

# Attitudes and Preferences of Parents or Legal Guardians Being Present in the Pediatric Dental Operator, a Survey Post-Covid

Dr. Kylie Sims<sup>1</sup>, Dr. Alexandra Bilunas<sup>1</sup>, Raven Diers<sup>2</sup>, Brooke Hanson<sup>2</sup>

University of Nebraska Medical Center, Omaha, NE

<sup>1</sup>Department of Growth and Development, <sup>2</sup>Predoctoral Student, College of Dentistry

## Background

- This study builds upon the 2014 research by Shroff, Hughes, and Mobley, using the same survey instrument to reassess parental attitudes about being present in the dental operator.
- Parenting styles and expectations have evolved over time, with parents increasingly protective, less accepting of traditional authority-based behavior management techniques, and more supportive of pharmacologic methods.
- Clinical practice has shifted alongside these changes, with growing parental preference for operator presence and mixed evidence regarding its impact on child anxiety and cooperation; current guidelines emphasize flexibility and parental involvement.
- While prior studies show that about 70% of parents prefer to be present, limited data exist on whether specific dental procedures influence this preference or whether attitudes have changed over the past two decades—prompting the aims of the present study.

## Purpose

- Assess the strength of parental preferences for observing dental procedures
- Identify which procedures elicit stronger parental desire to be present
- Recognize demographic factors associated with these preferences
- Determine whether parents are likely to follow provider recommendations regarding operator presence

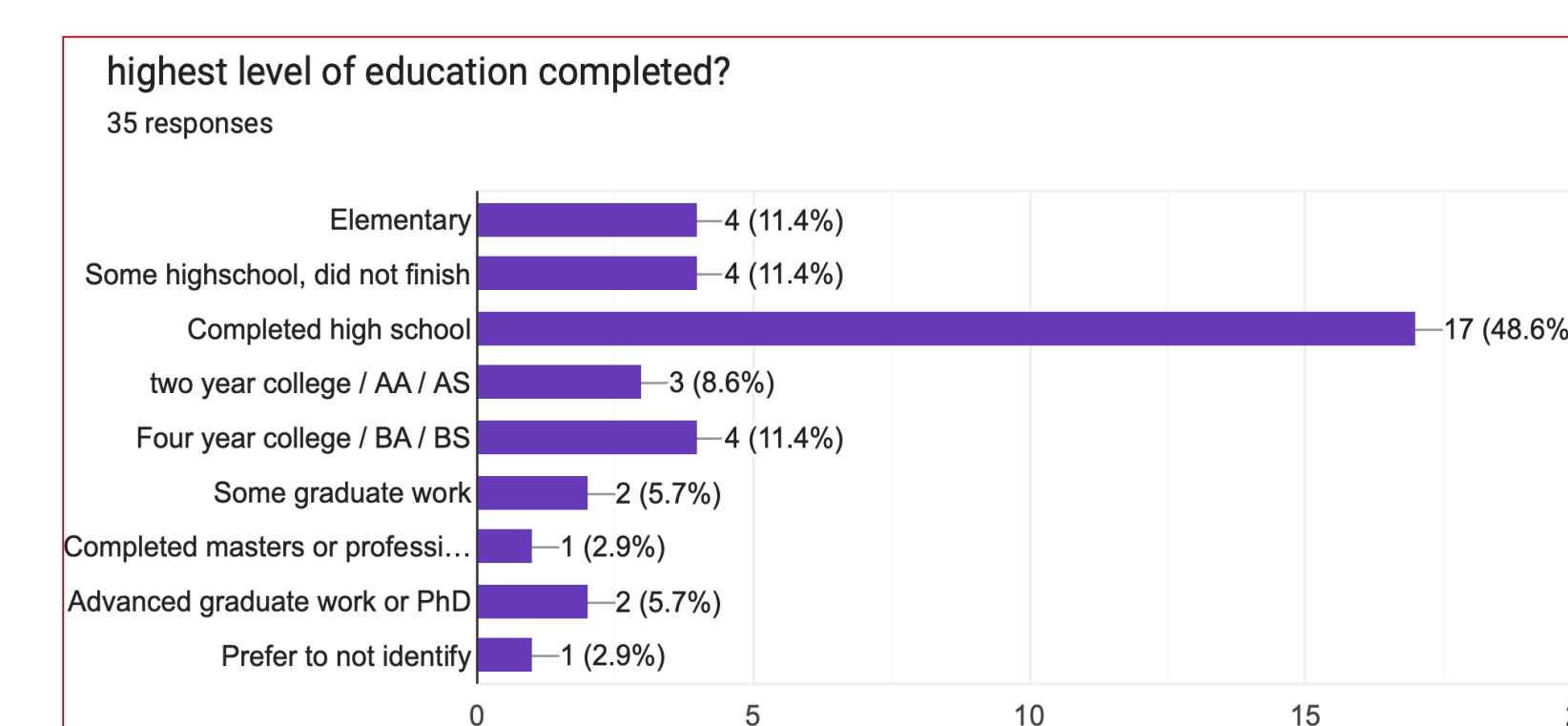
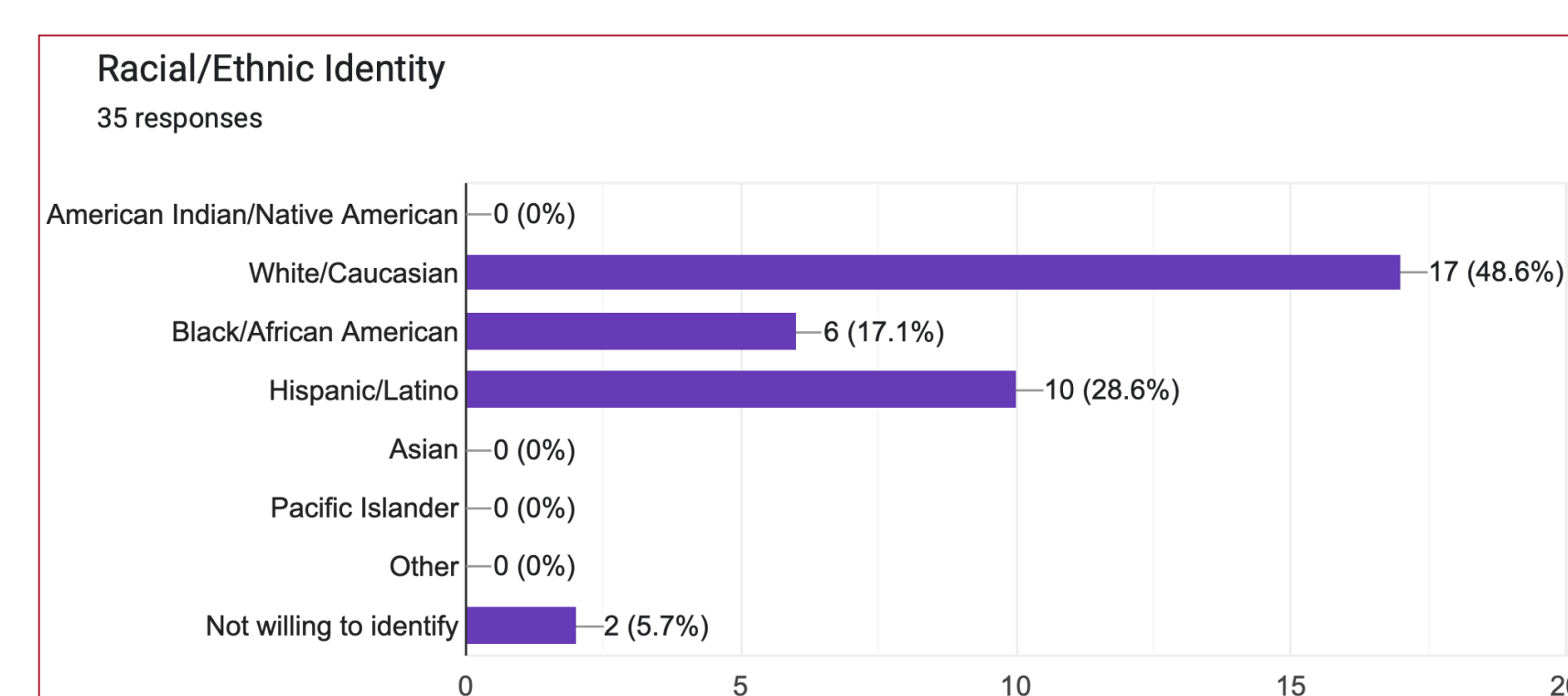
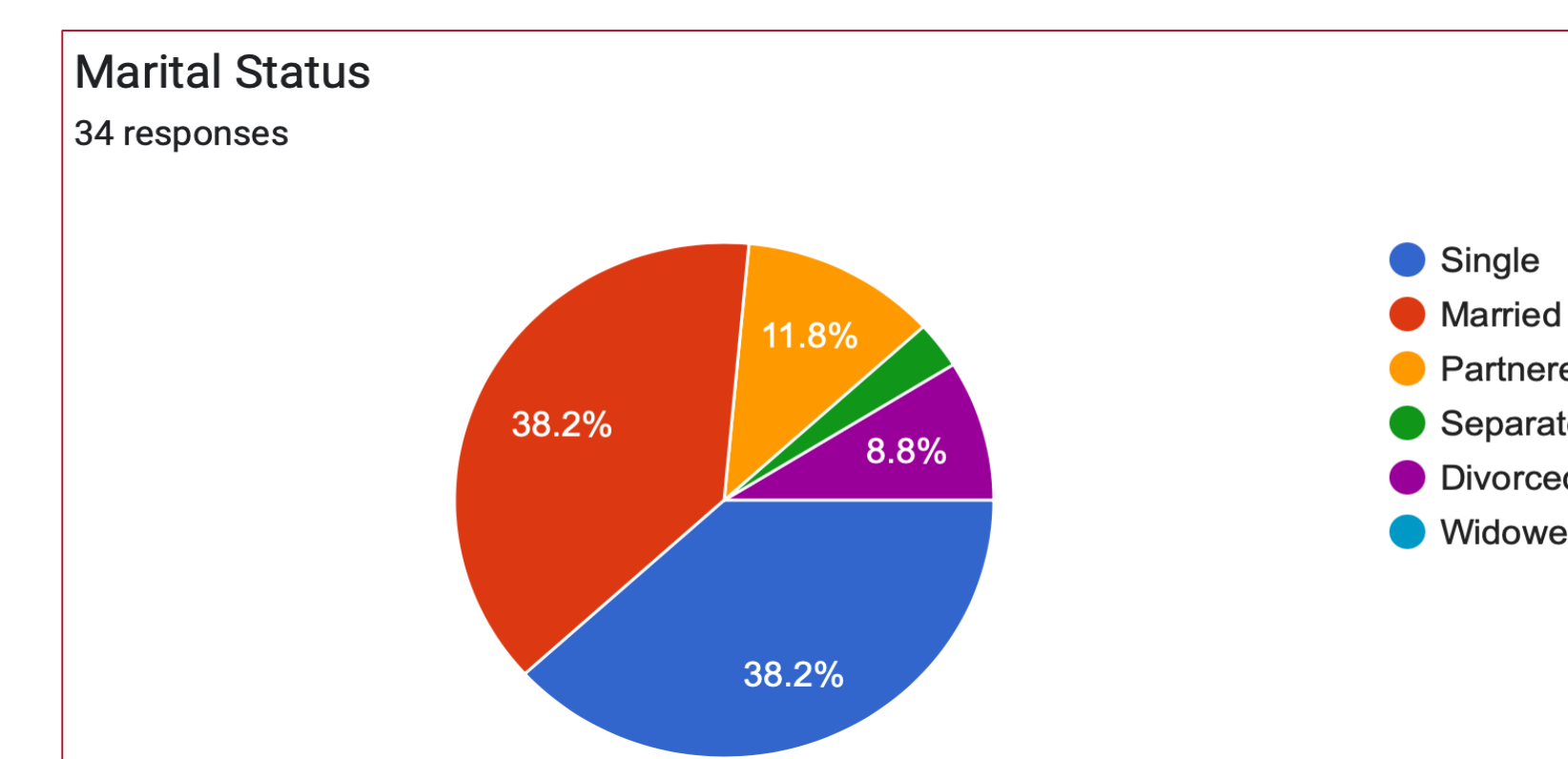
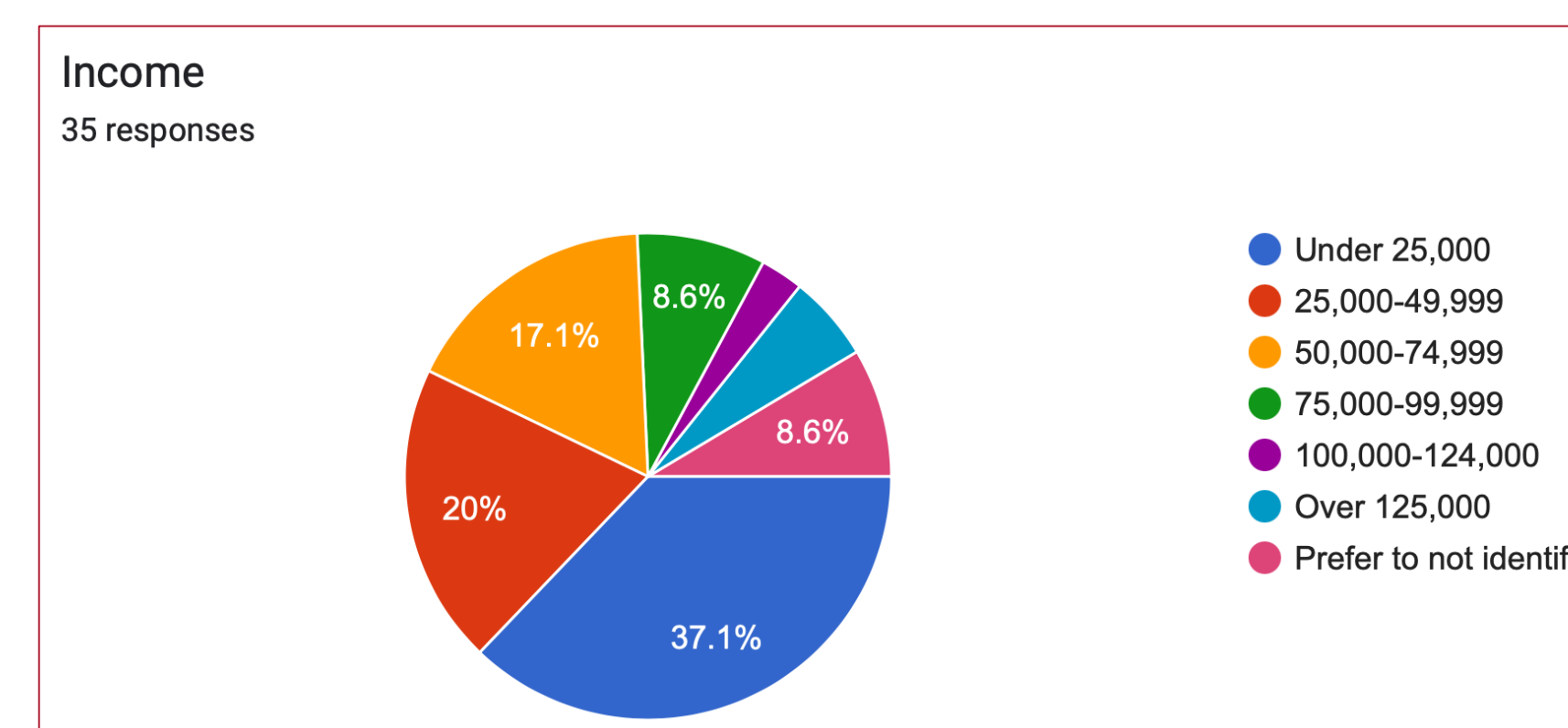
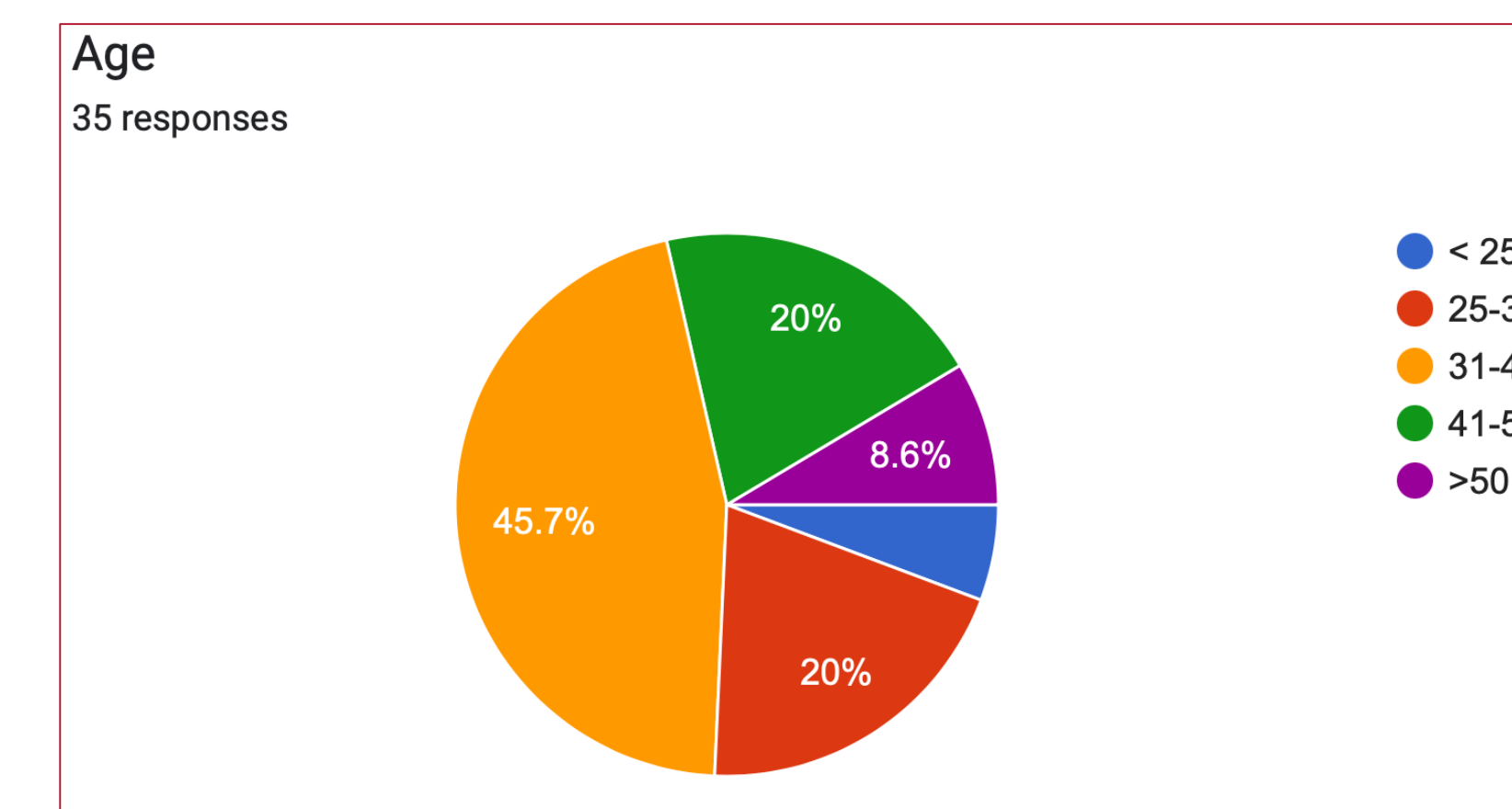
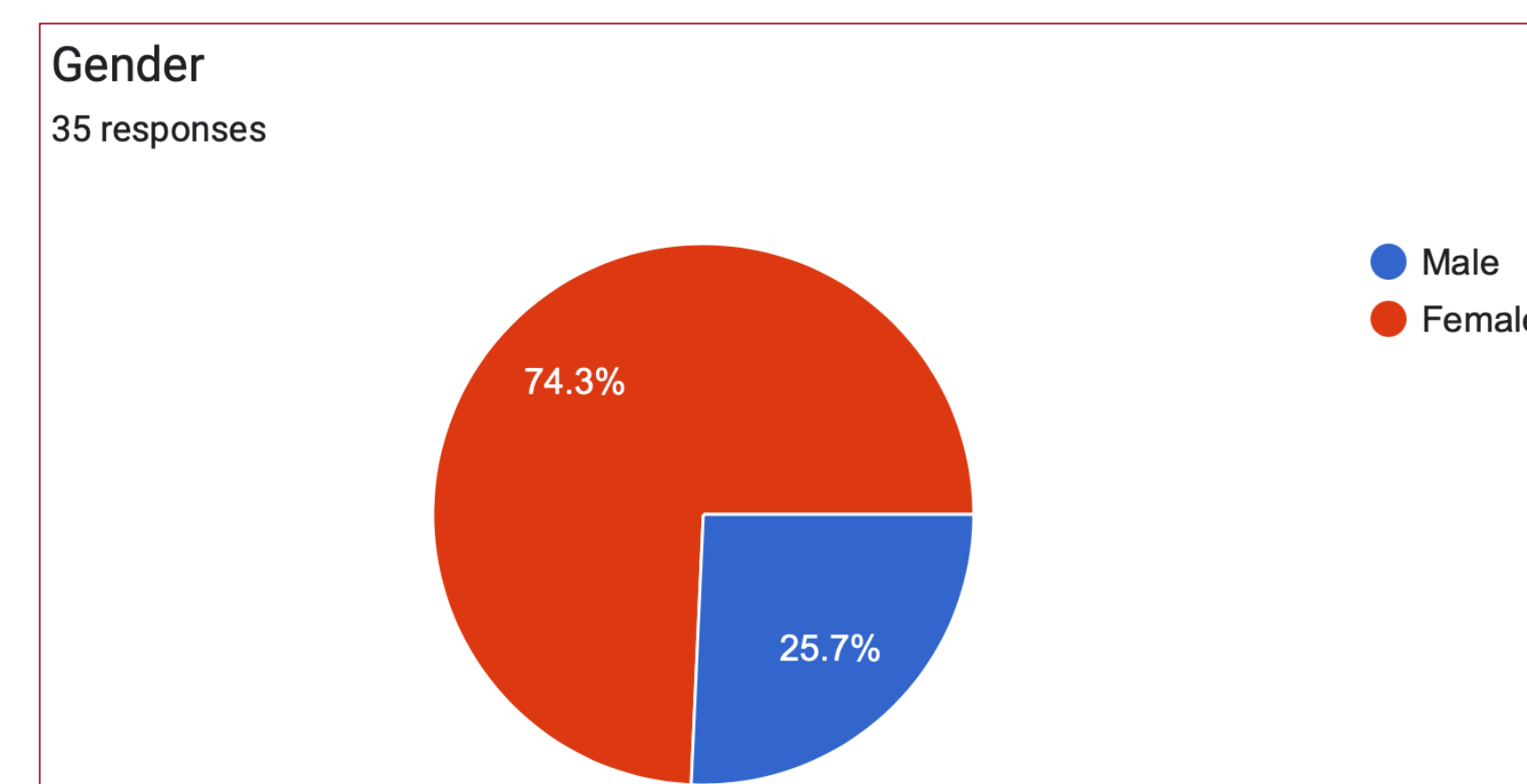
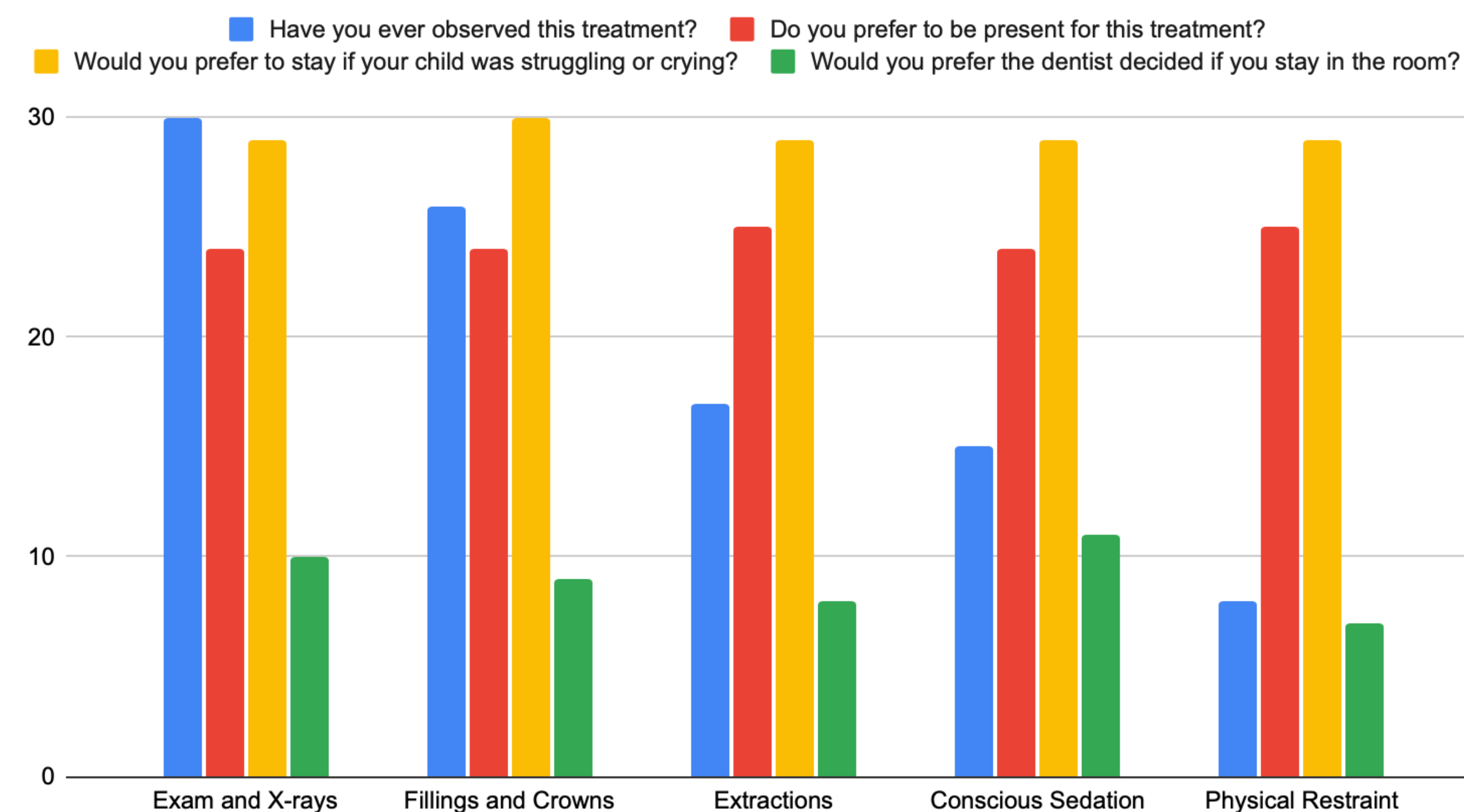
## Methods

- IRB approval was obtained from the University of Nebraska Medical Center. The study was conducted over a two-month period at the UNMC Pediatric Dental Clinics in Omaha and Lincoln, Nebraska.
- Parents and primary caregivers (18+) were recruited in waiting rooms and operatories. After consent, participants completed an anonymous, self-administered survey available in English and Spanish.
- The 20-item survey included three sections: parent demographics, child demographics/medical-dental history, and five common pediatric dental treatment scenarios.
- The treatment scenarios covered exams/X-rays, restorative care (fillings and crowns), extractions, conscious sedation, and physical restraint, with written explanations and diagrams when applicable.
- Parents answered yes/no questions about prior exposure to procedures, preference for being present, whether distress would change their preference, and whether they wanted the dentist to decide. Reasons for presence could be selected, and comments were optional.
- Data were entered into SPSS for statistical analysis. Associations between demographic factors and parental preferences were evaluated using chi-square testing.

## Results

A total of 35 subjects participated in this survey.

### Number of Positive Responses to Be Present Based on Dental Procedures



## Discussion

- Most parents preferred to remain with their child during dental treatment, regardless of the procedure performed. Providing comfort and emotional support was the most common reason for wanting to stay.
- Mothers and parents ages 31-40 were more likely to want to be present, possibly reflecting protective or nurturing roles within families.
- Extractions and physical restraint each demonstrated 25 positive responses for parental presence, whereas examinations with radiographs, fillings and crowns, and conscious sedation each demonstrated 24 positive responses. Overall, no procedure showed a substantially greater preference for parental presence.
- Compared to prior research by Shroff et al. (2014), parental preference for operator presence increased from 78% to 89%, suggesting a continued shift toward greater parental involvement in pediatric dental care post Covid-19.
- Although some providers worry that parental presence may interfere with rapport or efficiency, prior studies suggest most parents follow instructions appropriately and can support treatment without disruption.
- Education level and familiarity with the dentist may influence preferences, highlighting the importance of building strong parent-provider relationships when determining whether parental presence is appropriate. The average educational attainment of participating parents/guardians was completion of high school, indicating the importance of clear, accessible communication.

## Conclusions

- Most parents (89 percent) have a preference to be present in the operator, despite the dental procedures or behavior management techniques a dentist may execute.
- Over half (54 percent) do not want the dentist to unilaterally determine parental involvement in a child's dental appointment.
- Most parents (68.6%) feel that their children are more comfortable at dental visits with them present within the operator, influencing their desire to be present
- 82.9% of parents prefer to be present in the operatories with their children if they are struggling or crying
- There was no statistical significance between any of the demographic variables (income, gender, age, marital status, income, education, or race/ethnicity) and the parents preference to be present in the operator
- This study should be continued in order to gain more data for statistical significance between demographic variables and parental preference of staying in the operator post-Covid

## References

Shroff S, Hughes C, Mobley C. Attitudes and preferences of parents about being present in the dental operator. *Pediatric Dentistry*. 2015;37(1):51-55.

American Academy of Pediatric Dentistry. *Behavior Guidance for the Pediatric Dental Patient*. In: *The Reference Manual of Pediatric Dentistry*. Chicago, IL: American Academy of Pediatric Dentistry; 2025:379-399.