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The preferences of dentists' attire among a selected population of parents

Running title: Preferences of dentists' attire among parents

Abstract

Aim: to evaluate preferences of the dentists' attire among parents.

Study design: Descriptive cross sectional study

Methodology: A questionnaire was used to obtain socio demographic information and their preferences from Parents that accompanied their children to the Paediatric dental clinic. Information was also elicited from photographs showing male and female dentists' with different attires and protective wears. The data was analyzed using SPSS version 22 and the level of significance was set at ≤ 0.05 .

Results: One hundred and fifty parents, comprising of 105(70%) females and 45(30%) males were assessed. The 40-49 year age-group were the majority [73(48.7%)], the female dentist was the preferred gender and there was statistical significant differences between the male and female subjects ($p=0.047$). One hundred and forty six (97.3%) wanted the dentists to wear name tags mostly for ease of identification 103(68.8%) and communication 20(13.3%). All parents wanted the dentist to don protective coat and gloves, while 123(82%) and 80(53.3%) parents preferred dentists' wearing facemasks and protective glasses, respectively. One hundred and twenty eight (85.3%) preferred the white coats because it depicts purity/cleanliness (51.4%) and professionalism (45.7%). Dentists attire was important to 82% and there were statistical significant differences ($p=0.01$) between those with a previous dental exposure and first timers.

25 There were statistical significant differences ($p=0.03$) between procedures [orthodontics and
26 other procedures] done in the present visit and their perception of dentist attire.

27 **Conclusion:** The preferences of the parents on protective wears, use of name tags and gender of
28 the dentist show that identification, safety, empathy and rapport were desired from the dentist by
29 the parents.

30 **Keywords:** Non verbal communication; Parents; Dentist attire; Name tags; Protective wears

31

32 **Introduction**

33 Parents play an important role in promoting the wellbeing of their children, this they do by
34 providing support, protection and care. They, by their knowledge, attitudes, practices and
35 preferences, influence their wards and therefore impact on the health of their children by
36 providing access to healthcare services.[1,2] Parents accompany their children to dental clinics to
37 provide comfort, support (emotional and financial), dental/medical histories and give informed
38 consent before procedures are carried out, thereby fulfilling their legal and psychosocial roles.[3-
39 7] Parents would want to identify and establish rapport with the doctors as part of their protective
40 role and would not entrust their children to strangers. However, when there is a need to do that
41 in a health facility, would want competent, credible and empathic doctors. [3,5,8-11] This is
42 fostered by the doctors' work attire [jackets, coat and name tag] that enhance identity and
43 communication. [12-14]

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45 The doctors' work attire is worn with safety, comfort and trust of patients as focus, whereby
46 reducing and preventing cross infection. The safety measures in the dental clinic include the use
47 of primary personal protective equipment (PPE) laboratory (ward) coat/ scrubs, surgical gloves,

48 face masks and protective glasses.[5,15] The symbol of medical profession, the doctor's white
49 coat, has been reported to project professionalism, dignity, cleanliness and healing.[10,15,16]
50 However, it has been reported that though the white coat ought to protect, coat sleeves and
51 pockets can act as reservoirs of pathogens and may become vectors from patient to patient
52 transmission.[13,17] Furthermore, several reports have shown that the white coat may provoke
53 anxiety in children.[10,18,19] Therefore, alternatives to the traditional white coat have been
54 introduced to the medical profession, due to the supposed 'white coat fear' amongst children and
55 the aforementioned reason; infection control. [13,15,17]

56 Reports show that parents have preferences towards dentists' attires.[14,16,20-25] However,
57 there is a dearth of such information among Nigerians. The objectives of this study therefore
58 were (i) to assess the preferences of the dentists' attire among a selected population of parents in
59 a tertiary health institution in Nigeria (ii) to assess if the dental history (i.e. previous exposure to
60 dental setting) of their children has an influence in their preferences.

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71 **Methodology**

72 This descriptive observational study was carried out among parents who accompanied their
73 children to a paediatric dental clinic in a tertiary health institution in Southern Nigeria.
74 Questionnaires (Appendix I) were administered to the subjects and the following information
75 was obtained:

76 Socio-demographic information such as age range, sex, occupation and level of education were
77 elicited. The age of the subjects were categorized into 20-29, 30-39, 40-49, 50-59, and greater
78 than 60 year age groups. The occupation was categorized into stable or unstable income earners
79 where, stable earners were those who earned a regular income, while the unstable earners were
80 those who had no regular income. The level of education was categorized as no
81 education/primary education, secondary and tertiary education.

82 The preferred gender of the dentist and use of name tags were elicited using the questionnaire.
83 Also, their impression of their dentists' dressing and effect of the dressing on the behaviour of
84 their children was obtained.

85 Information concerning PPE was obtained by showing photographs (Appendix II) of male and
86 female persons putting on; A- Protective Glasses with coat and gloves, B- mask gloves and coat,
87 C- gloves, coat, mask and protective glasses and D- No mask Or glasses.

88 The preference of dentist attire was done using photographs of male and female persons wearing
89 the white coat and coloured scrubs (Appendix III), [whether white coat with long sleeves or
90 coloured scrubs bare below the elbows (BBE)]. Data obtained were entered into a spreadsheet
91 and subsequently into software IBM Statistical Package of social Sciences SPSS version 22
92 Illinois Chicago. Frequency distribution were generated, proportion were reported in percentages

93 and Pearson's Chi square was used to test for association and level of significance was set at
94 ≤ 0.05 .

95 **Ethical consideration**

96 Ethical approval was sought and obtained from the ethics committee of the tertiary health
97 institution to carry out this cross sectional observational study. Informed consent was also
98 obtained from the subjects.

99 All authors declare that 'written informed consent was obtained from the persons whose
100 photographs were used for publication of this article and accompanying images. A copy of the
101 written consent is available for review by the Editorial office/Chief Editor/Editorial Board
102 members of this journal.

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116 **Results**

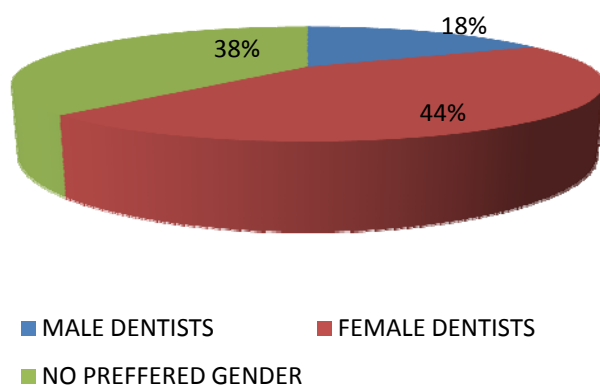
117 One hundred and fifty parents were assessed; and 105 (70%) were females. The 40- 49 year age
118 group were the majority [73 (48.7%)], 90 (60%) were stable income earners and 130 (86.7%)
119 had tertiary education. One hundred and one (67.3%) parents brought their children to the clinic
120 previously; of which 18 (17.8%) had routine check up. (Table 1)

121 Table 1: Socio-demographic characteristics of the subjects

	n (%)
Gender	
Males	45 (30.0)
Females	105 (70.0)
Age group (years)	
20-29	10 (6.7)
30-39	47 (31.2)
40-49	73 (48.7)
50-59	19 (12.7)
>60	1(0.7)
Income earners	
Stable	90 (60)
Unstable	60 (40)
Level of Education	
Primary	4 (2.7)
Secondary	16 (10.7)
Tertiary	130 (86.7)
Dental history	
Previous dental visit(s)	101 (67.3)
First Dental visit	49 (32.7)
Type of visit	
Routine checkup	18 (17.8)
Symptomatic visit	83 (82.2)

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123 Forty four percent of the subjects preferred the female dentists (see Figure 1);



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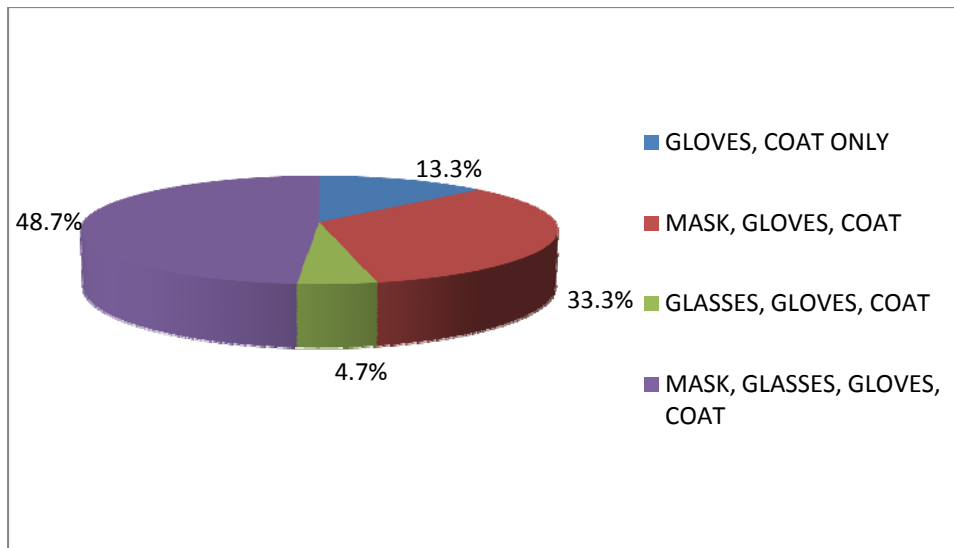
125 **Figure 1: The preferred gender of the dentists' among the subjects**

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127 when the gender preference was assessed according to the subjects gender, 53.5% of the male
 128 subjects had no preferences and there were statistical significant differences between the male
 129 and female subjects (χ^2 6.107; $p=0.047$). One hundred and forty six (97.3%) wanted the dentists
 130 to use name tags; [44 (97.8%) males and 102 (97.1%) females (χ^2 0.448; $p=0.80$)] because of
 131 identification 103 (68.8%), communication 20 (13.3%), identification & communication 7
 132 (4.7%) and 20 (15.3%) did not have reasons for their choice. (depicted in Table 2)

133 **The use of personal protective equipment (PPE)**

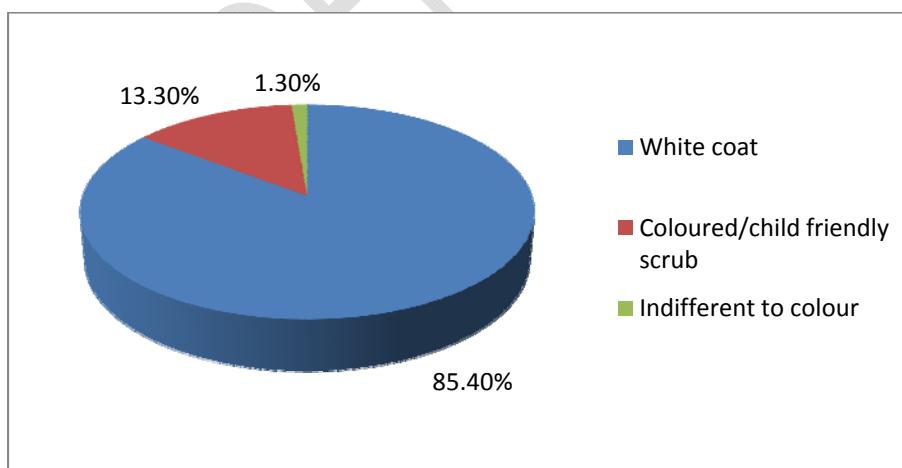
134 All subjects wanted the dentist to don gloves and protective coat, 123 (82%) preferred the use of
 135 surgical mask and 80 (53.3%) protective glasses. Their preference according to donning of these
 136 PPE as depicted in Appendix II showed that 48.7% preferred a dentist with the full complement;
 137 protective coat, gloves, mask and protective glasses (details in Figure 2).



138

139 **Figure 2: The preference of parents concerning dentists' personal protective wears**

140 The gender differences in their choice of PPE are depicted in Table 2. One hundred and twenty
 141 eight (85.3%) [39 (86.7%) males and 89 (84.8%) females] preferred their children's dentist to
 142 wear white coats (Figure 3) and the reasons for the choice were professionalism 32 (25%),
 143 cleanliness 36 (28.1%), protection 2 (1.6%), while 58 (45.3%) had no reasons for their choice
 144 (i.e. Purity and Cleanliness 51.4%, professionalism 45.7%, and protection 2.9% among those that
 145 gave reasons).



146

147 **Figure 3: The distribution on the choice of dentists' attire among the parents**

148 Twenty (13.3%) preferred coloured scrubs/coats [6 (13.3%) males and 14 (13.1%) females] and
 149 the reasons for their choice was that it was less fear provoking and these were parents of children
 150 aged 6-12 years (66.7%) and (33.3%) >12 years. There was no statistical significant differences
 151 in their choice of coats (χ^2 0.871; p=0.65). See Table 2.

152 **Table 2: The preferences according to the gender of the subjects**

	Males n (%)	Females n (%)	Total n (%)	
Preferred dentist gender				
Males	4 (8.9)	23 (21.9)	27 (18.0)	
Females	18 (40.0)	48 (45.7)	66 (44.0)	
No preferences	23 (51.1)	34 (32.4)	57 (38.0)	
Name tag				
Yes	44 (97.8)	102 (98.1)	146 (97.3)	χ^2 6.107; p=0.047*
No	1 (2.2)	2 (1.9)	3 (2.0)	
Indifference	0	1 (1.0)	1 (0.7)	
Protective coat				
White	39 (86.7)	89 (84.8)	128 (85.3)	χ^2 0.448; p=0.80
Coloured	6 (13.3)	14 (13.3)	20 (13.3)	
No preferences	0	2 (1.9)	2 (1.3)	
Personal Protective Equipment				
Coat, gloves	6 (13.3)	14 (13.3)	20 (13.3)	χ^2 0.871; p=0.65
Coat, gloves, glasses	3 (6.7)	4 (3.8)	7 (4.7)	
Coat, gloves, masks	18 (40.0)	32 (30.5)	50 (33.3)	
Coat, gloves, glasses, masks	18 (40.0)	55 (52.4)	73 (48.7)	
χ^2 2.40; p=0.49				

153 *p \leq 0.05 is statistically significant
 154

155 The attire of the dentist matters to 114 (76%) subjects; [36 (80%) males and 78 (74.3%) females
 156 (χ^2 0.509; p=0.48)] and when they were asked whether it would affect their children's

157 cooperation; 85 (56.7%) subjects perceived that the dressing would not affect the cooperation of
158 the children.

159 When their perceptions were related to past dental history, purpose of previous and present visit
160 the following were observed (Table 3)

161 i) Past dental history: dressing would matter to 82% and there was statistical significant
162 difference ($p=0.01$) between those with a previous exposure to the dental setting and
163 those coming for the first time.

164 However, there was no statistical significant difference ($p=0.39$) when the
165 cooperation of the child was considered.

166 ii) Purpose of past dental visit i.e. routine checkup /symptomatic visit (treatment):
167 dentist dressing would matter to 77.8% and 83.1% of parents that accompanied
168 children for routine and symptomatic visits, respectively and the dressing may affect
169 child's cooperation 33.3% and 49.4% of those for routine and symptomatic visits,
170 respectively. However there were no statistically significant differences.

171 iii) The procedure [orthodontics (fixed or removable appliances) and other procedures
172 (restorative, preventive and minor surgeries)] done in present visit: There were
173 statistical significant differences ($p=0.03$) in both their perception of dentist dressing
174 and cooperation of the child. The parents were of the opinion that the cooperation of
175 those with orthodontics would be affected by the dentists' appearance.

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Table 3: The perception of parents and guardian of the dentists' attire and their child

	Does the dentists' attire matter?		Would the dressing affect your child's cooperation?	
	Yes	No	Yes	No
Past Dental visit				
Yes	82 (82)	18 (18)	45 (45.9)	53 (54.1)
No	30 (62.5)	18 (37.5)	18 (38.3)	29 (61.7)
		χ^2 6.700; p=0.01*		χ^2 0.751; p=0.39
Purpose of past visit				
Routine checkup	14 (77.8)	4 (22.2)	6 (33.3)	12 (67.3)
Treatment	69 (83.1)	14 (16.9)	40 (49.4)	41 (50.6)
		χ^2 0.290; p=0.59		χ^2 1.525; p=0.22
Procedure done in present visit				
Orthodontics	26 (96.3)	1 (3.7)	17 (65.4)	9 (34.6)
Others	53 (79.1)	14 (20.9)	27(40.9)	39 (59.1)
		χ^2 4.241; p=0.03*		χ^2 4.478; p=0.03*

*p<0.05 is statistically significant

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192 **Discussion**

193 Communication, whether verbal or non verbal, is essential for good patient-doctor
194 relationship.[13,26] Dressing is seen to be a form of communication and has a non-verbal
195 influence on the interaction between the professionals and those who need their services.[8,16]
196 The attire and disposition of the dentist should be a symbol of professionalism, competence,
197 confidence, safety and empathy.[12,21]

198 In this study the subjects' preferred female dentists to attend to their children, this could be
199 because females are generally expected to have more empathy traits, in a specialty where
200 children need to be calmed, a female may be more patient and understanding.[9,11,14,27]
201 Reports have shown the choice of parents from other studies [7,14,27,28] to corroborate this
202 finding. Although male dentists' were preferred generally among Saudis', the preferred gender
203 among the dental specialties was the female paediatric dentist.[27] However, it was reported that
204 there was no preference in a study done in India [24] and in this present study, majority of the
205 male subjects had no preferred gender, this could be that they were more for competence than
206 gender bias.

207

208 In this study it was observed that majority wanted their dentist to wear a name tag. This finding
209 was corroborated by other reports.[14,20,21,29,30] Their reason was for ease of identification
210 majorly, followed by communication/rapport. In a dental centre where there are multiple
211 dentists, name tags will be desired for ease of identification and to differentiate the dentists from
212 other staff.

213

214 PPE are necessary to prevent cross infection and in this present study it was observed that the
215 parents desired that the dentist use a protective wear. Protective coats and gloves were desired by
216 all of them and a good majority wanted the dentist to use facemask and a lesser proportion
217 desired the use of protective glasses. This may be because the protective glasses could be
218 frightening to children, moreover the parents may not have seen the need for it because they are
219 unaware of transmission of microorganisms through the mucosa of the eyes. The use of face
220 mask was also favoured in several reports [16,20,21,30] In the report by Almutairi et al,[16]
221 almost all the children and parents preferred a dentist with the full complement of the protective
222 wear, although in their study they had just two photographs; one without protective gear and the
223 other with the full protective gear. There has to be an increased awareness on the importance of
224 the protective wears especially of the glasses.

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226 The subjects preferred the conventional white coat majorly for cleanliness/purity and
227 professionalism. This corroborates what has been reported in previous studies [7,13,16,18,21,23]
228 that the white coat has been adopted as being a symbol of the medical profession. However, a
229 few could not give reasons for the choice of white coat, there is a probability that they expect a
230 doctor to put on white since it is an accepted symbol.[14] Concerns have been raised as per the
231 cleanliness of the white coat, since microorganisms have been cultured from coats, but
232 individuals in a previous report, even with the knowledge, still preferred the white coat.[13] Also
233 the speculation of increased infection rates has not been verified. Scrubs impregnated with
234 antiseptics and bare below the elbow (BBE) has been advocated.[15] Moreover the symbol that
235 has passed on from generation to generation is that of the long sleeved white coat. However,
236 those that chose the coloured protective coats/scrubs felt that it was less fear or anxiety

237 provoking, not because of infection control and this was preferred by parents of children in the 6-
238 12 years age group. Nonetheless, the report of Ellore et al [23] was contrary, where parents'
239 preference was the non-white coat.

240 When the dental visits were related to their viewpoints on whether the dentists' dressing
241 mattered, there were statistical significant differences between their children being a first timer
242 and having a previous dental exposure, also between the types of procedures carried out. Those
243 that came for orthodontics were significantly more affected by dentists' attire than those who
244 came for other procedures. This could be that since orthodontic procedures were not emergencies
245 or painful/symptomatic visits parents were more relaxed to pay attention to the dentists' attire.

246 **Conclusion**

247 The preferences of parents on protective wear, use of name tags and gender of the dentist show
248 that identification, safety, empathy and communication were desired from the dentist by the
249 parents. All these would foster a good doctor –patient relationship.

250 Majority preferred the use of PPE by their children's dentist. The traditional white coat and use
251 of name tags were preferred by most of the parents. The female gender was preferred, though the
252 males had no preference over gender of their children dentists.

253 The attire of the dentist was important to the parents and this was statistically significant when
254 the dental visits were considered.

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UNDER REVIEW

353 APPENDIX I

354 QUESTIONNAIRE

355 **The preferences of the dentists' attire among a selected population of parents**

- 356 1. Age (range in years) 20-29.....30-3940-49.....50-59.....>60.....
- 357 2. Gender: Male..... Female.....
- 358 3. Educational Level: Father's Primary....., Secondary....., Tertiary.....
- 359 4. Occupation
- 360 5. Which do you prefer, male or female dentist to treat your child? Male..... Female.....
- 361 6. Has your child visited a dentist Before? Yes No.....
- 362 7. What Was The Reason For The Dental Visit? Routine Check up Treatment.....
- 363 8. If yes, what Treatment? A Filling... B Extraction... C Pulp Therapy... D Removable
- 364 Appliance E Fixed Appliance..... F. Cleaning.....
- 365 9. Which Colour of coat Do You Prefer? White..... Coloured.....
- 366 **The Pictures Are Shown..**
- 367 10. Why do you prefer the colour you chose?
- 368
- 369 11. Do you want your dentist to wear a name tag Yes..... No.....
- 370 12. If yes? Why.....
- 371
- 372 13. Do you want your dentist to Wear a coat Yes No.....
- 373 14. Do you want your dentist to use a pair of gloves Yes No.....
- 374 15. Do you want your dentist to wear a face mask Yes No.....
- 375 16. Do you want your dentist to use protective goggles Yes No.....
- 376 17. Which Dentist Do You Prefer?
- 377 Protective Glasses OnlyMask Only..... Mask and Protective Glasses.....
- 378 **(Here the Pictures Are Shown)**
- 379 18. Does it Matter to you the way the dentist Dress? Yes No
- 380 19. Does the dressing in Anyway Affect your child's Cooperation? Yes No
- 381 20. If Yes, How?

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383 **APPENDIX II**

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389 **APPENDIX III**

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UNDER PEER REVIEW

A. WHITE COAT

B .COLOURED



UNDER PEER REVIEW