



Parents' Attitudes and Preferences Toward Behavior Management Techniques in Pediatric dentists

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Abstract

Introduction: Pediatric clinical tools are of importance and vital in safeguarding, effective, and efficient provision of healthcare to children/young people. BMTs are essential clinical instruments that are needed to ensure effective healthcare provision. Parental involvement and consultation in making medical decisions is a very strong emphasis within the cultural values in the Kingdom of Saudi Arabia (KSA), therefore parental consent is a mandatory requirement of ethical medical practice of BMT. The available literature is nearly focused on pediatric dentistry and this requires the synthesis of evidence systematically and hence a culturally suitable evidence base on the BMT protocols should be determined in the broader context of the wide range of pediatric medical services in the Kingdom. **Study Objective:** This systematic review aims to compile and critically examine the available evidence on how parents view and utilize Behaviour Management Techniques (BMTs) that are used by the pediatrician community in Saudi Arabia. **Methodology:** This systematic review has been carried out following the Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA) Statement to the letter. An extremely sensitive search tool was utilised in large global biomedical data (such as MEDLINE/PubMed, Scopus, and Web of Science) to locate primary research evaluating parental attitude towards BMTs in KSA. Independent reviewers selected and extracted data in studies. **Conclusion:** The synthesis showed that Saudi parents were highly accepting of BMTs depending on the intent of the technique. The methods that received the highest approval rates (usually more than 90%), were supportive and communicative (Tell-Show-Do and positive reinforcement). Acceptance of higher or lower methods is highly contingent: general physical restraint is commonly rejected, whereas Protectionary Stabilization is accepted in large majority (more than 90 percent) when specifically applied as a safety adjunct measure during complex surgical operations such as moderate sedation.

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Introduction and Background

Also known as Behavior Guidance Techniques (BGTs) or Behavior Management Techniques (BMTs), these are consistent clinical techniques applied by pediatric healthcare providers to promote the provision of safe, effective, and efficient care to children. These methods include basic methods of communicating like Tell- Show- Do (TSD) and positive reinforcement to more complex methods, i.e., pharmacological sedation, general anesthesia and protective stabilization. [1], [5] The main aim of using BMTs is to make patients less anxious, less traumatized in the course of treatment, promote the access to timely care and eventually, to create a more positive attitude towards medical care in young patients.

The acceptance and trust that a parent or a legal guardian gives is inseparably associated with successful implementation and ethical administration of any BMT. BMTs, particularly those that entail restraint, separation or pharmacological intervention, may compromise the therapeutic relationship and cause patient dissatisfaction without the consent of an informed parent. [2], [3] This especially applies to the Kingdom of Saudi Arabia (KSA) where cultural forces put an initial value on parental participation and family cohesiveness in making medical decisions. Cultural and religious practices often interplay with certain healthcare decisions, and there is an acute necessity to develop locally produced evidence that would inform culturally sensitive BMT treatment plans. [6]

The role of parents in pediatric care is not just an issue of consent, but one of the manifestations of cultural expectations and models of family-centred care. The family structure has always been strong and parental authority has been stressed in Saudi Arabia, therefore, the attitudes of parents toward behavior management techniques (BMTs) have a lot of influence on the pediatric practice. Pediatric doctors and dentists usually have difficulties when children are fearful or anxious during treatment and those strategies that are developed to overcome such attitudes should be consistent with the values of the parents to guarantee their cooperation and trust. [8] Recent research in Saudi Arabia emphasizes that parents are mostly inclined to using communicative and non-invasive techniques like tell-show-do, positive reinforcement and distraction. Such methods are seen as respectful, safe and in line with the cultural expectations that value child dignity and parental approval.

On the other hand, physical excusation, verbal control, or hand-over-mouth should be considered as an inadmissible method, both in regards to ethical considerations and cultural awareness. [9], [2] There seems to be a relationship between the education level of parents, the prior exposure and the socioeconomic status of parents (where the more educated parents are the more cautious in their openness to such a procedure) and pharmacological methods, such as the use of nitrous oxide in sedation Context of Saudi Arabia Saudi situation also brings in some special considerations. Coercive or aversive approaches are highly discouraged by the religious and ethical values, whereas the swift modernization of the healthcare services has made people more aware of the advanced BMTs. Tastes of parents are thus influenced by a combination of the old-fashioned values as well as openness to international customs. [7], [4] Notably, research involving special groups of people, including hearing or visionally impaired children, demonstrates that parents can accept BMTs differently based on the status of the child and whether he or she feels vulnerable or not. Studies carried across the world have proven that parents are more inclined towards non-invasive and communicative forms, showing their concerns towards aversive or restrictive approaches. [5], [8] Nevertheless, these preferences are greatly influenced by cultural, religious and social realities. In Saudi Arabia where family values and parental authority are strictly ingrained in the healthcare decision making process, the parental attitude is of special importance.

The sociocultural specificities of the Kingdom such as the high level of child protection, the significance of religion, and the high rates of medical modernization of the healthcare sector might play a role in the perception and acceptance of the various BMTs by parents. [6]

Nonetheless, there is a serious gap in the research in terms of the utilization and adoption of BMTs in the general medical practice of pediatric patients. Although it has been previously established that the requirement of controlling disruptive/anxious behaviors can be observed in various settings, including but not limited to regular vaccinations and pain assessment, the management of chronic conditions, such as Attention Deficit Hyperactivity Disorder (ADHD), and high-anxiety procedures, such as phlebotomy, a dearth of structured research is associated with pediatric training and pediatric practice in the specific context of Saudi Arabian culture and religion. [11], [4], [7] This systematic review is thus justified to summarise the solid, specialized evidence available in the field of pediatric dentistry and critically evaluate their applicability and limitations in informing best practices within the wider context of care provision to the whole spectrum of the pediatric care in KSA.

Need of Study

Although this issue is important, the evidence in Saudi Arabia is still very disjointed, and most studies have been conducted in the field of pediatric dentistry and the shortage of research in the context of the wider pediatric medicine. It can thus be concluded that a systematic review is justified to summarize the available information,

find patterns, and demonstrate gaps in the area of knowledge. This type of synthesis will not only enlighten the pediatric practitioners on the culturally sensitive approach but will also encourage the policymakers and educators to develop training programs that will be consistent with the expectations of parents. Finally, involvement of parental attitudes in clinical decision making will improve trust, lessen barriers to treatment, and child-focused practice in the changing Saudi Arabian healthcare system.

Study Objective

This systematic review aims to compile and critically examine the available evidence on how parents view and utilize Behaviour Management Techniques (BMTs) that are used by the pediatrician community in Saudi Arabia. In addition, this study will identify the types of BMTs that have been used in both paediatric and dental environments throughout Saudi Arabia.

Research Methodology

Research Question

Main research questions of the present study are:

Q1. What are the specific behaviour management methods (BMTs) most commonly accepted/rejected by parents in Saudi Arabia?

Q2. What is the effect of sociodemographic factors (such as level of education, socioeconomic status, and level of previous exposure to BMTs) on a parent's attitude towards BMTs?.

Research Design

The research design chosen in the current study is systematic review based on the Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The design will provide clear, replicable, and comprehensive synthesis of available evidence on the attitudes and preferences of parents on the methods of pediatric behavior management in Saudi Arabia. The international databases (PubMed, Scopus, Web of Science) and local ones (Saudi Digital Library) were searched systematically to include both the global and the locally published literature. Inclusion criteria were on empirical research studies done in Saudi Arabia and were on the perspectives of parents on the methods of behavior management in pediatric medical or dental settings. The exclusion criteria were used to delete case reports, editorials, and those studies not conducted in the Kingdom. The extraction of the data was standardized to capture data regarding the characteristics of the study, sample demographics, type of behavior management techniques under study, and the level of parental acceptance.

Search Strategy

The wide scope of major international biomedical databases will be covered with a highly sensitive search strategy. The databases that are going to be searched systematically are MEDLINE/PubMed, Scopus, Web of science and CINAHL and PsycINFO. The search will also focus on the grey literature in regional academic repositories, ProQuest Dissertations and Theses Database, and on specific searches in Google Scholar to reduce the publication bias and to identify the research that is relevant to the local policy. Each source will have the date of its last search and will be reported.

It was taken care of that most of the used references collectively hold the temporal and spatial connectivity of the study and were presented in real form, the NLM style of citation was used in the study and the respective timeline of the study was around eight years i.e. from 2014 to 2024.

Types of Studies Included

This was a systematic review which involved those empirical studies that were carried out in Saudi Arabia and which evaluated the attitudes, perceptions, or preferences of parents towards pediatric behavior management methods in the medical or dental practice. The design that was eligible included cross-sectional surveys, observational studies, and questionnaire-based studies because these are the most universal methods applied to assess the perceptions of parents. As a condition of entry into the study, the studies had to report the quantitative or qualitative data regarding the parental acceptance of a particular method of practice like communicative methods, pharmacological interventions, or restrictive methods. Cases, reviews, and studies that were not carried out in Saudi Arabia were eliminated in order to retain focus and methodology.

Participants

The sample of the studies included was parents or primary caregivers of children who were provided with pediatric medical or dental services in Saudi Arabia. The majority of the studies enrolled mothers and fathers who took children in clinics and samples were usually between 100 and 600 respondents. The demographic data on parental age, gender, education, and socioeconomic status was usually reported because these variables were identified as the ones that could affect the attitudes to behavior management methods. Parents of children with special healthcare needs such as hearing or visual impairments were also involved in some studies to investigate differences in the acceptance of certain techniques. All in all, the samples used represented a variety of family

backgrounds in Saudi Arabia elucidating information about the influence of cultural, educational, and social settings on parental preferences in pediatric practice.

Keywords

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :

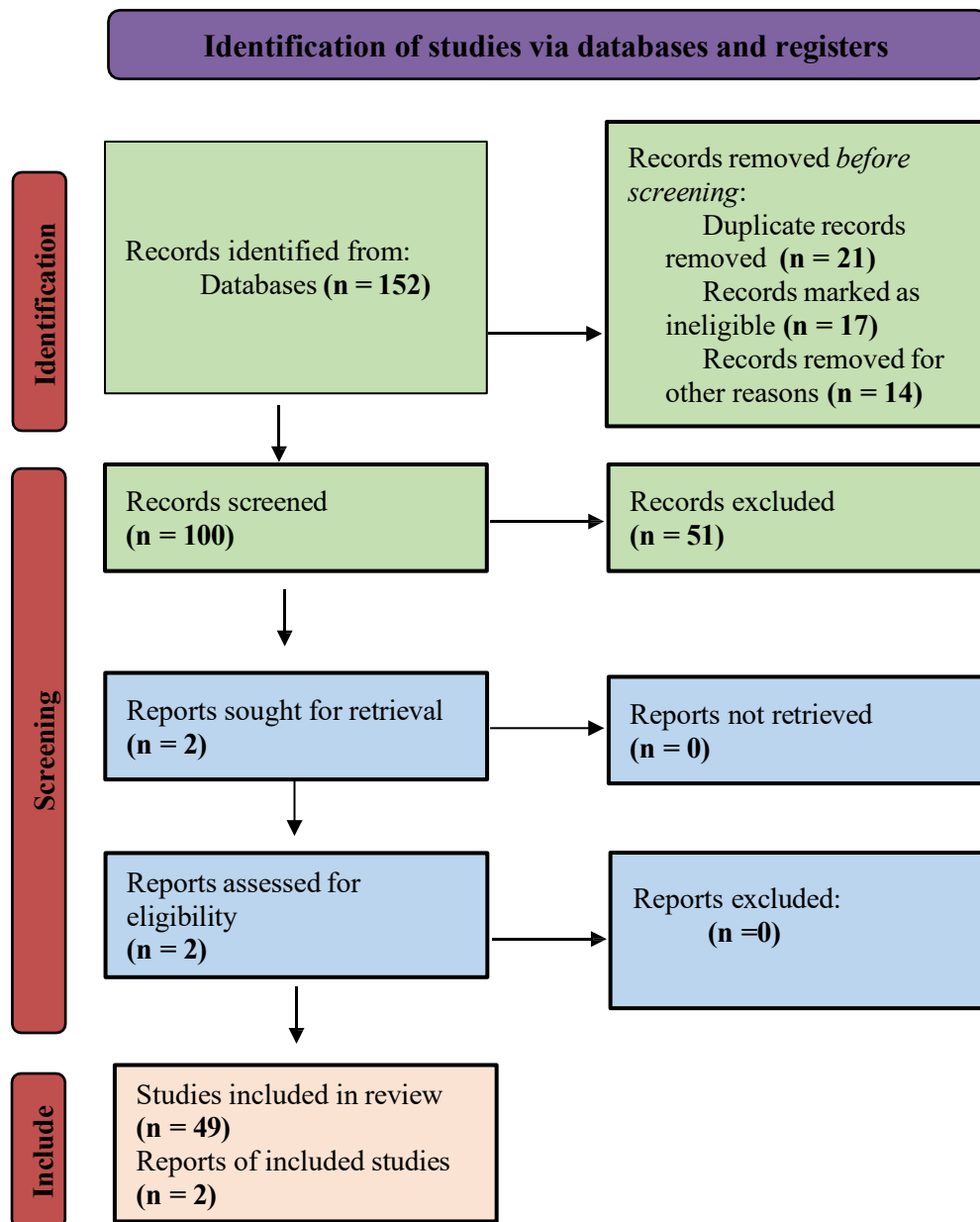
("parental attitude" OR "parental acceptance" OR "parental preference" OR "guardian perception") AND ("behavior management" OR "behavior guidance" OR "protective stabilization" OR "physical restraint" OR "voice control" OR "sedation" OR "pediatric dentistry" OR "pediatric care")

Data Management

The retrieved records in each of the chosen databases were all brought to the reference management software in order to make sure that citations are accounted correctly and to be able to eliminate duplicates. To obtain the most important characteristics of the studies, a standardized data extraction form was created to include the following characteristics of the studies: author details, year of publication, study design, sample size, participant demographics, and parental attitudes concerning particular behavior management techniques. The data obtained were presented in the form of a table so that the comparative data in different studies nicotine by default could be systematically compared, the scores of quality assessment were registered separately to enable objective evaluation of the methodological rigor.

Results

A total of 152 research studies and one report was identified, the studies were collected considering the components related to parents' attitudes and preferences toward behavior management techniques of pediatric doctors in Saudi Arabia. Out of these identified studies, 21 were removed because of duplication of records, references and location and 17 studies were marked as ineligible, as not including the above stated concept and 14 for some other unavoidable conditions. Further 100 records were saved for screening, then in the screening process 51 records were further removed on the basis of exclusion criteria. Total studies finalized for review were 49. Two reports were also included in the study.



Source: Page MJ, et al. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71 <https://creativecommons.org/licenses/by/4.0/>

The information presented in the summary indicates that, in general, research regarding Saudi Arabia's parent attitude towards BMTs has been predominantly conducted through the specific lens of paediatric dentistry. In addition to the abundance of paediatric dentists doing cross-sectional studies to validate this conclusion, the excess of studies indicates a majority of parents in Saudi Arabia maintain a favourable viewpoint toward BMTs; however, the parent's acceptance of a particular BMT technique is dependent upon both the technique itself and how the parent perceives/presents the BMT. [9], [11] Based on this concentration of current evidence, a hierarchy of parent acceptance can be established and important characteristics must be transferred with caution to other fields of paediatric medicine. [7]

Acceptance of Communicative BMTs

The resulting data synthesized clearly portray that communicative and minimally restrictive methods are the most preferred by the Saudi parents. The tell-show-do (TSD) method and the positive reinforcement record the highest acceptance percentage, which is usually more than 90 percent approval. In a thorough research, a study that was carried among 133 Saudi parents, the most easily acceptable methods were identified as TSD, positive reinforcement, and distraction. [6] This approval is further confirmed by a separate study conducted in Qassim, Saudi Arabia which found that the approval rate of positive reinforcement was 96.9 percentage much higher than TSD which was at 93.1 percent acceptance. [8], [12]

These non-aversive styles are also chosen in a primary response to more established values, which focus on the supportive and open communication style and the building of trust in the parental-provider interaction. [13], [15] These methods are based on openness and emotional confirmation, which implies that BMTs who are considered

respectful and attentive to the emotional condition of the child, can be easily introduced into the cultural norms of care. The simple techniques are, therefore, considered obligatory standards of every training regimen on pediatric healthcare givers in the Kingdom. [10]

The results of a cross-sectional study conducted in Qassim, Saudi Arabia, revealed that the most preferred methods were tell-show-do and positive reinforcement that were supported by parents overwhelmingly. [8] These were viewed as respectful, safe and effective in alleviating anxiety on children. Parents were moderately supportive of distraction techniques (toys, audiovisual aids) and nitrous oxide sedation. Parents who were more educated and had previous experience of dental procedures were more accepting of sedation. [14] Methods like voice control, hand-over-mouth and physical restraint were always declined. The parents raised morality issues and cultural uneasiness with practices that were perceived as persuasive or intrusive. [15] A pilot study conducted on children with hearing and visual disability also showed that parents were more conservative and choosy in accepting BMTs. The methods of communicative were still popular and the restrictive methods were severely opposed. Parents stressed the necessity of being sensitive and applying specific strategies on children with special needs. [16]

In literature, preferences depended on parental education and socioeconomic status. Parents who had received an education were more inclined to prefer communicative and non-invasive methods whereas parents with higher incomes were more likely to use pharmacological treatment. Mothers had more aversion to aversive approaches than fathers. [4], [12]

These data indicate that Saudi parents have a strong preference towards non-invasive communicative approaches, and cultural and ethical preferences influence the intolerance of aversive approaches. Adoption of newer methods such as sedation is conditional which is based on education, previous exposure and socioeconomic status.

Discussion

Advanced BMTs

Methods which involve physical or verbal intimidation always score the lowest ratings when they are alone. Early studies found that the Hand-Over-Mouth (HOM) exercise, general physical restraint and parent separation were the least acceptable methods. Although general physical restraint received a mere 45 percent approval in a study study, such methods as Voice Control were rather well accepted, as they obtained between 50 and 57.7 percent approval. [15], [16]

The low acceptability among the general population of HOM and the non-adjunctive physical restraint is an indicator of a culture that does not accept procedures that are seen as pure punitive or even traumatic. Despite a moderate level of approval of Voice Control, the crucial point is that firm, non-abusive communication can be accepted as an essential form of discipline, however, the use of forceful physical intervention leads to serious concern, which highlights the fact that the technique can be considered culturally sensitive and denied by Saudi parents, as a rule. Consequently, physical restraint should not be morally defensible on any other basis other than safety requirements, but not clinical convenience. [17], [18] One of the significant pieces of evidence demonstrates that there is a stark difference in the toleration of the physical methods depending on the situation during the procedure. Although general physical restraint is almost completely unaccepted, the Papoose Board (PB), a special device of protective stabilization, was overwhelmingly accepted (more than 90) as an adjunct used specifically (restrictively) with Moderate Sedation (MS). [12], [19]

This strong contradiction indicates that the acceptance of parents is not determined by the ideological difference with physical restriction only, but it is vehemently conditioned by the perceived purpose and need of the technique. Once the protective stabilization is explicitly positioned as a protective procedure that is needed to minimize risk and guarantee safety during a high-stakes advanced procedure, such as sedation, parental trust of the provider to judge appropriately and physically to harm the patient dominates philosophical objection to physical restraint. [20] The method is justified by the fact that it has been perceived as an obligatory procedural protection and this has fundamentally changed the parental attitude of coercion to clinical protection. Therefore, the policy guidelines should define clearly the distinction between general physical restraint applied only as a compulsory measure and protective physical restraint applied to ensure safety in regards to complex medical procedures or pharmacological interventions. [21]

Pharmacological Techniques

Pharmacological BMTs have high, contextual, acceptance as well. The acceptance of moderate Sedation (MS) was high, with more than 90 percent of Saudi parents being in support of it. The adoption of General Anesthesia (GA) however exhibited a mixed result with a high rate of 47.7 percent approval in a cross-sectional study. [22],

[8] This trend implies that frequently parents are ready to take the pharmacological risk of MS or GA that is greater in case it can ensure the full and maximally stress-free treatment success in the child. The reason why GA has been less acceptable than MS could be connected to the perceived systemic risks of deep sedation as compared to moderate conscious sedation. The providers should provide full disclosure of the risk-benefit profiles of these interventions especially with the long-standing high level of acceptability of adjuncts such as PB when applied specifically to improve patient safety at any time during pharmacological procedures. [20], [6]

Parental Attitude Determinants

The cultural preference against individual decision-making and supervision in health issues is a major challenge to the BMT protocols, which require separation. A significant number of Saudi parents surveyed indicated that they do not like being separated with their children in the process of treatment (50.59%). [16], [13] This hesitation is largely influenced by the issue of the safety and protection of the child in the course of the intervention. The discovery highlights a notion ingrained in the culture, namely, the protector role of the guardian over operational convenience in the clinical environment. The legal and regulatory aspect of children under 15 years old being required to be accompanied by their guardians has caused parental anxiety regarding safety, which is why BMT protocols in KSA must ensure that separation is minimized. The protocols must prioritize the use of those methods that allow the presence and active participation of parents and separation should be only implemented in those cases when the child needs this medical action to ensure his/her safety or the effectiveness of a highly specialized treatment. [23], [24]

Conclusion

The synthesis of the evidence in Saudi Arabia shows an advanced trend of the parental acceptance of the methods of behavior management of the children. Although favorable, communicative strategies such as Tell-Show-Do and positive reinforcement are universally accepted; the adoption of sophisticated and possibly adverse ones is strictly conditional. The dominant philosophical opposition to coercion is wholly excluded by the high acceptability of such methods as protective stabilization and moderate sedation because these techniques are seen as part of the protection of the safety of the child during complex procedures. Moreover, the assurance of clear and explicit information and the consideration of the cultural imperative of parental presence are effective intermediaries of credibility and compliance. This evidence base is a formidable basis toward the creation of culturally sensitive, moral, and generalizable BMT guidelines in the entire pediatric healthcare system of the Kingdom of Saudi Arabia.

Future Scope of Study

In order to fill the legitimate gaps, future research directions in KSA should ensure that the urgency and high quality of attitude and acceptance studies on BMTs in general pediatric clinical hospital environments (e.g., emergency communities, inpatient units) is conducted in relation to the prevalent stressors such as phlebotomy, imaging, and acute pain management. The inclusion of mixed-methods studies with qualitative elements (e.g., semi-structured interview) in order to investigate the subtleties of cultural and religious predictors of attitude. In this study, a particular characteristic should be explored the underlying meaning of parental anxieties about "safety and protection" when there is a separation in order to bring the required finesse in the protocol development.

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