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Parental Presence During Dental Visits: The Nigerian Dentists Point Of View

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Abstract

Background: *The role of parental presence during paediatric dental treatment has long been debated among dental professionals. Historically, many paediatric dentists excluded parents from the operatory, under the assumption that such separation fostered a stronger patient–dentist relationship and facilitated treatment. More recent evidence, however, suggests that parental presence may alleviate children's anxiety, improve cooperation, and reduce reliance on pharmacological interventions for anxiety management. In contrast, other studies have reported no significant association between parental presence or absence and children's anxiety levels during dental procedures. Given these divergent findings, this study sought to examine the frequency with which Nigerian dentists who provide care for children permit parental presence during dental visits.*

Materials and methods: *A cross-sectional study was conducted among dentists practicing in the six geopolitical zones of Nigeria. Data were collected using a pretested, 40-item structured self-administered questionnaire designed to assess respondents' sociodemographic characteristics and attitudes toward parental presence during paediatric dental treatment. The data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 22. The level of statistical significance was set at $p < 0.05$. Associations between categorical variables were examined using the Chi-square test, while the McNemar test was employed to assess differences in proportions.*

Results: *A total of 307 dentists participated in the study. The mean age of respondents was 32.8 ± 6.63 years. Nearly all participants reported practicing in teaching hospitals. Parental presence was perceived to be most beneficial for children in the 2–5-year age group. Among younger children, parental presence was most frequently allowed during the management of children with special care needs and during new patient examinations. The majority of respondents indicated that parental presence sometimes limited their productivity (90.6%), wasted time (86.0%), and disrupted treatment (85.0%). Conversely, several respondents reported that parental presence improved child behaviour and provided comfort to the child. The proportion of dentists who permitted parental presence increased significantly with advancing age ($p = 0.037$) and years of professional experience ($p = 0.046$). Additionally, many dentists utilized parental presence in the operatory as an opportunity to educate parents on the oral health care of their children.*

Conclusion: *Although the overall practice trend has shifted toward a reduction in consistently always allowing parental presence, it is increasingly being regarded as a right (53.3%) rather than merely a privilege (36.6%). This perception was particularly evident among more experienced dentists, who demonstrated greater acceptance of always allowing parental presence during treatment. These findings suggest that the decision to permit parents in the operatory is influenced both by the dentist's attitude and by the age of the child.*

Keywords: *Dentist-patient relations, Children, Pediatric Dentists attitude, Parental presence, Dental Operatory, Dental health services,*

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I. Introduction

Dental fear and anxiety are common psychological challenges in paediatric dentistry, often leading to avoidance of dental care and disruptive behaviour during treatment. Globally, prevalence estimates vary widely, with studies reporting rates ranging from approximately 10% to over 50% among children and adolescents, depending on age group and assessment tool used.[1-3].

A longstanding and controversial topic in paediatric dentistry is the presence of parents in the dental operatory, as opinions differ on whether parents should accompany their children during treatment [4]. Importantly, parental presence or absence is recognized as a behaviour management technique within paediatric dentistry [5]. On a daily basis, paediatric dentists encounter anxious child patients whose distress may be alleviated by the presence of a parent. In some cases, children undergo invasive dental procedures under local anesthesia that would

ideally be managed with conscious sedation or general anesthesia, a practice that can significantly increase their dental anxiety [6]

Historically, paediatric dentists excluded parents from children's dental appointments [3, 7]. This practice was grounded in the belief that separation from the parent would significantly reduce behaviour-related problems, thereby fostering a stronger patient–dentist relationship without parental intrusion [5]. Roder et al. [4] reported that 69.0% of dentists in Washington favoured the absence of mothers during children's dental treatment. Similarly, Glasrud [5] found that 75.0% of dentists in Minnesota considered parents to be a hindrance in managing the behaviour of preschool-aged children.

Conversely, dentists who permit parental presence argue that it reduces children's anxiety and enhances cooperation, thereby decreasing reliance on pharmacological anxiolytic agents.[10] In Connecticut, 55% of paediatric dentists allowed parents to remain during treatment, while in Philadelphia, this figure rose to 80%.[7]. In Florida, 90% of practising paediatric dentists permitted parental presence during initial examinations of children younger than four years. [11] In a north Indian city 43% dentists felt comfortable treating children in the presence of parents.[12]

In contrast, some studies have reported that parental presence or absence does not significantly influence children's behaviour during dental examinations or treatment. Afshar et al. [13] found that parental accompaniment had no effect on the anxiety or cooperation of young Iranian children across both first and second dental visits. Similarly, Acharya et al.[10] concluded that parental presence or absence did not produce significant differences in dental anxiety among older children, although this was not the case for younger children. Nonetheless, in recent years, there has been a growing trend among dentists to encourage parental presence. Parental presence during dental treatment can help reduce fear and anxiety in children by providing emotional reassurance and a sense of security. It may also improve cooperation, as children often feel more comfortable and confident when a trusted caregiver is nearby.

In Nigeria, literature is scarce with regards to dentist's practice of parental presence in the dental operatory thus this study. This study aimed to determine the frequency of parental presence during children's dental visits and its association with patients age, dentist's years of experience, procedure type, and practitioner's attitude

II. Materials And Methods

This research employed a cross-sectional study design and was conducted among dentists practicing within the six geopolitical zones of Nigeria. A total of 400 structured, self-administered questionnaires comprising 40 items were distributed to dentists across these zones.

Inclusion criteria included paediatric dentists and dentists who treat children practicing in government hospitals and private clinics in the six geopolitical zones in Nigeria. Nigeria is a developing country with only about 50 qualified paediatric dentists. Many dentists who treat children in Nigeria are not paediatric dentists. The study excluded dentists who do not treat children in their practices in Nigeria. Ethical approval was obtained from the Oyo State Research Ethical Review Committee in Ibadan, Nigeria. The questionnaire was developed by the authors with guidance from relevant literature [11]. Face validity and content validity of the questionnaire was done. A pilot study to pre test the questionnaire was conducted among ten dentists. They were not part of the eventual study. Following pretesting, a few statements were slightly modified before its final administration to the study participants. Samples were collected using a convenience sampling method. This is because covering the six geopolitical zones, by reaching a truly random sample would require extensive resources and convenience sampling allowed the researchers to collect data from people who were readily available. The questionnaires were sent to dentists who treat children and sought their basic demographic data and the dentists' attitude and approach to parental presence generally, at various phases in their years of practice and during dental procedures. These factors were then related to patient's age, dentist's age, years of practice and procedure type.

Data management: Obtained data was entered into the principal investigator's computer using the Statistical Package for the Social Sciences version 22. The data was analyzed using the Chi square statistics to determine associations between categorical variables and the level of significance set at $p<0.05$. McNemar test was used to determine the test of proportions.

III. Results

Three hundred and twenty questionnaires were distributed among dentists in the six geopolitical zones of Nigeria. Three hundred and twelve responses were received. However, five questionnaires were discarded due to incomplete data, leaving three hundred and seven satisfactorily completed questionnaires.

The mean age of the respondents was 32.8±6.63 *years*. About half (48.9) % were aged between 30-39years and a greater proportion of the respondents (57.7%), were males. The average years of practice reported by the respondents was 7 years. Less than two-thirds were resident doctors (60.9%) while a third (32.9%) were

house officers. Nearly all the respondents (94.8%) practice in teaching hospitals with Oral and Maxillofacial Surgery being the most reported area of specialization (19.5%), and the average number of patients seen daily was about 7 patients (Table 1).

Table 1: Demographic characteristics of the dentist.

Characteristics	Frequency (N=307)	Percentage
Age (years)		
Below 30	107	34.9
30-39	150	48.9
40 above	50	16.3
Mean±S.D	32.79±6.63	
Gender		
Male	177	57.7
Female	130	42.3
Years of Experience		
1-5	123	40.1
6-10	118	38.4
>10	66	21.5
Mean±S.D	6.95±5.49	
Status		
House Officer	101	32.9
Resident Doctor	187	60.9
Consultant	10	3.3
General dental practitioner	9	2.9
Type of Institution		
Teaching hospital	291	94.8
General hospital	10	3.3
Private clinic	6	1.9
Primary area of specialization		
Paediatric dentistry	19	6.2
Oral surgery	60	19.5
Oral pathology	9	2.9
Oral medicine	9	2.9
Periodontology	13	4.2
Conservative dentistry	16	5.2
Prosthetics	17	5.5
Orthodontics	33	10.7
Family dentistry	9	2.9
Community dentistry	13	4.2
Not applicable	109	35.5
Average number of patients seen per day (Mean±S.D)	6.74±5.27	

Dentist's experience regarding parental presence at different children's ages

Parental presence was reported to be most helpful at the younger ages: < 2 years (95.1%) and the 2-5 years age range (86.3%) but its importance decreased rapidly as the children increased in age were about half of the respondents found it to be helpful while the other less than half were neutral about its importance (Table 2).

Table 2: Dentists' experience regarding parental presence based on children's ages

	Frequency (N=307)	Percentage
Dentists attitude		
Parental presence for children < 2 years		
Helpful	292	95.1
Hinders	2	0.7
Neutral	13	4.2
Parental presence for children 2-5 years		
Helpful	265	86.3
Hinders	7	2.3
Neutral	35	11.4
Parental presence for children 6-10 years		
Helpful	138	45.0
Hinders	39	12.7
Neutral	130	42.3
Parental presence for children 11-15 years		
Helpful	41	13.4
Hinders	89	29.0
Neutral	177	57.7

Total	307	100.0

Dentists attitude towards parental presence in the past, currently and the future

Almost two-thirds (55.4%) of the respondents reported that they always allowed parental presence in the past, slightly above two-fifths (42.7%) reported that they currently still always allow parental presence while a lower proportion (37.5%) said that they will always allow parental presence in the future (Table 3). The percentage changes over the various time periods were statistically significant ($p<0.01$)

Table 3: Dentists attitude towards parental presence in the past, currently and the future

Dentists attitude	Frequency (N=307)	Percentage
Parental presence in the past		
Always allowed	170	55.4
Sometimes allowed	134	43.6
Never allowed	3	1.0
Parental presence currently		
Always allowed	131	42.7
Sometimes allowed	173	56.4
Never allowed	3	1.0
Parental presence in the future		
Always allowed	115	37.5
Sometimes allowed	188	61.2
Never allowed	4	1.3
Total	307	100.0

The highest proportional change was observed between the past and the future in which the dentists reported a decrease in always allowing parental presence in the future compared to the past. (Table 4)

Table 4: Dentists attitude towards parental presence in the past, currently and the future

	Allow Parental presence			
Practice Interval	First period	Second period	Change	Mc Nemar P-value
Past to current	55.4 %	42.7 %	12.7 %	0.000*
Past to future	55.4 %	37.5 %	17.9 %	0.000*
Current to future	42.7 %	37.5 %	5.2 %	0.020*

*Significant $p<0.01$

Patient's age and procedure type on parental presence

When the dentist's approach was assessed with regards to parental presence or absence for different procedures in children less than and greater than 4years, a statistically significant association was observed. These procedures include new patient examination, child's recall visits, tooth extraction and handling children with special care needs (Table 5).

Table 5: The effect of patients age and procedure type on dentists' approach towards parental presence

	Parental presence					
	Never		**Sometimes**		**Always**	
Children's age (years)	<4 years	>4 years	<4 years	>4 years	<4 years	> 4years
Procedure for the children						
New patient examination	0.0	0.7	17.3	33.9*	82.7	65.5*
Child's recall visits	0.7	1.3	33.2	52.1*	66.1	46.6*
Emergency examination	6.2	4.9	28.7	36.5*	62.1	58.6
Restorative procedures	3.3	3.3	41.4	57.0*	55.4	39.7
Extraction	6.5	5.9	43.3	54.4*	50.2	39.7*
Children with special care needs	0.7	0.3	10.1	16.0*	89.3	83.7*
Disruptive children	8.5	6.5	35.5	43.0	56.0	50.5
Sedation	8.5	6.2	25.7	32.6	65.8	61.2

*Significant at 0.05 using test of proportions

Dentist's attitudes towards parental presence during dental treatment

Amongst the interviewed respondents, majority indicated that parental presence sometimes limits their productivity (90.6%), wastes time (86.0%) and disrupts child's treatment (85.0%). Conversely, 87.9% of the respondents believed that parental presence improves the child's behaviour, 73.3% believed that it comforts the child (73.3%), 53.7 % said that parental presence helps in educating the parent and 53% disagree that parental presence makes them uncomfortable (Table 6).

Table 6: Dentists attitudes towards parental presence during children's treatment

Characteristics (n=307)	Never	Sometimes	Always
Limits productivity	23(7.5)	278(90.6)	6(2.0)
Comforts the child	2(0.7)	225(73.3)	80(26.1)
Waste time	20(9.8)	264(86.0)	13(4.2)
Disrupts child's treatment	40(13.0)	261(85.0)	6(2.0)
Makes dentist uncomfortable	163(53.1)	133(43.3)	11(3.6)
Improves the child's behavior	6(2.0)	270(87.9)	31(10.1)
Helps in educating the parent	8(2.6)	134(43.6)	165(53.7)
Parent develop trust in the dentist	11(3.6)	166(54.1)	130(42.3)

Perception of dentists on parental presence being a right or a privilege based on their demographic characteristics is shown in Table 7. Age, years of experience, and rights and privileges of parental presence were significantly associated variables. The proportion of respondents who always allow parental presence was observed to increase significantly with increasing age group and years of experience of the dentist . In addition, while a little below half of the dentists affirmed that parental presence was a right, a third of the dentists viewed it as being a privilege (Table 7).

Table 7: Association between dentists' current opinion on parental presence based on demographic characteristics

Characteristics	Always	Sometimes	Total	χ^2-value	P-value
Age (years)					
Below 30	37(34.6)	70(65.4)	107	6.603	0.037*
30-39	66(44.0)	84(56.0)	150		
40 above	28(56.0)	22(44.0)	50		
Gender					
Male	79(44.6)	98(55.4)	177	0.658	0.417
Female	52(40.0)	78(60.0)	130		
Years of Experience					
1-5	48(39.0)	75(61.0)	123	6.162	0.046*
6-10	46(39.0)	72(61.0)	118		
>10	37(56.1)	29(43.9)	66		
Status					
House Officer	33(32.7)	68(67.3)	101	6.444	0.092
Resident Doctor	90(48.1)	97(51.9)	187		
Consultant	4(40.0)	6(60.0)	10		
General dental practitioner	4(44.4)	5(55.6)	9		
Parental presence a right					
Yes	96(53.3)	84(46.7)	180	20.221	0.000*
No	35(27.6)	92(72.4)	127		
Parental presence a privilege					
Yes	58(36.0)	103(64.0)	161	6.113	0.013*
No	73(40.0)	73(50.0)	146		

*Significant at 5%

Association between dentists' opinion on parental presence and demographic characteristics

Table 8 shows the background variables predicting parental presence as reported by the practicing dentists at the three time periods. Only perception of parental presence as a right was observed to be significant in predicting the dentists' opinion on whether they will always or sometimes allow parents' accompaniment when attending to their children/wards. At the beginning of their practice, the dentists were about 4 times more likely to significantly consider parental presence as a right (OR 3.99, 95% CI 2.14 - 7.45). Currently, dentists are 3.3 times more likely to consider parental presence as a right (OR 3.35, 95% CI 1.80 – 6.25) while in the future, dentists are about 5 times more likely to consider parental presence as a right (OR 4.80, 95% CI 2.48 – 9.32).

Table 8: Predicting dentists' view on parental presence by selected characteristics on a logistic model

Characteristics	Initial/Past		Current		Future	
	OR	*95% CI*	*OR*	*95% CI*	*OR*	*95% CI*
Age in years						
Below 30kj (rf)	1.00		1.00		1.00	
30-39	1.004	(0.40, 2.54)	1.091	(0.44, 2.69)	0.602	(0.23, 1.55)
40 above	1.242	(0.33, 4.72)	1.918	(0.53, 6.97)	2.128	(0.56, 8.14)
Gender						
Male (rf)	1.00		1.00		1.00	
Female	1.428	(0.85, 2.40)	0.090	(0.55, 1.51)	1.138	(0.67, 1.93)
Years of Experience						
1-5 (rf)	1.00		1.00		1.00	

6-10	0.317	(0.10, 1.01)	0.305	(0.11, 1.85)	0.578	(0.21, 1.58)
>10	0.479	(0.12, 1.90)	0.534	(0.12, 1.83)	0.565	(0.16, 1.94)
Status						
House Officer (rf)	1.00		1.00		1.00	
Resident Doctor	2.985	(0.61, 14.66)	3.257	(0.69, 15.31)	2.919	(0.57, 14.89)
Consultant	0.942	(0.11, 8.317)	1.242	(0.15, 10.52)	1.455	(0.16, 13.56)
General dental practitioner	1.637	(0.24, 11.19)	1.822	(0.28, 12.08)	4.795	(0.62, 35.78)
Parental presence a right						
No (rf)	1.00		1.00		1.00	
Yes	3.990*	(2.14, 7.45)	3.351*	(1.80, 6.25)	4.807*	(2.48, 9.32)
Parental presence a privilege						
No (rf)	1.00		1.00		1.00	
Yes	1.358	(0.73, 2.53)	1.115	(0.61, 2.03)	0.965	(0.52, 1.75)

*Significant at 5%, rf=reference

IV. Discussion

The high return of the survey suggests that this subject was of significant importance to dentists involved in treating children in Nigeria. This finding is similar to a survey by Nathan et al [4], where a response rate of 66.5% was reported. In this study, dentists indicated their overall practice approach had shifted to a decrease in always allowing parental presence and even projected a further decrease in allowing parental presence in the future. This finding is like that of Roder et al[8] where it was reported that 69% of dentists would prefer the mothers to be absent from the dental operatory while their children received dental treatment. In addition, Cipes and Miragliais[14] observed that 71% of dentists allowed parental presence during initial examinations but preferred to allow fewer parental presence (55%) during actual dental treatment. This is however in contrast to the reports of Marcum et al[11] who concluded that dentists showed an overwhelming favourable trend towards allowing parental presence in the dental operatory. In addition, Boka *et al*[15] found that only 54.8% of the children seen in the presence of their parents had improved behaviour on the dental chair compared to the 76.7% of those in the control group, without parental presence[16].

Majority of dentists who said that they would not allow parental presence in operatory said that it limits productivity, wastes time, and disrupts the child's treatment. This finding is similar to those of Marcum et al[11] were the dentists believed that parental presence always wastes time, disrupts the child, and makes dentist uncomfortable- However, more than half of the dentists in our study disagreed that parental presence makes the dentist uncomfortable. Meanwhile, majority of dentists that said that would allow parental presence in the operatory believed that it would improve the child's behaviour, comfort the child, and provide a means of educating the parents about brushing at home, diet, habits, and other findings in the course of the examination or during the procedure[4, 17]. Parental presence was found to be more helpful in the younger ages. but its usefulness decreased rapidly with increasing age of children. Furthermore, the acceptance of parental presence was found to significantly increase with increasing age and years of experience of the dentist. [4, 17] This may be a result of many years of practice, having observed many benefits of parental presence to the child patient and the dental practitioner.

When the age of the child was considered, almost all the dentists agreed that parental presence was quite helpful in children less than 2 years and between 2 and 5 years. Some studies have reported that age differences have a major impact on child's behavior on the dental chair, and this effect can further be influenced by parental presence especially among younger children [10 ,12] .The importance of parental presence in younger children may be associated with the fact that these children are more likely to be disposed to fear of the unknown, separation from parents and abandonment compared to older children[18]. Thus, parental presence will help to alleviate or significantly reduce these fears. However, Riba et al [5], in their review article advocated that "parent-in-parent-out technique" in the dental clinic is to gain emotional support and avoid the negative effects of traumatic separation, especially in younger children or special health-care needs patients. Unlike younger children, older children have a higher psychological and emotional development, are more independent, and can care for themselves better in surroundings they are not familiar with[4.]

An assessment of the dentist's preference of parental presence with regards to the dental procedure showed that the proportion of dentists who always allowed parental presence was highest when it comes to children with Special Health Care Needs (SCHNs) and new patients and lowest during dental extraction and restorative procedures. This has also been noted in some previous studies, where parental presence was allowed in the treatment of children with SCHNs because the parents play a major role in support and communication with these children[12, 21] . However, the proportions of dentists that would allow parental presence among different procedures differ greatly between the previous and the present studies[11]. In this study, the proportion of children seen for the first time with parental presence is similar to that seen in the study by Marcum et al[11]. With regards to disruptive children, half of the dentists said that they will always allow parental presence because they believe

that parental presence may be able to calm such children down. However, most of the previous studies advocated other forms of behavioural management for such children[8,20].

In this study, approximately half of the dentists affirmed that parental presence was a right while about a third of the dentists felt it was a privilege. This follows a similar trend as those of Marcum et al[11] where 45% of their respondents thought that parental presence was a privilege and only 42% believed it was a right. It is therefore believed that the choice of whether a parent should be present or absent should be determined by the dentist as it can be used as a tool to gain cooperation from the child during dental treatment. Interestingly, on the three time periods (past, current and future), only parental presence as a right was observed to be significant in predicting the dentists' opinion on whether they will always or sometimes allow parents' accompaniment when attending to their children. At the beginning of their practice, the dentists were about 4 times, currently 3.3 times and in the future, about 5 times more likely to significantly consider parental presence as a right.

This finding is an indication that most dentists have the tendency to increase allowance for parental presence as the years of practice increases. This is different from the findings of Adair et al[21] , where about 50% of practitioners did not change the pattern of parental presence in their operatory even for those with 5 years' experience. Only 38% of the respondents in the study believed in increasing parental presence despite an increase in the years of practice. In fact, it is believed that many practitioners will not allow parental presence due to training[4]

In conclusion, the acceptance of parental presence increases with increasing age and years of experience of the dentists in Nigeria. Also, parental presence is now being viewed as a right more than just a privilege, especially by the more experienced dentists. It is therefore recommended that all dentists should consider parental presence when treating younger children. Also, the decision to allow parents in the operatory during dental procedures appears to be affected by the attitude of the dentist.

This study is subject to certain limitations. First, a convenience sampling method was employed. The primary drawback of this approach is the lack of representativeness, as the sample may not accurately reflect the broader population, thereby introducing potential bias. Consequently, the findings have limited generalizability; they cannot be confidently applied to the entire population of dentists treating children in Nigeria.

Furthermore, digital data collection should be considered for future research as expanding strategies to reach a larger and more diverse group of participants. This would enhance representativeness and strengthen the external validity of subsequent studies.

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