



## Attitudes and Preferences of Parents About Being Present in the Pediatric Dental Operator – A Cross Sectional Study in North Chennai

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### ABSTRACT

**Purpose :** To determine the attitudes and preferences of parents being present in the pediatric dental operator at North Chennai. **Methods :** Parents (N = 85) whose children had dental appointments at the department of pedodontics and preventive dentistry. Parents identified attitudes/ preferences associated with few commonly pediatric dental scenarios. Data were analyzed using chi – square tests. **Results :** All the parents (100 percent) wanted to be present during their child's dental treatment. **Conclusion :** In this study, parents prefer to remain with their child during dental treatment. Practitioners are encouraged to consider their presence customary and establish office policies and protocols that beneficially involve parents in their pediatric dental care.

### KEYWORDS

Parental Presence, Dental Operatory, Attitudes, Preferences

### Introduction

The most challenging duty probably experienced by the young children parents are growing up the child (1). Parents are essential representation for their children and childhood is influenced by their capacity and skill to develop a harmonious and secure environment for their children (2).

Well skilled pediatric dentist are increasingly attentive in modifying the parenting styles continuously (3). In 1991, Lawrence et al. reported that parents rated invasive procedures, such as voice control, active restraint, hand over mouth exercise, and use of a papoose board, more favorably use of pre medication and general anesthesia (4). During any medical and dental procedures, parental presence had been a controversial topic. The controversy focuses on how the parental presence or absence affects children's, providers and parents responses to the dental treatment (5). Two systematic reviews, reported mixed evidence in concerning the effects of parental presence or absence on children's responses (6, 7).

While some authors evaluated and found that the parental presence was beneficial (8), other authors provided evidence that it is not helpful (9) or that there was no significant difference in the behavior of the children whose parents were present or absent (10-13). The guidelines of the American Academy of Pediatric Dentistry (AAPD) include parental presence or absence as a method to establish effective dentist child communication during dental treatment (14).

Peretz and Zadik evaluated in 1988 that child's age did not significantly influence the parental preference. Research concerning whether parents of girls would be more likely to re-

main with their child versus parents of boys showed that child's gender did not affect the parent preferences (15, 16).

Peretz et al. reported that no significant relationship between the child's previous dental experience and parental preferences for being present in the dental operator, other findings suggest that there might be a relationship between a child's previous dental experiences and parents desire to accompany their child (17,16). In addition to child factors, parental factors were studied to explore whether they have affected the parents desire to remain with their child. Past experimental clinical studies reported that parental age was not significantly correlated with the parents desire to accompany their child (15, 17) or the degree to which parents had previous dental experiences (15, 16, 17).

The purpose of study was to determine the attitudes and preferences of parents about being present in the pediatric dental operator in North Chennai.

### Material and Methods

#### The short study

Approval for the study protocol was obtained in accordance with the Indian Council of Medical Research (ICMR) guidelines, from Institutional Ethics Committee of the Dr MGR Educational and Research Institute University, Chennai (Dr. MGR-DU /TMDCH/ 2015 – 16/0408018)

The target populations to be analyzed were the parents who bring children for the out patient department in our college campus. The parents were approached to complete a printed questionnaire. This study was conducted from

July 2015 to December 2015. The questionnaires were distributed in person to the patient parents in Department of Pedodontics and Preventive Dentistry. Participation was completely voluntary. The participants had the liberty to quit from the study at any stage. The questionnaire was distributed and ensured that the participant filled the form in front of them in their own hand writing and to be signed at the end after completing the questionnaire. The questionnaire took approximately 15 – 20 minutes to complete. In between filling the questionnaire form, there was no clarification made or no one cleared any doubts of the participants. The completed questionnaires were safely collected and preserved for further analysis.

**Sample**

A questionnaire was given to the parents who bring their child for the dental treatment. A total of 85 patients were given the questionnaire. There were five non-respondents who submitted incomplete questionnaire and they were excluded from the study. The final population of parents who took the study was 80 with a mean age group of 34 years (range 25-50 years).

**Questionnaire**

The semi structured questionnaire consisting of 10 questions was formulated for the purpose of this study. The questionnaire had all open ended questions. It focused on the child patient parents attitude, their preferences towards the management of children in the dental operatory with regard to pediatric dental treatment.

The first two questions pertained to gathering information about whether they have undergone any dental treatment before and preferences of being present during their child's dental treatment. Questions 3 and 4 assess the participants previous dental experience in dental treatment and discussion about their experience with your child, before their child visit the dentist. Questions 5, 6 are related to their parent would be comfortable, if their child was crying or struggling and parent presence in front of your child will make him or her more comfortable. Question 7 brings out that the parents wants to know the child's dental treatment and procedure priorly. Question 8 addressed whether they have ever observed the any children dental treatment before (Like examination, X rays, Fillings, Stainless steel crowns, Extractions, Physical restraints). Questions 9 related to the parents whether they prefer the dentist to decide, to remain in the dental operatory during child's dental treatment. Questions 10 asked the participant's whether they have watched any children's dental procedures in internet and if they choose yes has answer and question your dentist while performing to your child in the dental operatory.

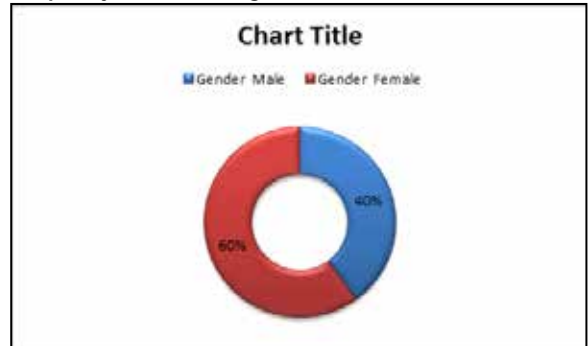
**Statistical analysis**

Of the 80 samples collected, all the participants either said yes or no when asked for the attitudes and preferences of parents being present in the dental operatory. Hence, a total of 80 responses were included for the final statistical analysis. Descriptive statistics was used to report the responses as counts and age. Statistical software (SPSS for Windows, Version 12, IBM SPSS, and Armonk, N.Y.) was used to analyze the data collected. Relationship between demographics and responses to scenarios were analyzed using chi- square testing.

**Results**

To compare the proportions Chi-Square test is applied, if any expected cell frequency is less than 5 then Fisher's exact test is used. SPSS version 22.0 is used to analyze the data. Significance level is fixed as 5% ( $\alpha = 0.05$ ). The question responses of greater significance value have been mentioned under the category of gender, age group, and education level (Given in figures and tables).

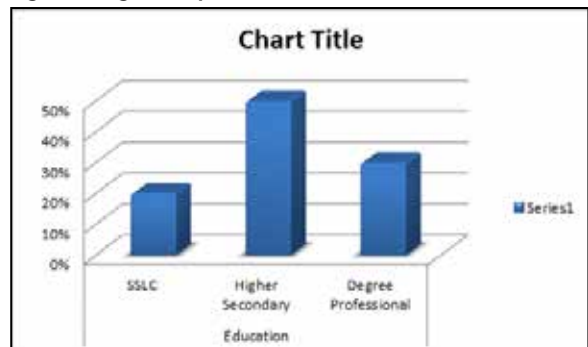
**Frequency (Data's in diagrams)**



**Figure 1: Gender**



**Figure 2: Age Group**



**Figure 3: Education**

**Chi-Square test to compare proportions between Genders**

**Table 1: Gender comparison proportion and statistical significance**

| Factors | Gender |    |        |    |       |    |       | P-Value |
|---------|--------|----|--------|----|-------|----|-------|---------|
|         | Male   |    | Female |    | Total |    |       |         |
|         | N      | %  | N      | %  | N     | %  |       |         |
| Q02     | Yes    | 32 | 100.0  | 44 | 91.7  | 76 | 95.0  | 0.999   |
|         | No     | 0  | 0      | 04 | 8.3   | 04 | 5.0   |         |
|         | Total  | 32 | 100.0  | 48 | 100.0 | 80 | 100.0 |         |
| Q05     | Yes    | 20 | 62.5   | 28 | 58.3  | 48 | 60.0  | 0.999   |
|         | No     | 12 | 37.5   | 20 | 41.7  | 32 | 40.0  |         |
|         | Total  | 32 | 100.0  | 48 | 100.0 | 80 | 100.0 |         |
| Q06     | Yes    | 28 | 87.5   | 44 | 91.7  | 72 | 90.0  | 0.999   |
|         | No     | 04 | 12.5   | 04 | 8.3   | 08 | 10.0  |         |
|         | Total  | 32 | 100.0  | 48 | 100.0 | 80 | 100.0 |         |
| Q10     | Yes    | 0  | 0      | 04 | 8.3   | 04 | 5.0   | 0.999   |
|         | No     | 32 | 100.0  | 44 | 91.7  | 76 | 95.0  |         |
|         | Total  | 32 | 100.0  | 48 | 100.0 | 80 | 100.0 |         |

**Chi-Square test to compare proportions between Education levels**

**Table 2: Education level comparison proportion and statistical significance**

| Factors | Education |    |       |        |       |    |        |    |       | P-Value |       |
|---------|-----------|----|-------|--------|-------|----|--------|----|-------|---------|-------|
|         | Middle    |    |       | Higher |       |    | Degree |    |       |         | Total |
|         | N         | %  | N     | %      | N     | %  | N      | %  | N     |         |       |
| Q02     | Yes       | 16 | 100.0 | 40     | 100.0 | 20 | 83.3   | 76 | 95.0  | 0.500   |       |
|         | No        | 0  | 0     | 0      | 0     | 04 | 16.7   | 04 | 5.0   |         |       |
|         | Total     | 16 | 100.0 | 40     | 100.0 | 24 | 100.0  | 80 | 100.0 |         |       |
| Q07     | Yes       | 16 | 100.0 | 40     | 100.0 | 20 | 83.3   | 76 | 95.0  | 0.500   |       |
|         | No        | 0  | 0     | 0      | 0     | 04 | 16.7   | 04 | 5.0   |         |       |
|         | Total     | 16 | 100.0 | 40     | 100.0 | 24 | 100.0  | 80 | 100.0 |         |       |
| Q08     | Yes       | 12 | 75.0  | 12     | 30.0  | 12 | 50.0   | 36 | 45.0  | 0.306   |       |
|         | No        | 04 | 25.0  | 28     | 70.0  | 12 | 50.0   | 44 | 55.0  |         |       |
|         | Total     | 16 | 100.0 | 40     | 100.0 | 24 | 100.0  | 80 | 100.0 |         |       |
| Q09     | Yes       | 16 | 100.0 | 40     | 100.0 | 20 | 83.3   | 76 | 95.0  | 0.500   |       |
|         | No        | 0  | 0     | 0      | 0     | 04 | 16.7   | 04 | 5.0   |         |       |
|         | Total     | 16 | 100.0 | 40     | 100.0 | 24 | 100.0  | 80 | 100.0 |         |       |
| Q10     | Yes       | 0  | 0     | 04     | 10.0  | 0  | 0      | 4  | 5.0   | 0.999   |       |
|         | No        | 16 | 100.0 | 36     | 90.0  | 24 | 100.0  | 76 | 95.0  |         |       |
|         | Total     | 16 | 100.0 | 40     | 100.0 | 24 | 100.0  | 80 | 100.0 |         |       |

**Discussion**

This study was designed to obtain the preferences and attitudes of parents about their presence in the dental operator for commonly performed dental procedures and behaviour management techniques. As perceived by pediatric dentist, parenting styles have evolved over the years (3). Parents are expressing an increasing desire to participate in their child's dental care and appear more concerned about the degree of difficulty, their child may experience throughout their dental treatment appointments. There is also increasing trend among clinicians to approve, in having the parent in the operator while the child is receiving the dental procedures. Parental presence versus absence continues to be a solid fixture within the AAPD Guidelines, which advocates the dental practitioners to consider parents desires and wishes to participate in their child's examination and or treatments until deemed otherwise (18).

In the present study, the results showed the clear preference of parents (100 percent) to be present in the operator, regardless of specific dental procedure or behavior management technique being employed. These results were consistent with a study by Rao et al. (1999), assessed similar parental attitudes and found that 78 percent of parents expressed a willingness to be present with the child during dental procedures (19). Added to that similarity within the study, the reason for parental desire will provide more comfort to the child.

An interesting aspect of parental presence was investigated by Kim et al., whose study explained how a consistency or inconsistency between the parents desire to remain or not remain with their child affected their satisfaction with the appointment and their attitudes toward the dentist and dental visit. The study concluded that, by allowing parents who desired to be present to actually to do so, they were more satisfied with the overall dental appointment and had a more positive attitude toward the dentist and dental visit and a more positive perception of their child's response to the appointment (20).

To the best of author's knowledge, this is the first study in Chennai, to suggest that a parent's level of education may, in fact, influence their desire to be present during pediatric dental procedures. Those with an education level of high school and greater were more likely to want to be present if they were unfamiliar with treating pediatric dentist. This demonstrates that the relationship the practitioner has with parents should also be considered when determining parental presence or absence; additionally, it is probably worth the investment of time necessary for the practitioner to become well acquainted with the parents.

This study was subjected to several limitations. Certainly both gender and racial bias could have been present due to proportionately small percentage of participants involved in the study. The result of the study can vary, if more number of participants had involved.

**CONCLUSION**

Based on the study's results, the following conclusions was made. Parental presence eliminates the child separation anxiety and enhances better cooperation of child. With the changing parenting trends, parents want to be more active and involved in the welfare and well being of their kids. Allowing the parent inside the pediatric dental operator make them more satisfied and have a stronger bond with their child by being present during high anxiety pediatric dental procedures.

Mostly, all the parents (100 percent) have a preference to be present in the pediatric dental operator, despite of any pediatric dental procedures or behavior management techniques, a pediatric dentist may execute.

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**CONFLICT OF INTEREST**

None.

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