

Assessing the Relationship Between Parenting Styles and Behavior in the Dental Setting



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INTRODUCTION

Children's behavior in the dental setting is an important factor in delivering predictable dental care, the safety of the child, and the dental teams' safety. Understanding how a child may react prior to rendering any dental treatment may significantly reduce any physical risk to the child and the dental team, as well as delivering predictable dental treatment. This knowledge may also assist the dental team adapting to the needs of the patient in order to protect the psyche of the child patient. Previous studies have been performed and found a link between children's temperament and behavior while receiving dental treatment. Authoritarian, authoritative, and permissive parenting styles have been identified while children's behavior has been associated with said parenting styles. As seen with previous research studies dealing with behavior and parenting style, we expect to see the most desirable behavior associated with the authoritative parenting style and less desirable behavior associated with authoritarian and permissive parenting styles.

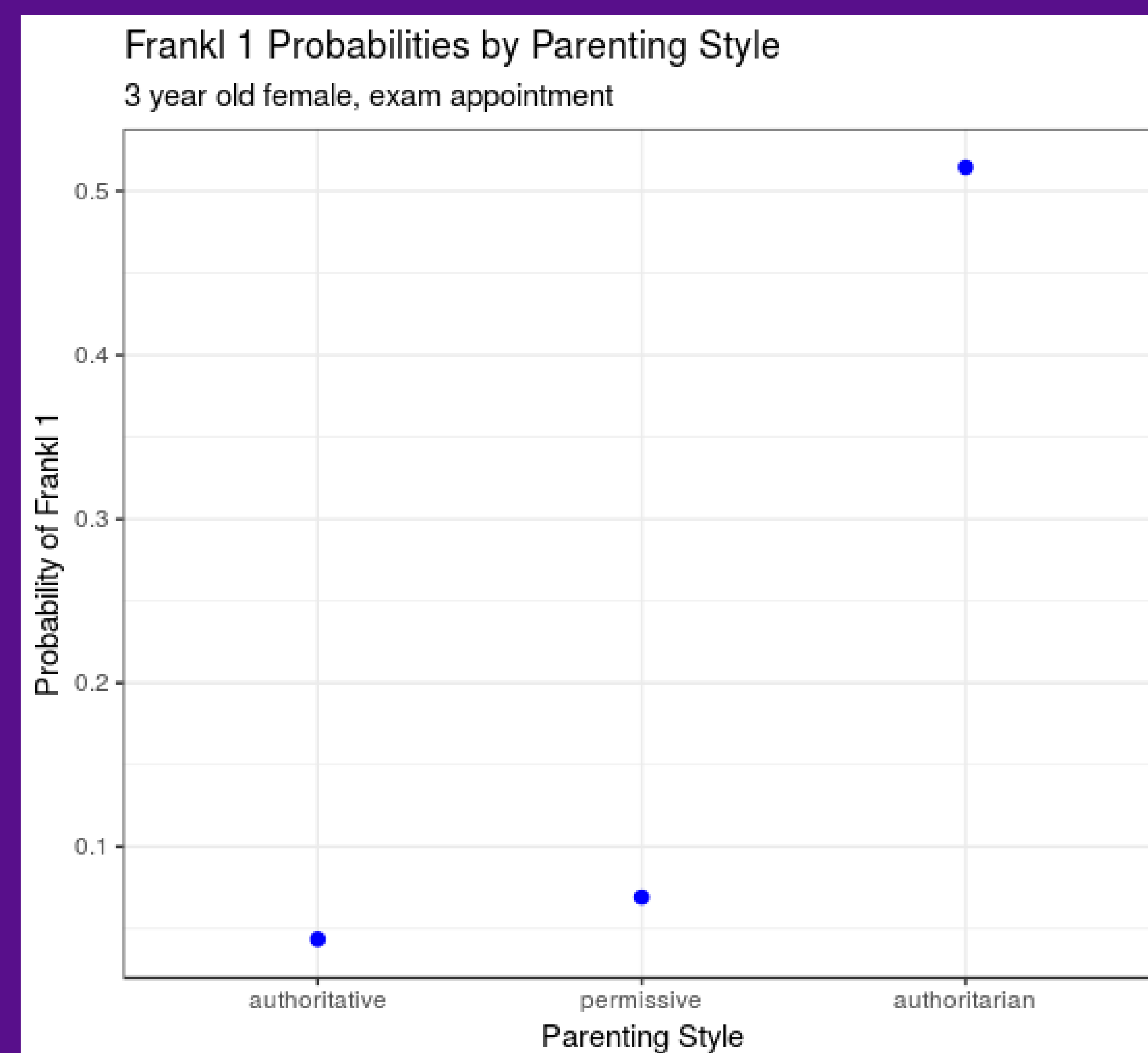
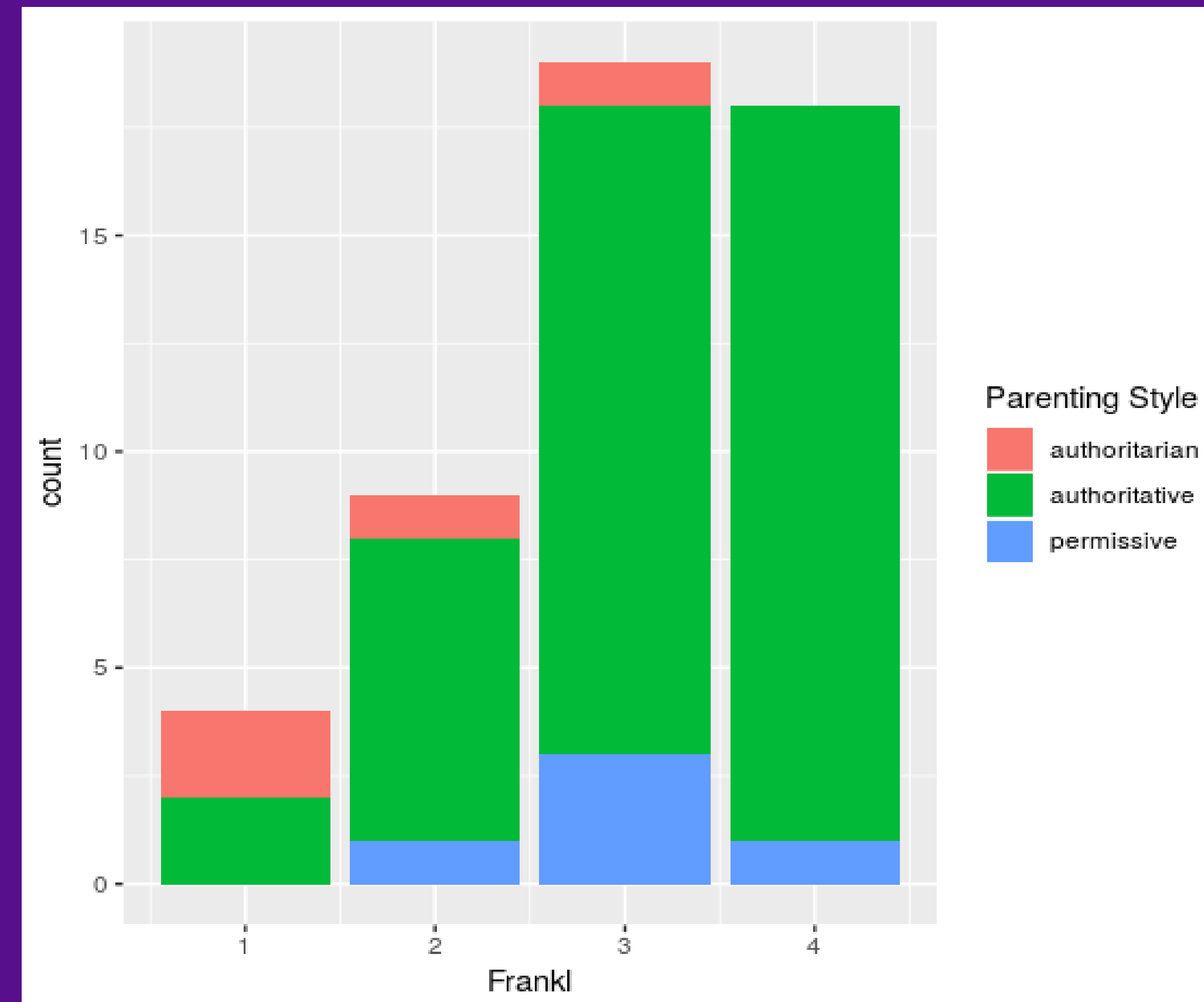
PURPOSE

The purpose of this study is two fold:

- 1) To determine if there is an association between certain parenting styles and levels of behavior on the dental setting.
- 2) To aid dental providers in assessing children's behavior before appointments and to allow for proper behavior management.

METHOD

A parenting style questionnaire (PSQ) was completed by parents/caregivers during their child's dental appointment. Upon conclusion of the appointment, the dental provider ranked the child's behavior on a Frankl Behavior Scale (1-4). Appointments were split into two groups. One group consisted of recall appointments and new exams. The other group consisted of treatment appointments (restorative, extractions, etc.). A Kruskal-Wallis test was used which can analyze if groups have the same mean based on ranks. To analyze this further, a proportional odds model was created, in which the relationship between these predictor variables collected and the recorded Frankl score was analyzed.



RESULTS

- There is a difference between average Frankl score by Parenting Style. (Kruskal-Wallis chi-squared of 6.3222 and a p-value of 0.04238)
- Authoritarian parenting style is associated with lower Frankl scores vs. authoritative parenting style by proportional odds logit model. ($p=0.00439$)
- Permissive parenting style was not found to have a significant difference in Frankl scores from authoritative parenting style. ($p=0.58448$)
- Considering significance at an $\alpha=0.1$ level, appointment type and age can significantly contribute to a patient's Frankl score.

CONCLUSIONS

Lower Frankl scores of children in the dental setting are associated with the Authoritarian parenting style. Furthermore, parents and caregivers who display an authoritative parenting style are less likely to have children who receive lower Frankl scores during dental appointments. In addition to our main purpose, it was also found that lower Frankl scores of children in the dental setting are associated with younger patients and types of appointments.

REFERENCES

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