



Children's Attitude and Preferences of Paediatric Dentist's Attire and Dental Clinic Set up in Paediatric Dental Practice

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: The biggest issue for any paediatric dentist, despite the many advancements in the field of paediatric dentistry, is to reduce patient anxiety associated with dental visits and encourage them to accept the necessary care. In order to establish a good relationship with the child, the dentist's presentation is crucial.

Aim: To assess the children's perception and preference towards the dentist's appearance, dental clinic set-up.

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Materials and Methods: A questionnaire designed to evaluate children's attitudes and preferences towards dentists was distributed in public schools and was completed by 1012 children (459 males, 553 females) aged between 7–13 years. Data collected was entered into a computer and analyzed using SPSS software. Descriptive and inferential analysis was carried out.

Results: For about 526 children (52%) it was their first visit while 486 children (48%) had been to the dentist before. Children's preferred attire for receptionists was casual clothes (50.2%) while for the dentist, most of them (42.7%) preferred scrubs. Most (69.1%) of the children were not scared with the use of PPE kit.

Conclusion: The findings of this study can assist dentists in determining what to wear when working with kids to lessen their anxiety and enhance healthcare delivery.

Keywords: Anxiety; attire; dental clinic; children's preferences.

1. INTRODUCTION

In paediatric dentistry, a dentist's capacity to create high-quality work is influenced by interactions with the patients as well as the employment of the best processes and techniques, which can enhance the working environment and motivate patients [1]. Children establish an impression of a dentist based on their looks, grooming, and hygiene before they can communicate verbally. Every word they utter, every gesture they make, and every movement they make are frequently observed and recorded. It is crucial to establish a strong rapport with the child during his initial visits in order to foster a friendly atmosphere where he won't feel intimidated [2].

It is simpler for a child to deal with some anxiety-inducing stimuli when they feel comfortable around the dentist and the dental office, which allows efficient and prompt treatment. The way a dentist presents himself is an important consideration in this. Consequently, the dentist's attire must be appropriate [3].

The rapid global spread of the novel coronavirus that causes Severe Acute Respiratory Syndrome 2 (SARS-CoV-2) during the first semester of 2020 was notable. This posed various difficulties in medical fields unrelated to the control of infectious diseases, such as dentistry. It can be difficult to provide children with dental treatment during the COVID-19 pandemic, and particularly during the heightened societal stigma [4]. The change in the dentist attire can make the child more anxious. Once a child is comfortable with the dentist and the dental environment, coping with certain anxiety producing stimuli becomes easier, and this helps in delivering effective and efficient treatment. Hence the aim of this study was to assess the child's perception and

preference towards dentist attire and dental clinic set-up.

2. MATERIALS AND METHODS

2.1 Study Design

This cross-sectional survey was conducted to assess Children's attitude and preferences of dentist's attire and dental clinic set up in paediatric dental practice.

2.2 Sample Size

The sample size for the study was estimated to be 365 and above at 95% confidence interval, obtained by a response rate of 88%.

2.3 Inclusion Criteria

1. Children in the age range of 7-13 years
2. Children visiting the Department of Paediatric and Preventive Dentistry or any paediatric dental clinic.

2.4 Exclusion Criteria

1. Children whose parents did not give consent
2. Children who are cognitively disabled and unable to complete the survey independently.

2.5 Procedure

Children reporting to the department of Paediatric and Preventive dentistry in the age range of 7- 13 years were included in the study.

The participants were explained about the purpose and scope of the research study.

A validated and structured questionnaire (google form/ physical copies) was administered to the children to be filled under supervision.

The questionnaire was close-ended divided into 2 parts: 1. Demographic details, 2. Children's preferences towards Dentist's attire and dental clinic setup. Responses from the participants were recorded, tabulated, and subjected to statistical analysis.

Data collected was entered into a computer and analysed using SPSS software. Descriptive and inferential analysis was carried out along with Chi-square test for correlation of different variables.

3. RESULTS

A total of 1012 children (459 males, 553 females) completed and gave back the questionnaire. Of these, 590 children (58.3%) were in the 7-10 years range, 422 children (41.7%) were in the 11-13 years range.

For 526 children (52%) it was their first visit while 486 children (48%) had been to the dentist before. Out of 48% of subjects who had been to the dentist before, about 15% had a happy experience while only 3.4% were afraid of dentists.

When asked whether they were aware of the COVID-19 precautions, about 95% said yes, they were aware of it while 5 % said they weren't aware of the precautions.

To understand the knowledge of precautions necessary for COVID-19 among children they were asked to select the precautions that they thought should be followed. 77.8% children selected all the precautions necessary for

COVID-19 precautions which was found to be statistically significant($p=0.00$).

Majority of children (80.6%) preferred playtime before dental appointment in the waiting area most of them belonging to the 7-10 years range while only 19.4% said they do not need playtime similarly about 83.8% also preferred toys in the dental operatory while only 16.2% did not prefer. Results for both the questions were found to be statistically significant. ($p= 0.00$).

When children were asked about their preferred entertainment about 39.6% preferred playing games or with toys while only about 11% preferred reading story books.

Next children were asked about their preference for receptionist and dentist attire. Maximum no of children preferred casual clothes (50.2%) for the receptionist while scrubs (42.7%) for the dentist each of which was found to be statistically significant ($p=0.00$).

About 71.5% children preferred dentist greeting them while wearing the mask while 28.5% preferred dentist greeting without the masks ($p=0.00$).

When asked how the protective attire that is the PPE kit makes them feel, about 38% felt neutral i.e., it did not influence them and 2.6% said they were very comfortable with its use. 28.5% children were also comfortable while only 7% very uncomfortable and 23.8 had slight discomfort with PPE kit usage.

When they were asked about colour preference for gloves, the majority of them (36.6%) preferred white gloves, 29% preferred blue gloves and 25.9% preferred pink gloves.

Table 1. Distribution of study participants according to demographic parameters

| Distribution of study participants | | Frequency | Percent | Chi-square test | p-value |
|--------------------------------------|--------------------|-----------|---------|-----------------|---------|
| Gender | Male | 459 | 45.4 | 8.731 | 0.00* |
| | Female | 553 | 54.6 | | |
| First dental visit | Yes | 526 | 52.0 | 1.581 | 0.21 |
| | No | 486 | 48.0 | | |
| Experience of the treatment received | First dental visit | 526 | 52.0 | 975.60 | 0.00* |
| | Very happy | 142 | 14.0 | | |
| | Happy | 153 | 15.1 | | |
| | Neutral | 106 | 10.5 | | |
| | Not happy | 51 | 5.0 | | |
| | Afraid of it | 34 | 3.4 | | |

Table 2. Distribution of study participants according to child’s preferences

| Preferences | Options | Frequency | Percent | Chi-square test | p-value |
|-----------------------------------|----------------------|-----------|---------|-----------------|---------|
| Prefers playtime | Yes | 816 | 80.6 | 379.84 | 0.00* |
| | No | 196 | 19.4 | | |
| | Total | 1012 | 100.0 | | |
| Toys in operatory | Yes | 848 | 83.8 | 462.30 | 0.00* |
| | No | 164 | 16.2 | | |
| | Total | 1012 | 100.0 | | |
| Preferred entertainment | Books | 111 | 11.0 | 183.07 | 0.00* |
| | Toys/Games | 401 | 39.6 | | |
| | Coloring activities | 204 | 20.2 | | |
| | TV | 296 | 29.2 | | |
| | Total | 1012 | 100.0 | | |
| Receptionist attire | PPE suit | 125 | 12.4 | 379.78 | 0.00* |
| | Colored apron | 247 | 24.4 | | |
| | Casual Clothes | 508 | 50.2 | | |
| | I am not sure | 132 | 13.0 | | |
| | Total | 1012 | 100.0 | | |
| Dentist greets | Yes | 724 | 71.5 | 783.47 | 0.00* |
| | No | 288 | 28.5 | | |
| | Total | 1012 | 100.0 | | |
| Dentist attire | Whitecoat | 249 | 24.6 | 516.39 | 0.00* |
| | Scrubs | 432 | 42.7 | | |
| | PPE gown | 221 | 21.8 | | |
| | I am not sure | 110 | 10.9 | | |
| | Total | 1012 | 100.0 | | |
| Protective attire makes you feel? | Very uncomfortable | 71 | 7.0 | 449.15 | 0.00* |
| | Uncomfortable | 241 | 23.8 | | |
| | Neutral | 386 | 38.1 | | |
| | Comfortable | 288 | 28.5 | | |
| | Total | 1012 | 100.0 | | |
| Type of mask | Plain mask | 298 | 29.4 | 394.91 | 0.00* |
| | Cartoon printed mask | 437 | 43.2 | | |
| | N95 mask | 277 | 27.4 | | |
| | Total | 1012 | 100.0 | | |
| Gloves color | White | 370 | 36.6 | 169.66 | 0.00* |
| | Blue | 293 | 29.0 | | |
| | Pink | 262 | 25.9 | | |
| | Other | 87 | 8.6 | | |
| | Total | 1012 | 100.0 | | |
| Coveralls as power suits | Yes | 505 | 49.9 | 0.004 | 0.95 |
| | No | 507 | 50.1 | | |
| | Total | 1012 | 100.0 | | |

About 43.2% of children preferred that the dentist wear cartoon printed mask while 29.4% preferred plain surgical mask and 27.4% preferred N95 mask.

Lastly when asked if they would like to wear coveralls like the dentist and the assistant to

make them feel less anxious 49.9% said yes while 50.1% said no though there was no statistically significant difference.

The mean age of children who gave responses was 10 years.

4. DISCUSSION

A child who has developed a generalised phobia due to terrible experiences in doctor's offices may become more anxious when they see a dentist who is dressed professionally. Using their favourite hues may promote cooperation since kids relate colours to emotions, such as blue for delight and green for surprise [5]. According to Taylor [6], The way a patient initially perceives a doctor can have a big impact on how they feel about the care they get and how competent they are. Most children preferred dentists who appeared competent and well-groomed. Physical characteristics have been shown to affect a person's decision to choose a family doctor and to be important for the development of the doctor-patient relationship[7].

Children may find it unpleasant to sit in a dentist chair while bright lights are on and noises from the equipment are audible. Children should be able to wait for appointments in comfort, thus paediatric dental offices should be created with this in mind [8].

The new coronavirus quickly spread throughout the entire world in the first semester of 2020. Severe Acute Respiratory Syndrome 2 (SARS-CoV-2) is brought on by this virus [9]. Healthcare practitioners were at a greater risk of getting infected and spreading the disease due to the new coronavirus's broad transmission [10].

Children's dental phobia and anxiety are a serious issue in dental treatment, and as was hypothesised, concerns about the current epidemiological situation and any ensuing changes to the way the dental service is organised may make these concerns worse[11]. Given that children's emotional health is frequently influenced by that of their parents [12,13] and that during the pandemic-related lockdown, reports of fear of contracting SARS-CoV-2 while engaging in various activities, such as grocery shopping, were common [14], this might be especially expected.

Calm children spread less aerosol compared to restless and crying children [15]. Consideration must be given to the potential increase in anxiety that the kid may experience as a result of the oral healthcare workers' requirement to wear improved PPE, such as face masks, face shields, gowns, and coveralls. Although in this study the majority of the kids were at ease with the dentist using PPE equipment irrespective of their age.

Whenever feasible, it is beneficial to put on this protective gear in front of the child while also explaining to them in clear terms why it is important and how to use it. One strategy is to let the kid imagine that the dentist is donning superpower outfits. Finally, dressing the child in the same way as the dental professionals may help to lessen their worry and anxiety when they observe everyone wearing coveralls, masks, and gowns [16].

It is vital to note that social isolation and the disruption of children's schedules may have serious medical and psychological effects. Sprang & Silman (2013) found that paediatric patients who were quarantined during epidemic or pandemic events had post-traumatic distress levels that were four times higher than those who were not in social isolation [17]. Thus it is essential to make the appointment time as comfortable as possible for the children to have a pleasant experience.

5. CONCLUSION

According to the study, which provides new insight into children's thinking, youngsters undoubtedly have strong opinions and preferences about their dentist's look, which affects the first impression and interpersonal relationship.

The research participants did exhibit certain preferences about their dentist's appearance, but it is important to highlight that these preferences pale in comparison to the dentist's personality attributes including friendliness, patience, and professional competence.

Making a few minor changes to one's attire, however, can make the child feel more at ease and increase the possibility that the child will take the therapy with ease.

CONSENT

As per international standard, parental written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

The study was reviewed and approved by IEC (Institutional ethical committee) of D.Y. Patil University School of Dentistry (IREB/2022/PEDO/04).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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