
Parent child separation during dental care: a survey of parent's preference

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Abstract

Seventy-nine parents were surveyed to determine if they preferred to be present when their children underwent dental care. The participants were asked to complete a closed-ended questionnaire before the visit. Sixty-six per cent of the parents wanted to be present with their child for care. Of the parents wishing to accompany their children, 85% responded that they would feel better, and 92% believed the child would feel better. Of the 34% of parents who did not wish to be present, most felt that their children were old enough to receive treatment by themselves (82%), or their presence might cause the child to misbehave (63%). There was no significant difference ($P < .01$) between the two groups concerning military status, education level, parent's age, parent's previous dental experience, or having other children in the family. Sixty-seven per cent of the parents previously had accompanied their children into the dental operatory. Generally, parents who wanted to be present had younger children, or children making an initial dental visit. (*Pediatr Dent* 14:231-35, 1992)

Introduction

Parents traditionally have been excluded from the dental operatory for their children's dental care.^{1, 2} Separation of the child from the parent was seen as an office policy that eliminated many behavior problems. Excluding the parent allowed the dentist to develop a rapport with the child-patient without parental interference. Glasrud³ reported that 75% of surveyed dentists view parents as a hindrance to the preschool child's behavior in the dental office, and therefore exclude parents from the operatory. Currently, only 7% of United States dentists report routinely having a parent remain with the child during treatment.⁴

Bauchner et al.⁵ surveyed parents who brought children to a pediatric medicine emergency department; they found that most parents want to be present when their children undergo invasive procedures such as venipuncture or intravenous line placement. Most of these parents felt that their presence would make the child feel better, and would help the physician. The Association for the Care of Children's Health (ACCH) promotes parental involvement in the health-care setting.⁶

Studies have evaluated the effect of parental presence in the dental operatory for treatment. Wright and

Alpern^{7, 8} found a direct correlation between maternal anxiety and a child's anxiety and negative behavior in the dental office. Pfefferle et al.⁹ found no significant behavioral differences between children accompanied by parents and those not accompanied. While there is no general consensus among pediatric dentists as to whether a parent should be permitted in the dental operatory, trends show increased parental involvement in decision making, consent, and care provision.¹⁰

The purpose of this study was to assess parents' preference to be present while their children undergo dental procedures, and the reasons for their decision. The results of our survey should allow the practicing dentist to formulate office behavior management communications and techniques from the parents' perspective.

Materials and Methods

The sample consisted of adults who were selected randomly from a group of parents accompanying children to the 86th Medical Group Dental Clinic, Ramstein Air Base. No differentiation was made for child-patients reporting for examination, preventive dental prophylaxis, or operative care. Parents were asked to complete a closed-ended questionnaire before their child's dental visit. The survey consisted of two sections. The first section requested demographic information: relationship to child-patient, age, military status, education level, previous dental experience, child's age and gender, and previous dental visits for the child. The second section asked parents to state their preference on accompanying the child into the dental treatment room, and questions concerning their preference choice.

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Data analysis included tabulation of frequency distributions, percentages, and nonparametric statistical analysis (Chi-square) for the information obtained from the parental information questionnaire.

Results

The sample included 79 adults, all of whom reported being the parent of the child-patient. Most of the participants were mothers (77%). The mean age of the parent was 32 years, with a range of 22 to 46 years. Most of the survey population (71%) were enlisted service members or were enlisted active duty, the remainder being officers or the spouses of active duty officers. Most participants (77%) had completed at least some college, only two adults in the sample had not completed high school. Fifty-four per cent of parents described their own dental experience as tolerable, while 42% related enjoyable or pleasant past dental visits. Sixty-seven per cent of the parents previously had accompanied their child into the dental operatory for examination or treatment.

The child-patients ranged in age from 1 to 14 years with a mean age of 7 years. Thirty-five of the child-patients were male, and 44 were female. Thirteen per cent of the child-patients were presenting for their first dental examination. Most children had previous dental visits with a mean of six prior appointments. Sixty-seven per cent of the child-patients had a sibling who had previous dental experience.

Tables 1 and 2 (Table 2, next page) summarize the characteristics of the survey respondents. Sixty-six per cent ($N = 52$) of the parents responded "yes" to the question, "Do you wish to be present in the dental treatment room with the dentist and your child?" The average age of the parents wanting to accompany their children was 32 years. Seventy-five per cent ($N = 39$) of these parents had college-level educations. Thirty-eight

Table 1. Demographic characteristics of survey respondents

Characteristics	Parent's Preference to be Present with Child			
	Parent Present <i>N</i> (%) <i>N</i> = 52		Parent Separation <i>N</i> (%) <i>N</i> = 27	
Relationship to child				
Mother	37	(71)	24	(89)
Father	15	(29)	3	(11)
Other/guardian	0	(0)	0	(0)
Age of adult				
20-24	3	(6)	1	(4)
25-29	13	(25)	1	(4)
30-34	19	(37)	15	(56)
35-39	11	(21)	8	(30)
40+	4	(8)	2	(7)
Unanswered	2	(4)	0	(0)
Military status				
Spouse of enlisted active duty	22	(42)	13	(48)
Spouse of active duty officer	15	(29)	6	(22)
Enlisted active duty	13	(25)	6	(22)
Active duty officer	2	(4)	1	(4)
Unanswered	0	(0)	1	(4)
Education				
Completed eight grades of school	0	(0)	1	(4)
Completion of some high school	1	(2)	0	(0)
Receipt of high school diploma	12	(23)	4	(15)
Completion of some college	22	(39)	15	(56)
Completed college	17	(33)	7	(26)
Description of dental visits				
Enjoyable or pleasant	20	(38)	13	(48)
Tolerable	30	(58)	13	(48)
Nerve wracking	1	(2)	1	(4)
Terrifying	0	(0)	0	(0)
Unanswered	1	(2)	0	(0)

per cent ($N = 20$) of the adults described their previous dental experiences as enjoyable; only one found dentistry nerve-wracking. The mean age for the children was 5 years, with a range of 1 to 11 years. Forty-two per cent ($N = 22$) of the children were male, and 58% ($N = 30$) were female. On average, the children had five previous dental appointments, although 10 children (19%) in this group were having their first dental experience.

In response to questions concerning a preference choice of accompanying their child, 85% ($N = 44$) responded they would feel better if they were present while dental care was provided. Ninety-two per cent ($N = 48$) felt their child would feel better if the parent was present. Fifty per cent ($N = 26$) of the parents replied that their presence would help the dentist with the proce-

ture. Only 44% (N = 23) of the parents felt their children were too young to go by themselves for treatment. In this group, 65% (N = 34) had accompanied their child previously for dental treatment.

In the parent population, 34% (N = 27) did not want to be present with their child for dental care. The mean age of this parent group was 33 years. In terms of education, 22 (81%) had completed college, or had college experience. Forty-eight per cent (N = 13) described their own dental experiences as enjoyable, and 48% (N = 13) related tolerable dental appointments. The mean age for the children was 8.6 years, with a range of 4 to 14 years. Fifty-two per cent (N = 14) of the children were male, and 48% (N = 13) were female. On average, the child-patient had been seen by a dentist previously on seven occasions; only one child was scheduled for the first dental visit.

Sixty-three per cent (N = 17) of those parents not wishing to be present for dental care felt their presence might cause the child to misbehave. Eighty-two per cent (N = 27)

felt their children were old enough to receive treatment by themselves. In this parental group, 66% (N = 19) previously had accompanied their children to the dental operator.

There was no significant difference ($P < 0.01$) between the two groups concerning the following variables; officer or enlisted family members, education level, parental dental experience description, adult age, or other children in the family.

Discussion

Pediatric dental care is influenced by the parents, the child-patient, and the dental team. No part of this triad can be viewed in isolation; each interrelates, and their relationships are not static.¹ Establishing good communication with the parent and child is the first step in developing positive attitudes in the child about dentistry.¹¹

Table 2. Demographic characteristics of child-patient

Characteristics	Parent's Preference to be Present with Child			
	Parent Present N (%) N = 52		Parent Separation N (%) N = 27	
Gender of child				
Male	22	(42)	14	(52)
Female	30	(58)	13	(48)
Age of child				
Younger than 2	2	(4)	0	(0)
2-4	14	(27)	1	(4)
5-6	18	(35)	5	(19)
7-8	9	(17)	7	(26)
9-10	5	(10)	7	(26)
11-12	2	(4)	5	(19)
13+	0	(0)	2	(7)
First dental visit				
Yes	10	(19)	1	(4)
No	42	(81)	26	(96)
Number of previous dental visits				
None	10	(19)	1	(4)
1-2	9	(17)	3	(11)
3-4	16	(31)	5	(19)
5-6	7	(13)	1	(4)
7-8	0	(0)	3	(11)
9-10	2	(4)	1	(4)
11+	4	(8)	4	(15)
Unanswered	4	(8)	9	(33)
Other siblings who have had previous dental visits				
Yes	44	(85)	22	(81)
No	8	(15)	5	(19)

The current survey found that 66% of parents wanted to be present and be involved more actively with their children's dental care. This study found that 92% of these parents felt their presence would make the children feel better about their care. These results are in agreement with several studies on parental presence during health care. Frankel¹² evaluated mothers' perceptions and attitudes about dental care with use of a Papoose Board (PB, Olympic Medical Group, Seattle, WA); he found that 92% felt they should be present with their child during treatment, and 37% thought their child felt more secure with parents present. Bauchner et al.⁵ found that 78% of parents surveyed responded "yes," expressing a preference to being present for medical procedures in a hospital emergency room, and that 91% of these parents believed the child would feel better. Boj and Azanza¹³ questioned the parents of

dental child-patients, and found that 60% of the parents thought their children would behave better in their presence; however, 90% answered they would not mind waiting outside the treatment room.

The population sampled in this study could not statistically define specific characteristics of the parent who wants to be present in the treatment room with the dentist and child. The parents, in general, reported favorable past personal dental experience for their care.

Sixty-seven per cent of the parents previously had accompanied their child to the dental operatory for care. In general, parents who wanted to be present with their children had a younger child, mean age 5 years, as compared to the mean age of 9 years for parents who did not want to be present for care. Forty-four per cent of parents who accompanied their children felt their children were too young to go by themselves. Nineteen per cent of the children with parents who wanted to be present were scheduled for their first dental visit. Being present with their child for dental care was reported not only to make the child feel better in the parent's perception, but also to make the parent feel better about the child's dental experience. One mother commented, "I understand the added difficulty of also dealing with concerned parents... keep in mind that the child being treated is very precious to the parent present." "The more knowledge I have on procedures, treatment and condition of my child's teeth, the better prepared I am to deal with and help my child." Parents who did not want to be present generally felt that their children were old enough to receive treatment by themselves, and the children could decide if they wanted the parent to accompany them for care. One father wrote, "I asked my daughter if she wanted me present; she said, 'No;' she has always reacted to dental care well." Seventeen parents in the survey felt that their presence could cause their children to misbehave; therefore, they did not want to accompany their children for treatment.

Pfefferle et al.⁹ and Venham¹⁴ found no difference in behavior between children treated with parents present and treated without parents. Frankl et al.¹⁵ investigated the effect of mother's presence on the cooperative behavior of the child-patient during examination and subsequent treatment visits. The results showed a significant increase in cooperative behavior for children 41-49 months of age when the parent was present. Wright¹⁶ recommends that very young children, who have not reached the age of understanding and full verbal communication, be accompanied by their parents. Parental presence also was found to be beneficial with the handicapped child-patient, because the parents can provide the dental team with important information and interpretation for these special patients.¹⁵ Venham¹⁴ allowed the parent or child to make the decision concerning separation for dental procedures.

The study found that initially, the parent and child preferred not to be separated, but that over the course of treatment, more separation voluntarily occurred.

Many dentists are uncomfortable with the parent present, or may feel that the parent is a hindrance to care provision. Other reasons cited for excluding the parent include size of the operatory, persistent parental interference, and displays of parental anxiety.¹⁶ Separation of the parent and child-patient is seen as a policy which may eliminate many behavior problems during the course of treatment. However, advocates of parental presence find it beneficial for the parents to observe behaviors the dentist must contend with, and to witness how patient, gentle, systematic, and skillful the dentist is under a variety of circumstances.¹⁷ The parent's presence can facilitate dialogue and immediate feedback about available options and selection of mutually acceptable treatment and management plans.¹⁷

Childhood fear is normal and is part of child development. Young children's fears include fear of the unknown, fear of injury, and fear of separation from parents. Those who advocate allowing parent's presence in the operatory suggest a positive influence of the parent by increasing the security and coping abilities of the young child in an unfamiliar environment.¹⁷ During times of stress and pain, young children want to be with their parents, expecting to be protected, or at least comforted.¹⁸ Because it is difficult to predict which child will or will not be helped by a parent's presence, Bauchner et al.⁵ recommends that parents, in general, should be encouraged to be present to comfort their child during a procedure.

Conclusions

1. A survey of parents found that 66% want to be present for their child's dental care.
2. The population sampled in this study could not statistically define specific characteristics of the parent who wants to be present in the treatment room with the dentist and child. There was no significant difference ($P < 0.01$) between the two groups concerning the following variables; officer or enlisted family members, education level, parental dental experiences, adult age, or having other children in the family.
3. Generally, parents wanting to be present had younger children, or a child making an initial dental visit. The parents reported their presence would help the child feel better and cope with dental procedures.

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Future Annual Session Sites

May 27-June 1, 1993	Hyatt Regency Crown Center and Westin Crown Center, Kansas City, MO
May 26-31, 1994	The Walt Disneyworld Dolphin, Orlando, FL
May 25-30, 1995	Hyatt Regency San Francisco, San Francisco, CA
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