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How do parents in Southeast Mexico perceive protective stabilization? A qualitative study

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Abstract: **Background:** Among behavior guidance techniques, protective stabilization remains a controversial non-pharmacological approach. Understanding the views of protective stabilization in different parental cohorts across cultural spectrums is relevant in the world's current cultural climate. **Aim:** Qualitatively analyze the perception of parents in southeast Mexico whose children attended a pediatric dentistry residency clinic regarding the use of protective stabilization as a behavior guidance technique. **Methods:** Focus groups with 15 parents were held, after a video screening of the use, indications, benefits, and limitations of the protective stabilization technique. The themes of importance, need, affectionate response, perceived risk or harm, benefits, and acceptability of the use of the technique were used to guide the dialogues. The sessions were audio-recorded and then transcribed for analysis. **Results:** The deductive qualitative data analysis following the delineated themes revealed that parents generally accepted that the use of protective stabilization was necessary for safe and efficient dental treatments to be carried out in their children. Worries about potential physical and psychological concerns were shared, but parents generally agreed that the benefits outweighed the risks when treatments were needed. **Conclusion:** In this context (a university service in southeast Mexico) protective stabilization was accepted by parents when indicated and needed to fulfill secure pediatric dental treatments. This is relevant in contexts like the current one where pharmacological behavior techniques are not as readily available.
Key words: Pediatric Dentistry, Child Behavior, Social Perception, Qualitative Research, Behavior Control.

Como os pais do sudeste do México percebem a estabilização protetora? Um estudo qualitativo.

Resumo: **Introdução:** Dentro das técnicas de orientação comportamental, a estabilização protetora continua sendo uma abordagem não farmacológica controversa. Compreender as perspectivas sobre a estabilização protetora em diferentes coortes parentais de diversos espectros culturais é relevante no contexto contemporâneo. **Objetivo:** Analisar qualitativamente a percepção dos pais do sudeste do México, cujos filhos frequentaram uma clínica de residência em odontologia pediátrica, em relação ao uso da estabilização protetora como técnica de orientação comportamental. **Material e Métodos:** Foram realizados grupos focais com 15 pais, após a projeção de um vídeo na qual foram demonstrados o uso, as indicações, os benefícios e as limitações da técnica de estabilização protetora. Os temas de importância, necessidade, resposta afetuosa, riscos ou danos percebidos, benefícios e aceitabilidade do uso da técnica foram utilizados para orientar os diálogos. As sessões foram gravadas em áudio e posteriormente transcritas para análise. **Resultados:** A análise qualitativa dedutiva dos dados revelou que os pais geralmente aceitavam que o uso da estabilização protetora era necessário para a realização de tratamentos dentários seguros e eficazes. Foram compartilhadas preocupações relativamente a potenciais danos físicos e psicológicos, mas os pais geralmente concordaram que os benefícios superavam os riscos quando os tratamentos eram necessários. **Conclusão:** Neste contexto, a estabilização protetora foi aceita pelos pais quando indicada e necessária para a realização de tratamentos odontológicos pediátricos seguros. Isto é relevante em contextos como o atual, onde as técnicas farmacológicas de gestão do comportamento não estão tão facilmente disponíveis.

Palavras-chave: Odontopediatria, Comportamento Infantil, Percepção Social, Pesquisa Qualitativa, Controle Comportamental.

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¿Cómo perciben los padres del sureste de México la estabilización protectora? Un estudio cualitativo.

Resumen: **Introducción:** Dentro de las técnicas de guía conductual, la estabilización protectora sigue siendo un abordaje no farmacológico controversial. Comprender las perspectivas sobre la estabilización protectora en diferentes cohortes parentales de diversos espectros culturales es relevante en el contexto contemporáneo. **Objetivo:** Analizar cualitativamente la percepción de los padres en el sureste de México, cuyos hijos asistieron a una clínica de residencia en odontología pediátrica, respecto al uso de la estabilización protectora como técnica de guia conductual. **Métodos:** Se realizaron grupos focales con 15 padres, después de una proyección de video en la que se demostraron el uso, las indicaciones, los beneficios y las limitaciones de la técnica de estabilización protectora. Los temas de importancia, necesidad, respuesta afectuosa, riesgos o daños percibidos, beneficios y aceptabilidad del uso de la técnica fueron utilizados para guiar los diálogos. Las sesiones fueron grabadas en audio y luego transcritas para su análisis. **Resultados:** El análisis cualitativo deductivo de los datos, reveló que los padres generalmente aceptaron que el uso de la estabilización protectora era necesario para llevar a cabo tratamientos odontológicos seguros y eficaces. Se compartieron preocupaciones respecto a potenciales daños físicos y psicológicos, pero los padres generalmente coincidieron en que los beneficios superaban los riesgos cuando los tratamientos eran necesarios. **Conclusiones:** En el presente contexto, la estabilización protectora fue aceptada por los padres cuando esta estaba indicaba y era necesaria para cumplir con tratamientos odontológicos pediátricos seguros. Esto es relevante en contextos donde las técnicas farmacológicas de manejo del comportamiento no están tan fácilmente disponibles.

Palabras clave: Odontología Pediátrica, Conducta Infantil, Percepción Social, Investigación Cualitativa, Control de la Conducta.

Introduction

Parenting styles and child behavior are constantly changing, and thus pediatric-treating dental professionals must always closely follow these changes. Alongside this, globalization and migration trends that are almost universal in today's context, add a layer of complexity when treating with children and caregivers from different cultural backgrounds in the dental office. It is well-recognized that behavior guidance techniques (BGTs) are essential clinical tools in pediatric dentistry and thus a multilayered lens must accompany how these procedures are approached and implemented. BGTs have gone through numerous evolutions (many times directly because of evidence-based findings, but others due to changing caregiver-child characteristics) to fulfil their goal of carrying out effective, safe, and quality dental treatment in pediatric patients[1–3]. Differences in BGTs preferences have been reported across different cultural backgrounds, geographical settings, and specific contexts[4–7].

Though most BGTs are well accepted by parents and dental providers, protective stabilization has always been somewhat controversial due to its nonpharmacological and "advanced" nature. Protective stabilization is a BGT that aims to protect the patient, parent and dental team from undesired movement by reducing or eliminating this in an active (with the help of another person) or passive manner (by using a restrictive device)[8]. Studies that have examined parents' perspectives on parental protective stabilization have described that some parents consider this approach a 'safer' option for completing treatment, but it has generally been perceived as one

of the less desirable BGTs[5,9–11]. Factors that have been reported to influence parental perception include age (the younger the parents, the less likely they were to accept the technique), number of visits (the more visits and uses of the technique, the less likely it is to be accepted), and a preference for parents to be involved during the use of the technique[12–14]. Additionally, it has been described that children and adolescents who remember having dental treatments done with protective stabilization (by non-specialist dentists) at some point in their lives have higher dental fear and anxiety[15].

Published evidence helps us understand how protective stabilization is perceived in different country-specific contexts as well as within Hispanic populations (in the USA mainly, where the Mexican population is a big part of this ethnic group)[4,6,10,11,16]. Nevertheless, there is still very little understanding of this subject, from a qualitative research perspective. There are settings where pharmacological BGTs (i.e.- sedation and general anesthesia) are difficult to implement due to cost and/or infrastructure, and thus protective stabilization is many times the only advanced BGT that a dental provider can use. It is important to expand our understanding of the shared experiences and perceptions of BGTs worldwide, while also describing cultural and context-specific differences for dentists who treat diverse pediatric populations. Protective stabilization often represents a challenge to implement and understanding the perceptions of the technique is necessary to ensure it is used in an optimal manner. Therefore, the aim of this study was to qualitatively analyze the perception of southeastern Mexican parents whose children attended a pediatric dentistry residency clinic regarding the use of protective stabilization as a behavior guidance technique, with emphasis on the importance of the technique, the need for its use, the affective attitude, the perceived risk or harm, its benefits and acceptability.

Material and methods

The authors followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ)[17].

Ethical Aspects

This study received approval from the Autonomous University of Yucatan's Faculty of Dentistry (FOUPI #550-A/2021).The present research followed the ethical principles for medical research on human subjects established in the Declaration of Helsinki to safeguard the privacy of the persons participating in the research and the confidentiality of their personal information . The Mexican NOM-012-SSA3-2012 was also followed, as this establishes the criteria for the execution of health research projects on human subjects, guaranteeing that the study does not expose the research subject to unnecessary risks and that the expected benefits are greater than the predictable risks. Written informed consent was collected from all participants.

Study design, theoretical underpinning and participant selection.

Data was collected through in-person focus groups. Participant sampling was carried out through purposeful, typical case sampling[18], by recruiting parents that took their child to a pediatric dentistry residency clinic in a public university in a southeastern city in Mexico (Merida, Yucatan). Phenomenology guided this study, as this qualitative research approach seeks to understand communal or shared experiences[19]. In this study, understanding parental perceptions of the use of the protective stabilization technique for pediatric dental treatments was the phenomenon to study. The sample size for this study was guided by previously described phenomenological qualitative theory[20].

Once potential interested parents were identified, they were organized into two groups. The first group consisted of parents aged 18 to 30 years old and the second group of parents over 30 years of age. Participants were selected based on the following inclusion criteria: parents whose children did not have special health care needs, had been screened (but not yet treated) in the pediatric dentistry residency clinic, were of southeastern Mexican origin and had not previously received dental treatment with the protective stabilization technique.

Data collection

Parents were briefed on the research aims and consented that the focus group they were participating in be audio-visually recorded with a Canon© EOS Rebel T7 camera. The focus group sessions were led by a moderator (Author ALP) who began by welcoming the participants with an "icebreaker" activity. Next, parents watched a video on the protective stabilization technique that was produced by the research team. The video consisted of a simulation of the protective stabilization technique (both in an active and passive manner), and an explanation of its objectives, indications, and limitations in simple, culturally appropriate terms. Subsequently, a semi-structured interview script was used to guide the dialogue, which included prompts covering the following themes related to the protective stabilization technique: importance, need, affectionate response, perceived risk or harm, benefits, and acceptability of the use of the technique. The topics of the script derived from the themes reported by Ilha M. C. et al. (2020), in which the perception of the use of protective stabilization among mothers, psychologists, and pediatric dentists was explored[12]. Parents were allowed to share and engage until they wished to do so, or until saturation was reached. Field notes were taken and were reviewed at the end of the meeting with the participants to allow for member-checking. Finally, participants were thanked and given monetary compensation for their time and participation.

Data Analysis

For data analysis, the recorded audio was first transcribed. To ensure the expressed opinions of each participant were captured, linguistic errors and cultural expressions were preserved. When translating to English in preparation for this publication, gender-specific pronouns that referred to

children in Spanish (el/la), were gender-neutralized for better translation as it was the authors' appreciation that it did not change the context and/or content. The Braun & Clark thematic analysis technique was followed, utilizing the ATLAS.ti 9 software© [21]. Data analysis was deductive as it was based on the categories previously established in the semi-structured interview script. The results were described from the set of codes and typologies, highlighting the main ideas, assessing plausibility, and understanding the relationship between the themes based on the purpose of the research.

Statement of Reflexivity and Positionality

All of the participating authors (except for author JLO) are clinically trained pediatric dentists from Mexico. They acknowledge the power differential that can exist between participants (parents in the study) and the interpretation led by the research team. It is the opinion of the authors that the expertise in pediatric dentistry allows for the analysis to take a dental provider perspective, in line with a phenomenological approach. Additionally, authors ALP, JLO and RSP are also parents of two children (each) and acknowledge their positionality as it relates to the presented topics. Member-checking allowed for the triangulation of the results with the participants, thus obtaining reliability.

Results

The sample consisted of 15 parents in total between the two focus groups that were conducted. Of the participating parents, 10 (66.67%) self-identified as mothers (female) with an average age of 34.90 years (SD ±10.15), and 5 (33.33%) self-identified as fathers (male) with an average age of 38.40 years (SD ±14.10 years). Participants' characteristics are described in Table 1.

The deductive-driven analysis allowed for the results to be organized according to the themes covered by the interview script. Selected quotes from the themes are presented.

Importance of using Protective Stabilization

In a general sense, parents recognized the importance of using protective stabilization during pediatric dental treatments. There

Table 1. *Demographic characteristics of study participants*

Focus Group 1 (Parents aged 18-29 years old)	
Gender	Age
Mother 1	22
Mother 2	27
Mother 3	29
Mother 4	23
Father 1	21
Father 2	29
Focus Group 2 (Parents aged 30 years or above)	
Mother 5	34
Mother 6	35
Mother 7	41
Mother 8	45
Mother 9	54
Mother 10	39
Father 3	46
Father 4	57
Father 5	39

was a specific recognition of adopting the technique to avoid unwanted/ unwarranted movements that could occur and in turn harm the patient and/ or dental staff.

> *...because they [the child] can see what is about to be done to them [dental treatment], they might use their hands or harm in other ways. They could use their hands or hit the person who is working. (Mother 2, Age 27)*

> *...so yes, I feel that it is a very good option to prevent them [the children] from hurting themselves and even prevent them from hurting the doctor by kicking around. (Father 3, Age 46)*

Need of using Protective Stabilization

Parents recognized that this technique is necessary for children with a lack of ability to comply during dental treatments. It was expressed that using protective stabilization was important to avoid harm to both children and dental staff and the effective use would lead to the completion of treatments in a safe manner for both parties. Parents acknowledged that the need for using this technique is based on the circumstance and believe this should become an important factor in taking the decision to use it.

> *... child's safety is first and, this [protective stabilization] is another option if they aren't relaxed; because well, as they say, there are children who have "an instinct", and if the intervention [dental treatment] is necessary, we should go ahead and use it because I am also concerned about their health. (Mother 6, Age 35)*

> *...there also comes a point when they [the children] don't willfully accept treatment and that is when this technique should be used. It gives an opportunity to safely perform the treatment. (Father 3, Age 46)*

Affectionate response (towards their child) with the use of protective stabilization

Concern, despair, and fear were expressed by the participants as a response after having observed the video, specifically commenting on active and passive protective stabilization approaches.

> *I feel concerned, that they [the children] might develop some type of trauma from being tied down, I feel it is more impactful that they are "tied down". (Mother 7, Age)*

> *I am fearful because the child is moving around [while using protective stabilization], and won't stay still. (Mother 1, Age 22)*

> *I felt despair when seeing them [the child] tied down, but we know it's for their health and wellbeing. (Father 4, Age 57)*

Perceived risk or harm to the child when using protective stabilization

Parents mentioned that due to the apparent force that the dental provider or team could apply when using protective stabilization, physical harm could potentially be caused to the child. Additionally, it was implied that due to early age, young children might not experience emotional damage because they rarely have memories of past experiences during that life stage.

> *I perceive physical damage being done because I imagine that they grab them [the*

child] with force and cause psychological damage because the child is tied up like they were a small animal, leaving the child nervous when they leave [the appointment]. (Mother, Age 22)

I don't think it affects them much psychologically, if they are young children they forget it; by the time they have arrived home, they have already forgotten about it. (Father 4, Age 57)

Benefits of using protective stabilization

Parents perceived that among the main benefits of using protective stabilization, is that it prevents children and dental staff from harm, as well as allows for dental treatments to be completed in a "quicker" manner. Throughout the conversations, there was an understanding that the benefits of using protective stabilization outweigh the potential risks that could arise if the technique was not used.

It keeps them from getting hurt… gets the job done faster. (Mother 8, Age 45)

…If they feel that something is going to be done to them [the children], instinctively, they want to raise their hand, and hit them [the dentist] in the face or hit them in the hand, to hurt them back. There are children who do not like to be still, to have physical pressure on them or to be totally paralyzed. (Father 5, Age 39)

Acceptability of the use of Protective Stabilization

Finally, regarding the acceptability of the technique, some participants preferred active protective stabilization whilst others passive.

Those who preferred active protective stabilization mentioned that by being part of the technique implementation, they have the opportunity to provide support to the child in the form of comfort and trust, observe the way the treatment is being conducted and feel that they are doing good for the child.

I would feel calm if I participated and saw what they were doing to them... it gives the child more confidence if I participate during it [the treatment]. (Mother 3, Age 29)

If we help, we would feel better because we could feel that we are helping to get the job done right. (Father 2, Age 29)

It is better with the assistant, the assistant holds the child, but talks to them and gives them confidence, it is different if a person is holding you compared to a device. (Mother 4, Age 23).

Those who preferred passive stabilization mentioned that they did so because they consider that the professionals are trained and that they can transmit confidence to the patient by using the technique in an appropriate manner, while the parents would not. Other parents preferred this approach because they did not want to cause psychological harm to the child as they are the child's attachment and security figure.

…But if I think about the risk, I prefer that they tie them up because if a parent grabs them, they could easily get loose and hurt themselves. (Mother 7, Age 41)

I prefer that they use the device, imagine the trauma, the pain and everything. (Mother 1, Age 27).

Discussion

This study highlights the complexities behind protective stabilization use, perception and acceptance. The findings further expand knowledge on the perception of a BGT that remains sensitive in the public and professional opinion. Nevertheless, protective stabilization seems to be accepted depending on the circumstance, as reflected by the results in this study. The landscape of acceptance and approaches of different BGTs appears to be changing, yet to fully understand this phenomenon we must diversify and amplify the voices of parents around the globe.

In the case of this study (a southeastern Mexican university-based service), context is highly relevant. Dental services available to both patients (to access) and dental professionals (to use) are not the same as those reported in other literature from the global north or Europe. The authors consider that the study's context is similar to the reality of other regions in Latin America, as well as countries with similar socioeconomic conditions. It is documented that the use of pharmacological BGTs is becoming more common in the United States of America, as well as in countries with more developed economies and health services[22]. The use of pharmacological BGTs in the context of this study is not common, as this approach usually represents a significant cost for the patient, provider, and/or health service. Other similar studies have indicated that pharmacological BGTs regularly represent significant legal and/or economic implications and thus are not feasible or the first option for dental providers[11,12].

The findings from this study suggest that, although parents recognized the protective stabilization technique as important and necessary to maintain child and dental provider safety (as well as improve the quality of carrying out dental treatments), some parents perceived the technique as aggressive and considered that its use could physically or emotionally harm the child. These findings are similar to other qualitative studies, as it has been reported that mothers have expressed feeling agony, pity and nervousness when seeing their children in vulnerable situations, as well as feeling guilt or betrayal of the child for having to use the technique.[12,23]. It is undesired that parents walk away with these feelings, and more must be done so that parents are aware of what using protective stabilization will imply before their child's treatment. Additionally, it was identified that parents have conflicting ideas about the usage of active or passive stabilization, and thus preferences should be identified and established before implementing the technique.

An interesting finding within the scope of this study is that related to the differences that exist amongst the parents' age and acceptance of the technique. Parents that were 30 years and older seemed to have a more positive perception on understanding the need for the use of protective stabilization. These findings align with similar studies and this trend has been explained by the differences in parental upbringing that can exist between different generations[13,24].

This study highlights the importance of considering potential cultural differences amongst the populations we treat. It has been suggested that children become members of culture through interaction with their parents, while social development is dependent on their environment[25]. This is relevant in existing modern multicultural societies, as we need to better understand the contexts of our dental practices, as well as adequately develop cultural competence[26,27]. It has been suggested that in pediatric dentistry, respecting cultural values, understanding the impact of beliefs and practices and establishing proper communication are key factors for patient behavior and familial compliance[2]. We must be vigilant of differences of BGTs preferences in our practices, as families might have immigrated from areas that do not routinely offer non-pharmacological BGTs and might be more inclined to using a technique they are familiar with, or might require more information to make a fully consented decision as to how they want their child to be treated.[28].

This study has the limitation that the only stratification among the participants was the differences in age. Understanding further factors like educational level, the parents' own dental experiences, and socioeconomic level could enrich the information and provide deeper insights. Additionally, studying parental generational characteristics (i.e.- "Boomer" vs. "Millennial" parents) could potentially outline further differences. Another limitation is the fact that the video presented exemplified a scenario where the protective stabilization technique was implemented under "ideal conditions", and no other techniques (e.g. pharmacological ones) were shown. Finally, the authors recognize that Mexico is a diverse country, and these results cannot represent the entirety of the population (or populations beyond). The authors theorize that diversity in results would be found if the study were replicated beyond the specific regional area sampled, as well as in cross-country contexts; for that they call on more research of this nature to be carried out to better understand this topic.

The choice to use protective stabilization must be well justified, and due to the nature of the technique, it is necessary to understand perception of the parents so that both they and the child feel confident in its use. Studying this technique from a specific cultural context, as was the case in this study, will help the pediatric dentistry community to better apply these results in contexts that are similar to the present one.

Conclusion

In the studied population, protective stabilization perception is still complex amongst parents, but is generally accepted as a form to treat children when it is indicated and found necessary. Parents wish to avoid the perceived physical and psychological harm that protective stabilization could have on their children, and thus more comprehension, empathy and respect must accompany this approach when used. This study illustrates the parental views of a relevant topic in pediatric dentistry in a

generally underreported population and could serve as a parallel for comparison in other similar contexts.

Abbreviations

BGT/BGTs: Behavior Guidance Technique/ Behavior Guidance Techniques

COREQ: Consolidated Criteria for Reporting Qualitative Research

FOUPI: University of Yucatán Faculty of Dentistry Postgraduate Unit

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Conflicts of interest:

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