM

The aim of this study is to identify and describe the main psychological characteristics of the age developmental periods of child's personality that dental professionals should regard dealing with the paediatric patients.

MATERIALS AND METHODS

The study involved 124 paediatric participants aged 2,5 – 15 years, who were referred to get specialized dental care at the Department of Paediatric Dentistry at the Municipal Paediatric Dentistry Hospital, Poltava.

We have collected and identified behavioural patterns of children of all age groups during their contacts with

dentists at the dental offices as well as studied the characteristics of childhood psyche age periods through the available literature. The data obtained were thoroughly. As a result of the analysis of the obtained data, the principles for managing paediatric patients' behaviour at the dental office have been elaborated and introduced into the practice.

RESULTS

The beginning of personality development starts at the stage of early childhood (from 1 to 3 years). Dealing with this age group relies on some basic principles known according to Avery (1978) as "pre-cooperative", that is, they should be implemented during the period preceding the collaboration. This age category of children is not yet able to satisfy their vital needs independently, therefore, communicating with adults (parents, other relatives of caregivers) is an essential condition for children's safety and survival. This predetermines one of the main rules of managing very young dental paediatric patients: they and their parents (or caregivers) come into the dentist's office together. If the paediatric dentists observe the mother-child symbiosis typical for a family, they have to cherish this couple unbroken for the sake of treatment success. Upright stance plays an important role in the psychological development of children as this makes their interaction and cooperation with the world more independent, expands the range of things that become objects of exploration, develops their ability to navigate by themselves and manipulate with the various subjects. One of the most effective ways to build up communication and to carry out oral examination of very young children in to capture their interest in different types of simple play activities and manipulating with objects [3,4,5,6].

Communicating with a child is a cornerstone in providing dental care - every effort should be directed towards assessing the child's ability to comply with doctors and encouraging the child to cooperate. Dental doctors and dental assistants dealing with young children should demonstrate calmness and friendliness; sometimes it is advisable to use the words or phrases of the baby's language, for example, to call a lamp a sun; humming or reciting rhymes can also produce relaxing and distracting effect. Voice tone can be one of the most powerful tools to calm babies, even if the child does not understand the words, the soft voice helps to relax.

It is important to take into account that very young children are rarely placed by themselves into the dental chair for inspection. First, a caretaker should sit into the dental chair, then he or she takes the child on the lap. The child is placed in a position as for cradling in parent's arms. The examination should be carried out touching gently to the face of the child, previously explaining to the parents that the procedure will cause neither harm nor pain to the child.

For toddlers of the second or third year of life, manipulative activity is gradually changed by actions or playing with objects related to the mastery of typical "adult" ways of using objects. The functional properties of the some objects, for example, pyramids, boxes, blocks, construction sets,

etc., require strictly defined modes of action. Other objects, which can be also called as objects-tools (e. g. hammer, pencil, spoon, etc.) and whose modes of application are strictly fixed by their social purposes and become opened up before children only through the teaching by adults. It is the mastery of object activity that most significantly affects the mental development of a child at this age [4,5].

In the third year of life, new types of activity, e.g. playing, drawing, designing, modelling, etc., and engagement in social play start progressing. They achieve their development and maturation beyond the boundaries of early childhood and even then determine children's mental development [6,7].

It's important for a doctor to remember about a three-year crisis. Interacting with adults considerably predetermines the children's development of a "self-concept," the attributes, abilities, attitudes and values that they believe define them that becomes quite observable by the end of the third year of life. The kids are getting used to view themselves apart from adults, to identify themselves as an independent individual, thus demonstrating the development of the initial forms of self-consciousness. However, one should not overestimate the ability of children to control their behaviour, which is in progress and largely depends on how consistently the adults support or suppress misbehaviour or separate undesirable forms of their behaviour [3,4,5].

It is important to support the children's attempts and desires to act independently at least within the limits of their ability, without the help of adults ("I can do it by myself"). This period is considered to be critical ("the crisis of three years"), as adults encounter the difficulties in interacting with a child who can become extremely stubborn.

Almost all children at the dentist office experience feelings of fear or anxiety, therefore the paediatricians recommend parents to visit dental office with their children at regular basis from their 1 year of life. This practice is very beneficial towards psychological adaptation, when a healthy child is brought to the dentist just "to check your little teeth" or "to ride a dental chair", or to get acquainted with a teeth doctor. The main purpose of such visits is to alleviate anxiety, to nurture a positive dental attitude and thus to contribute into creating positive experience of little patients. Getting used to the routine dental check-ups children will not be afraid of a health professional and will feel more or less comfortable. Dental procedures for young children do not differ considerably from those used to treat adult patients. However, as children are at their pre-cooperative stage of the development, their management is somewhat more difficult. The doctors have to choose out of four basic options for children dental care: standard procedures, sedation, physical holding and anaesthesia. Depending on the complexity and invasiveness of the treatment and the behaviour of the child, several approaches can be combined.

Psychological traits of the personality development of pre-school children (from 3 to 6 years) are described through the progressing from an egocentric view of the

world to realizing the importance of social contracts. By this age children are usually ready to be involved into performing certain elementary responsibilities and duties. Patterns of interaction with adults are also changing and gradually reshaping towards independent activities directed by adults' instructions.

This period is quite favourable for small patients to form their habits of thorough dental care and careful attitude to the general health as a whole. The levels of the preschooler's social development and adaptation manifest through the types of activities typical of this age group, and primarily through role-playing that imitates real-life situations. Using some elements of role playing creates beneficial conditions for examining children and performing some dental manipulations.

The children of this age are typically ready to follow directive instructions and to be engaged into learning on the regular basis. Hence, it becomes possible to start developing proper behavioural patterns of interaction with dental care providers. At this age, the explanation of the routine dental care procedures or the necessity of some manipulations at the dental office can be perceived consciously.

Characterizing the pre-schoolers' playing, it is important to understand its role and imitative character. When during the early childhood the central point of the game was to master the objects and ways of dealing with them, then the person, its actions, states and relations with other people are coming to the fore. Since the role-playing game exists only in the social environment, the child learns to play under the direct or indirect influence of adults, which indicates the socially determined nature of the role-playing game.

The game of preschoolers reflects the surrounding world, a way to sense out and to learn about their abilities, interests, likes and dislikes, developing their imagination as well as a way to come in the real life of adults by pretending different roles and activities. The plot of the game is determined by the practical tasks that people solve to achieve a certain goal. At the same time toys and other various objects substitute real-life objects used in daily life of adults. The game is always built up in accordance with certain rules. Conditionality (renaming of items used, substituting ones with others, etc.) is characteristics of role-playing games, but it is not obligatory and may appear in the course of playing. Playing creates beneficial conditions for the development of children imagination and renaming objects during the game is an example of an important cognitive activity [1,4].

Playing promotes the development of thinking, which becomes figurative, i.e. the children can see association between different objects and / or their images, and figurative language. All this is evidence that thinking becomes more independent, gradually separating from the practical actions in which it was woven before and turning into a mental action aimed at solving the cognitive problems [4,6]. Thus, role-playing games contribute into the development of thinking strategies, communication and social skills.

Consequently, the children of this age period can be involved into creating a role-play game "At the Teeth doctor's",

where a dentist can familiarize the patient with the dental setting and specific steps involved in a dental procedure, and in accordance with a clinical situation tries to explain and demonstrate a possible development and consequences of the situation to a child. This requires some preliminary preparation referring the rules of the game, characters ("Cariou monster", "Evil microbe"), it is necessary to choose the gaming material, which will satisfy the child and do not interfere with the medical process.

The orientation of preschoolers toward adults' behaviour predetermines the development of expediency and willingness. Children are in a dilemma: to do something ("how or what I want to do") or to act in accordance with the expectations and requirements of adults ("according to a model"). A new type of behaviour, which can be named personal, evolves [3,4,5].

The older the children are getting, the less episodes of temper tantrum they experience, and thus, the easier they cope with actions and procedures needed to achieve their purposes in spite of the circumstances. However, dentist should remember the children of this age can be overanxious. There are 3 basic strategies as separation, stabilization, i.e. creating conditions to restrict child's unwanted physical activity, and sedation that are effectively used when dealing with unsociable or non-cooperative children.

All strategies are aimed at preventing or stopping unwanted child's behaviour. When as child is separated from parents in most cases, the children's resistance fades because they realize of being without parental defence umbrella, and they have to cooperate with doctors. Protective stabilization is the restriction of patient's freedom of movement to decrease risks of injury or self-harm while allowing safe completion of examination or treatment. In many cases, sure manners and confident voice do work and young patients stops resisting. Health workers should respond it positively and consolidate such a positive change in the child's behaviour by praising him or her (e.g., "Thank you for sitting still", "You are doing a great job keeping your mouth open").

It is very important to render all extend of dental care planned without causing any discomfort. Good communication with parents or caregivers before and after the treatment is essential to assure the positive treatment outcomes, especially when dealing with non-cooperative children. Sedation is used to control anxiety and movement, to minimize possible psychological traumas, and to lessen medical risks.

During their teenage years, children *tend to become more self-affirming and self-esteemed* first in the eyes of adults, and then in their own eyes. The most important consequence of the psyche development of preschoolers is their readiness for schooling. In fact, this testifies to the completion of the period of preschool childhood. Among the complex set of qualities constituting the readiness to school there are the key components including motivational, mental, emotional and volitional ones [2,3,4].

Most children at the end of preschool age want to become schoolchildren and explain this desirable change of their social status primarily by decorative or symbolic things

(school bag, school uniform, personal workplace, new relationships with people, etc.) [1,4].

However, true motivational readiness is predetermined by the cognitive orientation of preschoolers that develops on the basis of curiosity typical of children, on gaining the characteristic features of the early cognitive interests (willingness to learn and to explore new things, willingness to learn reading, writing, etc.).

A dentist office will look different for children of primary school. They will not only be interested in toys, and doctors should be ready to give clear answers to the questions to reduce anxiety than may lead to non-compliant behaviour during treatment and try to capture and to hold children's attention during the rendering dental care.

If cognitive activity is still unformed, children can be diverted by a variety of third-party motives related to the perception of the dentist's office as a place of entertainment.

Visiting dental office should be associated with positive emotions that will help to avert children's negative or avoidance behaviour and to provide the full range of dental care. It is important to interlink these positive emotions with not only with the results of the treatment but with cooperation during dental procedures. Six-year-old children can demonstrate the peculiarities of thinking characteristic of preschoolers: e. g. involuntary memory dominates that in consequence results in memorizing things, which are interesting, but far from being important or needed. The age-specific characteristics of attention make it possible to carry out a productive performance for no more than 10-15 minutes; the peculiarities of thinking predetermine the willingness to explore things in their visual and figuratively effective aspects, etc.

Outer evaluation of the children's activities performed is perceived by children as an assessment of personality, so any negative doctor's remark can provoke anxiety, irritability, and discomfort, apathy [4,5,6]. Therefore, the paediatric specialists should remain attentive to physical and emotional indicators of stress when dealing with young patients. Behavioural patterns in this age are still unstable and depend on the children's emotional state that can considerably impede both the interaction with dental care givers and parents. Effective therapeutic services can be rendered more successfully when children are involved into cooperative behavioural patterns with elements of playing. All these aspects should be taken into account when planning the treatment for six-year old children. The development of compliance between the children of this age and dental care givers requires gaming techniques as strict conditions of formal health service providers are absolutely impermissible.

At the age of 7 – 11, a child begins to realize that he or she is a personality with his / her own rights and responsibilities. The child's self-awareness intensively develops, filled with new values influenced by social environment [3,4]. Searching for adults' approval evokes children to behave in a way, which will be approved by adults. Recognition from relatives, peers and teachers encourages the child to develop the purposefulness, self-control skills and self-esteem [2,4,6,8]. Among the priorities of paediatric dentistry is to

facilitate and promote dental culture and healthy lifestyle habits in order to prevent diseases or to catch them and treat in their early stages. In this ways children can be told about relevant real-life or fictional examples of successful therapeutic outcomes.

In the early adolescence (from 10 to 14 years) the key issues are moving to independence, self-reliance and self-awareness; teenagers are extremely concerned with their appearance and with their own body. Young adolescents are strongly influenced by peer group interests, values, behavioural patterns, while demonstrating less attention to the world of adults. Own values of teenagers are opposed to the family values. Self-involvement is quite typical of teenagers and entails a growing number of conflicts in the school, at home, in searching for new friends [2,6]. The teenager tends to be a group member, a group "hero", a formal or informal leader, as egocentrism is inherent for this age. Dental doctors should be prepared to face misbehaviour, the manifestations of negativism, and should demonstrate tactful and professional attitude to this sort of patients.

Strong emphasis on their own physical attractiveness as an attribute of the image is an inseparable part of the development of young adolescents' self-awareness. Their ideas of perfect body, comparing and evaluating their own bodily images with existing standard of "manliness" and "womanliness" can even turn into various biases. Adolescents' excessive attention to the own body and fleshliness is temporary, but, nevertheless, a natural and significant phenomenon of a developing personality [1,3,4]. Knowing this, adults, including the health care workers should avoid tactless or ironic comments of teenagers' appearance, because any negative public characteristics, especially from adults can lead to severe psychological traumas, the consequences of which often manifest for many years. Thus, establishing a good rapport with young adolescents by demonstrating sincere respect to them can help to accept treatment and to promote willingness to comply with the dentists.

CONCLUSIONS

Hence, among the key tasks of a paediatric dentist is to create the friendliest and most comfortable conditions for small patients, where they have the opportunity to play toys and receive little gifts for patience and courage. That is why, before the initiating dental care it is essential to provide a psychological preparation of the child by using gaming techniques, verbal and non-verbal techniques to enhance communication and cooperation with young patients and their caregivers.

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