

## Original Research

### To evaluate children's and parent's attitudes towards dentists attire in Pediatric Dental Practice

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#### ABSTRACT:

**Background:** Dental fear and anxiety is a common cause for avoiding dental treatment, which over time, may result in decline in oral health. The present study was conducted to evaluate children's and parent's attitude towards dentists attire in pediatric dental practice. **Material and methods:** The present study was cross-sectional observational study conducted among children and their parents over a period of 6 months. The sample size was 300 children and a total of 300 parents. Parents and children were surveyed separately using an interviewer-administered questionnaire. The questionnaire survey consists of photographs which were shown to the participants. Evaluation of attire by showing photographs of a male and female model dressed in six different attires was done and evaluation of gender was done by showing photographs of an individual male and female model. Data was collected and data was analysed using IBM SPSS 20.0 software.  $p < 0.05$  was considered significant. **Results:** In the present study total children were 300 and parents were also 300. Personal protective equipment attire was least (9%) preferred by children and paediatric coat attire (34.66%) was maximum preferred by children. Formal attire was least (5.66%) preferred by parents and personal protective equipment (29.66%) was maximum preferred by parents. Parents were found to prefer a male dentist (57.33%) to treat their children, while children preferred a female dentist (63.66%). **Conclusion:** This study concluded that paediatric coat attire was preferred by children and Personal protective equipment was preferred by parents. Parents were found to prefer a male dentist to treat their children, while children preferred a female dentist.

**Keywords:** Personal protective equipment attire, white coat, pediatric dentistry.

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#### INTRODUCTION:

Dental fear and anxiety (DFA) is one of the major challenges in pediatric dentistry.<sup>1</sup> The prevalence is estimated to approximately 9%.<sup>2</sup> Dental anxiety is defined as "an abnormal fear or dread of visiting the dentist for preventive care or therapy and unwarranted anxiety over dental procedures" and may have psychological, cognitive and behavioral consequences.<sup>3</sup> Dental anxiety can prevent patients from cooperating fully during dental treatment.<sup>4</sup> In the late 1960s, Norman Corah developed the Dental Anxiety Scale (DAS), providing an organizing principle to examine this issue.<sup>5</sup> Apart from the adults, dealing with the anxiety levels of child is even more complicated. The dentists' appearance, environment of

the clinic, and instrument make the child more anxious. The behavioral manifestations in the form of crying, screaming, and avoiding dental treatment decrease the efficiency of dental health service.<sup>6</sup> Differences in age, gender, personality, previous painful dental experiences, and increased general and parental dental anxiety can also account for fear in certain children.<sup>7</sup> Various behavior shaping techniques including tell-show-do (TSD), positive reinforcement, effective communication, modeling and distraction are used to tackle children who are anxious and seem too uncooperative.<sup>8</sup> Physiological measures such as blood pressure, pulse rate, and psychological measures like modified child dental anxiety scale (MCDAS), Venham's picture test (VPT),

and facial image scale (FIS) are used to assess the anxiety levels in children.<sup>9</sup> The present study was conducted to evaluate children's and parent's attitude towards dentists attire in pediatric dental practice.

#### MATERIAL AND METHODS:

The present study was cross-sectional observational study conducted among children and their parents over a period of 6 months. The sample size was 300 children and a total of 300 parents who were of age group 30-50 years. Informed consent from the parents and child assent was obtained. Children who were between 5 and 7 years of age, Children who had a physical status of ASA 1 or 2 (American Society of Anesthesiologists 2014) were included in the study. Children who were cognitively disabled and unable to complete the survey independently, children of ASA 3 and above were excluded from the study. Parents and children were surveyed separately using an interviewer-administered questionnaire. The complete history was taken which includes demographics, child's medical and dental history. The questionnaire survey consists of photographs were shown to the participants.

Set 1: Evaluation of attire: photographs of a male and female model dressed in six different attires (formal, paediatric coat, scrubs, white coat, personal protective equipment, casual) were shown. A. White coat attire: Traditional white coat with formal shirt and formal trouser for male and formal kurta suit for female. B. Formal attire: Formal shirt with formal trouser for male and formal kurta suit for female. C. Casual attire: Casual T-shirt with casual denim jeans for male and casual shirt with casual denim jeans for females. D. Scrubs: Blue clinical scrubs for male and female. E. Paediatric coat attire: Colored uniform with cartoon images for male and female. F. personal protective equipment: Male and female dentist with head cap, face mask and visor, overall suit. Parents and children were asked to rank how they would prefer their dentist to be dressed, starting with the most preferred and the least preferred.

Set 2: Evaluation of gender: photographs of an individual male and female model were shown. Participants were asked if they preferred a male or female dentist.

Data was collected and data was analysed using IBM SPSS 20.0 software (International Business Machines Corp, New York, USA). Pearson Chi-squared analysis was used to determine the relationship between different variables within the study.  $p < 0.05$  was considered significant.

#### RESULTS:

In the present study total children were 300 and parents were also 300. Personal protective equipment attire was least (9%) preferred by children and paediatric coat attire (34.66%) was maximum preferred by children. Formal attire was least (5.66%) preferred by parents and personal protective

equipment (29.66%) was maximum preferred by parents. Parents were found to prefer a male dentist (57.33%) to treat their children, while children preferred a female dentist (63.66%).

**Table 1: Distribution of children and parents on attire preferences**

Attire	Children	parents
White coat attire	34(11.33%)	48(16%)
Formal attire	38(12.66%)	17(5.66%)
Casual attire	42(14%)	25(8.33%)
Scrubs	55(18.33%)	67(22.33%)
Paediatric coat attire	104(34.66%)	54(18%)
Personal protective equipment	27(9%)	89(29.66%)
Total	300(100%)	300(100%)

**Table 2: Distribution of children and parents on gender preferences**

Gender	Children	Parents
Male	109(36.33%)	172(57.33%)
Female	191(63.66%)	128(42.66%)
Total	300(100%)	300(100%)

#### DISCUSSION:

Non-verbal communication in the form of a clinician's appearance can play a major role in any attitudes formed in relationships between patient and practitioner. Professionalism can be portrayed through proper appearance, based on dress codes can increase patients feelings of comfort and confidence, thus leading to an improved dental experience.<sup>10</sup>

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Dunn JJ et al found physical appearance to be a vital factor in an individual's choice of a family physician and plays an important role in the development of the physician-patient relationship.<sup>11</sup>

Mistry and Tahmassebi assessed the attitudes of children and parents towards dental attire and found that parents favoured traditional dress as it gives an air of professionalism.<sup>12</sup>

Al Sarheed indicated that children prefer their dentist to wear the traditional formal attire with a white coat as they see it as a symbol of healing.<sup>13</sup>

Nair et al who stated parents to be more comfortable with traditional styles of appearance, such as white coats, formal suits and shirts/ tie as it gives an air of professionalism encouraging trust and confidence.<sup>14</sup>

McCarthy et al that found that contrary to the common belief, children are not afraid of the physician in white coat and consider a more formally dressed physician to be more competent and concerned.<sup>15</sup>

Children were found to prefer dentists of the same gender as themselves.<sup>12</sup>

Contrastingly, parents independent of gender were found to prefer a female over a male dentist to treat their child, which could be reflective of adult perceptions that females related better to children or were gentler in the clinic.<sup>16</sup>

### CONCLUSION:

This study concluded that paediatric coat attire was preferred by children and personal protective equipment was preferred by parents. Parents were found to prefer a male dentist to treat their children, while children preferred a female dentist.

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