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Original Research

A Survey of Dentists' Attitude Towards Parents Accompanying Children in The Dental Operatory.

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ABSTRACT

Background: The most significant problems in pediatric dentistry is behavioural resistance of children in the first visit. There is a debate on parental presence in operation room. The literature on dentists' preference of parental presence in the operatory is sparse.

Aims: 1. To determine the percentage of dentists in a major city who prefer parental presence in the dental operatory. 2. To correlate parameters like practitioners' gender, practice type, patient volume, and patient age in allowing parental accompaniment. 3. To determine the significant variable that constraints dentists from allowing parental presence.

Methods And Materials: The study group included pediatric dentists and dentists who treat children in their private or institutional practice. Specific variables that were addressed in the questionnaire and used for the correlation included: practitioners age, gender, qualification, years in practice, practice type, volume of children treated by them, attitudes towards parental accompaniment and variables that constraints the dentist while treating children in parental presence.

Results: 43% dentists felt comfortable treating children in the presence of parents. Factors like gender, practice type and volume of patients have shown to influence the attitude of dentist towards parental accompaniment. The major constraint reported by dentists is that of parents intercepting orders and thus affecting the rapport between the dentist and child (85.6%, n=89)

Conclusion: The dentists practicing in this city demonstrated a positive trend towards increased parental presence in the operatory.

Keywords: *Children, Pediatric Dentistry, Dentist attitude, Parental presence, Dental operatory.*

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INTRODUCTION

A dentist can successfully treat a child only if he/ she can effectively and efficiently manage the child in the operatory. It involves understanding the child, his physical and psychological development, and building a relationship through effective communication. This eventually builds a rapport based on trust. This is to create a friendly and comfortable dental environment where the child does not feel threatened. Treating a child is not just about completing a given task, but it is to create a long-term interest in the child. This will help in the ongoing prevention and improved dental health in the future[1] and instill a positive dental attitude.

The major difference between the treatment of a child and an adult is that the former requires a one to two relationship between the dentist, child, and the parent. This relationship is represented in the "Pedodontic triangle" described by G.S Wright in 1966 and later society has been centered in the triangle. There is an ever-changing dynamic relationship among the corners of the triangle and the communication between these is reciprocal.[2] Our treatment modalities are clearly influenced by the changes occurring within each one's personality. They include the internal factors affecting the child (personality characteristics and coping behavior)[3] parental attitudes, litigiousness of society and the dentists' attitude.

As clinicians dealing with children, we see daily the close tie between the parent and the child (patient). The unique role played by the parent in the child's overall well-being is a known fact since they are most aware of their children's interests and worries.[4] Hence many practitioners feel that parental presence in the operatory could be used to dentists' advantage. However, some believe in excluding parents due to several reasons. They may include: an increased difficulty in managing the child's disruptive behavior and a possibility that the parents may project their own anxiety on to the child.[3] This controversy has resulted in divergent reports in dental literature, with the practitioners receiving contrasting views and advice regarding the management of the patient-parent unit. At present, there is no one official policy among dentists as to whether a parent should be allowed in the dental operatory or not. There are many studies on the parental attitudes towards accompaniment of the patient while not many studies are done on Indian dentists' attitude towards parental presence in the operatory and the constraints that limit the dentist from allowing parental presence.

Bearing this in mind, this study aims to:

1. Determine the proportion of dentists in a major North Indian city who prefer parental presence in the dental operatory.
2. Correlate parameters like practitioner's gender, practice type, patient volume and patient age.
3. And determine the significant variables that constrain dentists from allowing parental presence.

MATERIALS AND METHODS

A questionnaire was developed for this study based on previous literature and surveys investigating the attitudes of dentists towards parental accompaniment. This validated questionnaire had four parts. The first part included epidemiological information (name, age, gender), the second part captured practise information (private or institutional practise, qualification, practice experience in years, volume of patient treated per month), while the third part had nine questions pertaining to attitudes toward parental accompaniment[5] and the fourth had six questions pertaining to various factors that restraints dentists from allowing parental presence.[2] The Individual questions in the third and fourth parts were rated by the participants using a 5-point Likert scale (1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree).[6] For convenience in managing the data, scores on each of the nine questions pertaining to attitudes towards parental accompaniment were added together (ratings) to form

an overall scale score.[5] These resulted in an 'attitude towards parental accompaniment' scale with an internal consistency (Cronbach α) score of .821.[7] This same procedure was conducted in relation to the six individual items addressing factors that restraints dentists from allowing parental accompaniment. Thus, resulting in a 'dentists' constraint' scale with a Cronbach α score[7] of .833 indicating a good internal consistency of the items within the scale. The ratings would range from nine to 45 in the parental accompaniment scale, with lower scores indicating greater parental acceptance. Similarly, ratings of dentist's constraints range from 6 to 30 with lower scores indicating greater constraints. The scores between the groups were compared, the mean scores calculated, and their differences were statistically evaluated. An institutional review board approval was obtained for this study from the Dental College.

One hundred and sixty registered dental practitioners in the city were approached by a door-to-door survey and through emails during this study. One twenty dentists who are dealing with children on a regular basis were taken as the target population. The Solvin's formula was used for sample size determination with an effort tolerance of .05 and a confidence interval of 95%. For analysis, the sample was divided into groups based on gender, practice type, qualification, age, years of experience and number of patients treated in a month.

Gender of Dentists

1. Male.
2. Female.

Age of Dentists

1. 20 – 30yrs
2. 30 – 40yrs
3. 40 – 50yrs
4. > 50 yrs

Qualification of Dentists

1. BDS
2. MDS (Pedodontics and Preventive Dentistry)
3. MDS (Others)

Years of Experience of Dentists in The Field of Dentistry

1. 0 – 5yrs
2. 5 – 10yrs
3. 10 – 15 yrs
4. > 15 yrs

Practise Type

1. Institution
2. Private

Number of Patients Treated in A Month

1. </= 25
2. 26 – 50
3. 51 – 75
4. 76 – 100
5. >/= 100

INCLUSION CRITERIA

1. Graduates (Bachelor of Dental Surgery) who treat children in their private or institutional practice.
2. Postgraduates in Pedodontics and Preventive Dentistry.
3. Postgraduates in branches other than Pedodontics and Preventive Dentistry, who treat children in their private practices.

EXCLUSION CRITERIA

1. Dentists who are not treating children in their day-to-day practice
2. Incomplete responses.

STATISTICAL ANALYSIS

The results were analyzed using basic descriptive statistics. Students' t test was used for the comparison of continuous variables and Analysis of Variance (ANOVA) for comparing three or more factors. The statistical analysis was performed using SPSS version 21 (Armonk, NY: IBM Corp.).

RESULTS

A total of 120 responses were received of which 104 provided valid and usable information. The responders included 43 male and 61 female dentists.

The respondents' ages ranged from 22 - 68 years, with a mean age of 30.8 +/- 7.66 yrs. Forty-nine percent (n=51) of the respondents were in institutional practice and 51% (n=53) were treating children in their private practice. BDS graduates included 58.7% of the respondents and 35.7% were MDS of which 29 were pediatric dentists.10.6% (n=11) had more than fifteen years of experience in treating children, 40.4% had experience of below fifteen years and above five years, while 49% (n= 51) had less than five years of experience.

The Attitude Towards Parental Accompaniment of Child During Treatment.

The results of this survey revealed a positive trend towards parental accompaniment among the dentists practicing in this Indian City. The most frequent reasons for allowing parental presence are represented in the graph below in figure 1.

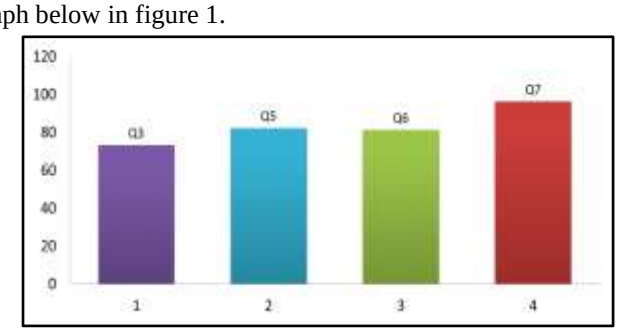

Figure 1 shows Frequent reasons for allowing parental presence in the operatory

1. Q3- Reduces child`s anxiety (70.2%)
2. Q5- The information is delivered instantly (78.8%)
3. Q6- Instant feedback about parental attitudes (77.9%)
4. Q7- Disabled child (92.3%)

According to this study female dentists were more likely to allow parental presence when compared with the male dentists (P =.02). There were also differences based on the practice type, as parental accompaniment was more favored by private practitioners than institutional practitioners (P =.004). Although there were no significant differences in attitudes based on the dentists' age and qualification, it was found that practitioners who treat more than a hundred children a month were more likely to accept parental presence. [As shown in Table 1 & 2]

Variables	Mean score	t- Test	*p*- Value
Gender *			.02
Men	23.0	-2.39	
Women	20.48		
Practise type*			.0004
Institution	23.49	2.908	
Private	20.50		
Practise type †			.0003
Institution	12.33	-3.004	
Private	14.64		

Table 1 shows difference of mean score using t-test
*Parental Accompaniment Scale, † Dentists' Constraint Scale

Variables	Mean score	t- Test	*p*- Value
No: of children treated*			
<25	21.25	2.54	0.05
26-50	22.46		
51-75	22.67		
76-100	27.5		
>100	17.4		
Qualification †			
BDS	14.42	4.06	0.02
MDS Pedo	12.19		
MDS Others	12.25		
No: of children treated †			
<25	14.02	4.96	0.001
26-50	10.73		
51-75	15.66		
76-100	10		
>100	17		

Table 2. shows difference in mean score using ANOVA.
*Parental accompaniment scale, †Dentists' constraint scale

The patient's age was also found to be a determining factor in allowing parental presence. 70.2% (n=73) practitioners allowed parental presence in the case of treating children under four years of age. Among the 48.1% (n=50) who prefer parents to stay in the reception room, the majority 68% (n=34) allow parents if the child is below four years.

Attitude causing Dentists Constraint

The major constraint that the dentists felt in allowing parental accompaniment is that of parents intercepting orders and thus affecting the rapport between the child and dentist (85.6%, n=89). 72.1% (n=75) felt voice intonation to elicit proper behavior from the child becomes difficult in the presence of the parent as they may get offended. 67.3%, (n=70) believed that the parental presence limits dentist-child interaction and agreed that they are more relaxed and comfortable and confident when parents were not in the operatory. 67.3% (n=70) said they sometimes feel pressurized by parent's unrealistic expectations about the child's treatment. Most frequent reasons that the dentists consider in not allowing parental presence are represented in the figure 2 pie chart below and their responses to the dentists' constraints are also graphically represented in figure:3.

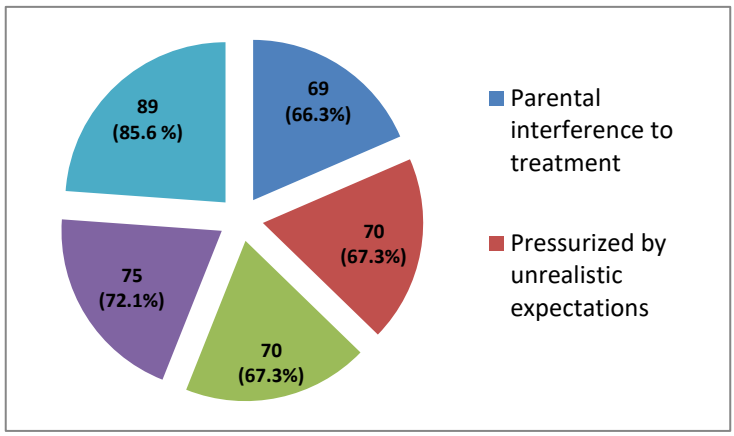

Figure: 2 shows most frequent reasons for not allowing parental presence in the operatory

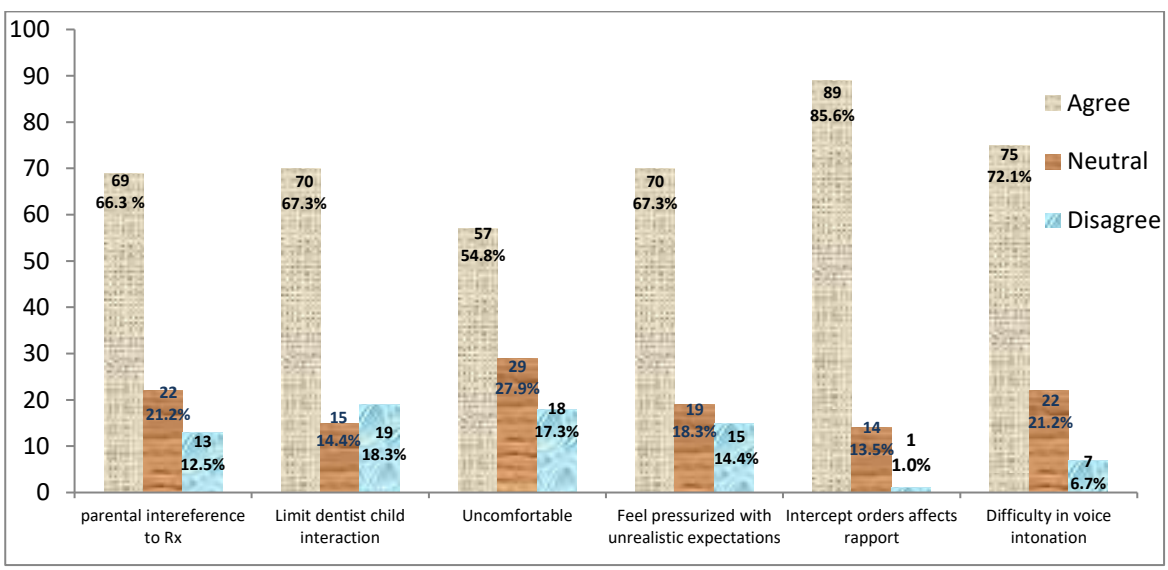

Figure: 3 shows the graphical representation of the answers given by the respondents for each question under the dentists' constraints scale

According to this study institutional practitioners showed more constraint compared to private practitioners and it was statistically significant (P =.003). Also, there was a significant difference in the dentists' constraint ratings in relation to qualification, BDS graduates showing lesser constraints (P =.003) Interestingly practitioners treating <25 and >100 patients a month also showed lesser constraints (P =.001).

DISCUSSION

This study was designed to obtain the attitudes of dentists treating children regarding parental presence in the operatory and the several reasons for not allowing parental accompaniment. The positive trend noticed among this sample of dentists clearly indicates the changing overall practice approach. Most dentists allow parents in the operatory and this is in consensus with the studies conducted in other parts of the world.[5,8] Female dentists were more in favor of parental accompaniment than male dentists. This could be attributed to maternal instincts. Study conducted by Crossley et al in 2002 also reported that male dentists were more likely to experience pressure and conflict between dental practice and parental expectations. In this study, pediatric dentists said that parental accompaniment in general is not counter productive and was in fact actively favored by them.[5]

There were also differences based on the practice type, as parental accompaniment was more favored by private practitioners than institutional practitioners (P =.004). This could be due to social desirability, legal issues, and ethical concerns that private practitioners are more concerned about. Marcum et al in 1995 reported in his study conducted among Florida pediatric dentists that the "most frequent attitude that influenced the practitioner to always allow parental presence included "parental privilege" (48%) and "parental right" (42%).[8] This is in contradiction to the study by Ramos et al 2010 in which solo practitioners were more likely to exclude parents.[9]

The patient's age has also been found to be a determining factor in allowing parental presence. The majority allowed parental presence when treating children younger than four years as they feel that the children are better behaved when either one of the parents is present during treatment. Among the dentists who prefer that the parents stay in the reception the majority (68%) allow the parents if the child is below four years. A 1981 survey of the members of the American Academy of Pedodontics found that 84% of the diplomates and 80% of the members would allow parents in the operatory in selected cases and many of these involved children younger than 3 years.[10] The reason could be the understanding of the concept of separation anxiety and the fear of unknown. The emphasis on child psychology in the dental educational curriculum has made dentists aware of the wide range of behavioral changes that occur in a child. This also trains them to know what to expect from a child of a particular age and how to work within each child's developmental framework.

It was found that practitioners who treat more than a hundred children a month were more likely to accept parental presence. This could be because people with better clinical experience are more confident in their procedures and hence more comfortable and not stressed out even when they are under the watchful eyes of parents. The study by Brimstein et al found that post-doctoral ratings for acceptance for the presence of the parent in the operatory during treatment were statistically significantly higher than those of the pre-doctoral scores and he commented that this could be because the pre doctoral students with their limited clinical experience considered the parent's presence in the operatory as a cause of wasted time, disruption and a source of discomfort and stress.[11]

Private practitioners (p value = .003) and graduates (BDS) (p value =.003) showed lesser constraints in this study. The majority of the BDS graduates were new graduates. As suggested in a study by Cassamassimo P S et al, the new graduates are more understanding and flexible in parental behaviours

as they may be products of parenting styles closer in character to that of their patients than older dentists.[12] Interestingly practitioners treating <25 and >100 patients a month also showed lesser constraints (p value =.001).

Historically parents have been excluded from the operatory. But the current trend is towards parental presence. This could be because of societal pressures, parents increasing wish to be present with the child[13,14] , legal issues like parental rights, changing parenting style, coping behaviour of children to stress, better understanding of child's psychology and the decreased use of restraining methods for behaviour modification.[15]

The American Academy of Paediatric Dentistry's guidelines recognize the 'wide differences in practitioner philosophy and the wide range of interaction between a child and a parent. The guidelines state that the matter of whether a parent is excluded or included should be based on the objectives of gaining the patient's attention and compliance, averting negative or avoidance behaviours, and establishing authority.'[10] Allowing parents in the operatory can satisfy their desire to play a useful supporting role in a high anxiety dental procedure.[16] Practitioners should become accustomed to this added involvement of a parent and be open to a paradigm shift in their own thinking.[17] The current concept of the parent being a silent observer[18] in the operatory will satisfy the parent's desire, relax the child as well as minimise the constraints on the dentist.

CONCLUSION

This survey study among the dentists in a major city revealed that despite the various constraints faced by dentists in allowing parental presence the trend is changing towards more parental participation. The patient's age, the gender of the dentist, practise type and the patient volume have been found to influence the attitude of dentists in allowing parental accompaniment. The parent often intercepts orders and affect the rapport between the child and dentist. This is considered as the major constraint reported by dentists which discourages them from allowing parents in their operatory. In the light of these changing scenarios in the child-parent-dentist triad, it's now important for the new generation of dental professionals to be trained not only in the child patient managing skills but also in patient's parent management.

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Nil

CONFLICTS OF INTEREST

There are no conflicts of interest

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