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Attitudes and perceptions towards the dentist's appearance: A study among some Nigerian children and parents

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Abstract

Background: Research has shown that different kinds of doctor's attire may evoke different reactions in patients particularly in children. By understanding patients and parents' perception and preferences about dentist's attire, the choice of appropriate attire can be adopted in order to establish good rapport with patients. The aim of the study was to assess the perception of some Nigerian children and parents to the appearance of dentists. Methods: A cross sectional study was conducted among 259 children aged 5 to 15 years attending the Paediatric Dentistry clinic of the University College Hospital, Ibadan and their parents. Data was collected using a pretested 25- item child questionnaire and 20- item parent questionnaire. Data was analyzed using Z test of proportion and Chi square test. Results: Majority of the children (60.2%) preferred to be treated by female dentists while most parents (70.3%) were indifferent. Female children preferred a female dentist while males preferred a male dentist ($p=0.000$). Regarding protective wears, many children and parents wanted dentists to wear plain masks (70.7% and 75.7% respectively and cream colored gloves (74.3% and 49.4% respectively). Female children had a greater preference for patterned face masks and patterned safety head caps ($p=0.007$) and the younger children a greater desire for dentists to wear goggles ($p=0.012$). Most children (59.5%) and parents (56.0%) preferred the dentist to wear the white coat and a smaller proportion of children(13.5%) and parents (17.8%) wanted child friendly scrubs. Older children ($p=0.006$)and males ($p=0.002$) favored dentists to be clad in closed shoes while female children had a greater preference for their dentists to use perfume($p=0.013$). Conclusions: Both children and their parents prefer the professional white coat with varying degrees of preferences with regards to the type, colour and pattern of the protective apparel. The choice of dentist's attire and protective apparel could depend on each individual child and child friendly attires should not be completely discarded as they may be useful in the management of highly anxious children.

Keywords: Dentist, Attire, Children, Parents, Perceptions.

INTRODUCTION

In modern-day medicine, the doctor-patient relationship is essential in clinical practice as it is viewed as a partnership that is crucial for excellent patient care [1]. This partnership builds mutual trust, respect and creates a rapport between doctors and their patients [1]. In order to establish this relationship, the physical appearance of the dentist plays a pivotal role as the patient forms an initial impression of the dentist at the first meeting [2].

Clothes have been found to play an important role in one's perception of responsibility, thus the way a clinician dresses may be important in determining the success of the patient-clinician relationship [3]. Therefore, the doctors' attire is a vital factor to consider when studying the relationships between patients and their doctor [4].

Research has shown that different kinds of doctor's attire may evoke different reactions in patients particularly in children. Brosky et al., [5] reported that the attire of a dental care provider affects the comfort and anxiety levels of patients. For this reason, many dentists advocate the use of clinician's attire that make patients more "comfortable" in their surroundings[6] particularly children [7].

By understanding patients and parents' perception and preferences about dentist's attire, the choice of appropriate attire can be adopted in order to establish good rapport with children. This can be achieved by enquiring about patients and parents' perception toward their dentists' attire and the need for adjustments that would make children more comfortable. This will also assist in subduing the children's pre-existing fears

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about dental clinic setup thus improve the quality of dental visits.

In addition, dentists are in close proximity to their patients while carrying out their professional duties and as a result of this, the patient smells and feels the dentist while receiving treatment. The smell and touch of the dentist may have a negative or positive impact on the patients' perception of the dentist and the dental procedure. Therefore, it is important to investigate the preference of the patient in terms of what the dentists wears and how he or she smells as these factors may go a long way in determining the patient's level of cooperation.

Many studies have looked into patient attitudes towards professional attire. However, these studies were largely between medical health professionals and their patients[8-10]. Dental literature is scarce regarding patients feelings toward the appearance of their dentists, particularly in Nigeria. The findings of this study will provide data on the patients and their parents attitudes towards the dentists' attire and may help improve patients' cooperation during dental treatment. It will also help to better patient management and improve rapport between the dentist and patient. Thus, this study aims to investigate the perception of children and their parents to the dentists' attire in this environment.

MATERIALS AND METHODS

Study site

This was a cross sectional study conducted in the Paediatric Dentistry clinic of the University College Hospital (UCH), Ibadan, Nigeria. UCH is a teaching hospital in South Western Nigeria. Children aged 5 to 15 years attending the clinic and their parents were recruited for the study. Consecutive children who attended the clinic for six months participated in the study.

Sample size

A minimum sample size of 216 was calculated for the study using a sample size calculation formula for cross sectional study [11] at a power of 90%, a degree of error of 5% and prevalence rate of 80.3% obtained from a previous study [12].

Inclusion criteria

All children aged 5 to 15 attending the Paediatric Dentistry clinic with their parents and who were willing to participate in the study were recruited for the study. Children with special health care needs were excluded from the study.

Instrument for data collection with appropriate techniques

The questionnaires for the parent and child was developed from those used in similar studies[12-13]. These questionnaires were pretested among 10 parent child dyads who were not part of the study. Ambiguous and difficult to understand statements were modified.

The child's questionnaire consisted of 25-item semi structured open and closed ended questions while the parent's questionnaire consisted of 20- item semi structured open and closed questions.

The questionnaires, elicited basic socio-demographic data of child and parent which included their ages, gender of the child, educational level of parents, if they had prior dental visits and their experience at these visits. Preference on whether the child preferred being treated by a male or female dentist and parents' preference of the gender of dentist was asked.

Also, whether the way dentist looked was important to the child and child's parent was asked. It was also asked if child and parent preferred child's dentist to put on protective wear namely; safety face masks, safety gloves, head caps and gloves. Information on if child and parent

wanted child's dentist to wear name badges, wristwatches, perfume, closed or open shoes and neat and well ironed clothes was asked. Also, it sought child and parent's preference for child's dentist outfit.

In determining the preference for gloves, the children and their parents were shown four photographs with cream, purple, blue, green gloves and they were asked to choose their preferred colour of gloves. Concerning the preference for face masks and head caps, children and parents were shown photographs of plain face masks and head caps; patterned face masks and head caps with cartoons/pictures on them; and their preference was sought (Figure 1-2).

Pictures rather than dentists being donned in them, different coloured gloves, patterned disposable face masks and caps had to be shown as these are not available in our practices.

One male and one female model were recruited (who were final year dental students) and their photographs were taken with each model posing as a male and female dentist respectively. The first photograph displayed the male model in T-shirt and trousers and the female model was in casual blouse and trousers. The second photograph presented the male model in trousers, a shirt and tie with traditional white clinical coat while the female model was in a dress and the traditional white clinical coat. The third photograph showed the male model in paediatric – patterned coat (scrubs) and trousers and the female in paediatric-patterned coat (scrubs) and trousers. The fourth photograph depicted formal wear and showed the male model in trousers, a shirt and tie while the female model was in a formal dress. In each photograph, the same background was used and hairdo, facial expression, presence of jewelry and physical appearance were unchanged as far as possible. The attire worn was the only thing different across each of the photographs. Codes 1,2,3 4 were allocated to the four groups of photographs for easy identification. The children and their parents were asked to view the four sets photographs showing a male and female model wearing the four types of clinical attire each. Respondents were asked to indicate which numbered clinical attire they felt best portrayed what they want their dentist to wear. Consent was obtained from the models.

Child's social status was determined by the Socioeconomic Index Score by Oyejide [14] which makes use of parent's educational status and occupation.

Informed consent was received from the parents and assent from the children prior to commencement of the study. Ethical approval for the study was obtained from the Oyo State Ethics Review Board.

Statistical analysis

Statistical analysis was done using the Statistical Package for Social Sciences (SPSS) version 16.0. Chi square statistics was used to test significance of categorical variables. Associations were considered significant when p-values were less than 0.05. The Cohen kappa statistic test of agreement was also conducted to measure the level of agreement between responses.

RESULTS

Sociodemographic characteristics

A total of 266 parent /child dyads participated in the study. Questionnaires of 7 dyads were discarded due to incomplete data leaving 259 parent/ child pairs. Majority of the children 137 (52.9%) were between 5-10 years of age and 130 (50.2%) were females. One hundred and twenty nine children (49.8%) belonged to the high social class while 18 (7.0%) were in the low social class (Table 1). Most of the children 227 (87.6%), were accompanied by their mothers.

The majority of the children 149 (57.5%) and their parents 166 (64.1%) had had prior dental visits (Table 2).

Table 1: Sociodemographic characteristics of the children

Variable	Frequency (N=259)	Percentage
Child age group		
5-10 years	137	52.9
Above 10 years	122	47.1
Childs' gender		
Male	129	49.8
Female	130	50.2
Accompanying adult		
Mother	227	87.6
Father	32	12.4
Father's occupation		
Civil servant	113	43.6
Health worker	25	9.7
Business	37	14.3
Artisan	17	6.6
Skilled worker	57	22.0
Clergy	10	3.9
Mother's occupation		
Civil servant	104	40.2
Health worker	54	20.8
Business	33	12.7
Artisan	49	18.9
Skilled worker	10	3.9
Clergy	2	0.9
Applicant/Student	5	1.9
Housewife	2	0.8
Father's Educational level		
Primary	8	3.1
Secondary	16	6.2
Post Secondary e. g. NCE	10	3.9
University/Polytechnic	225	86.9
Mother's Educational level		
Primary	6	2.3
Secondary	18	6.9
Post Secondary e.g NCE	16	6.2
University/Polytechnic	219	84.6
Social class (child)		
High	129	49.8
Middle	112	43.2
Low	18	7.0
Previous dental visit		
No	110(42.5)	93(35.9)
Yes	149(57.5)	166(64.1)
Experience at previous dental visit	(N=149)	(N=166)
Pleasant	126(84.6)	133(80.1)
Unpleasant (painful procedure)	23(15.4)	33(19.9)

Table 2: Preference of dentist and importance of dentists' appearance by children and their parents

Variables	Child (N=259)	Parent (N=259)
Preferred gender of treating dentist	(N=259)	(N=259)
Male	69(26.6)	19(7.3)
Female	156(60.2)	58(22.4)
Either	34(13.1)	182(70.3)
Important of the way your dentist dresses		
Not important	36(13.9)	23(8.9)
Important	98(37.8)	70(27.0)
Very important	125(48.3)	166(64.1)

Preferred gender of dentist

Majority of the children 156 (60.2%) would rather be treated by a female dentist while most of their parents 182 (70.3%) were indifferent (Table 2). A greater proportion of the older children 79 (64.8) preferred to be treated by a female dentist ($p=0.280$) (Table 3). Gender-based analysis showed statistical significance as more male 60 (46.5 %) and female children 96 (73.8%) will rather be treated by a female dentist in contrast to male dentists; 52 (40.3%) and 17(13.1%) respectively ($p=0.000$) (Table 4).

Peculiarity about way dentist dresses

Many children 98 (37.8%) and their parents 70 (27.0%) believed that the way their dentist dressed was important while 125 (48.3%) children and 166 (64.1%) considered dentist dressing very important to them. (Table 2). A greater proportion of male children 72 (55.8%) than female children 53 (40.8%) believed the way their dentist dressed was very important and this was statistically significance ($p= 0.035$) (Table 4).

Protective wears

Most children 205 (79.2%) and their parents 214 (82.6%) wanted the dentist to wear protective face masks ($k=0.378$) and this revealed a fair to moderate level of agreement. Majority of the children favoured the plain face mask 145 (70.7%) to the patterned mask 60 (29.3 %) and parents similarly preferred the plain masks 162 (75.7%) to the patterned masks 48 (22.4%) (Table 5). Gender-based analysis revealed statistical significance as a greater proportion of the female children 38 (38.0%) in contrast to the males 22 (21.0%) preferred the patterned mask ($p=0.007$) (Table 4).

Regarding safety goggles a lower proportion of children 127 (49.0%) in comparison to their parents 130 (50.2%) wanted the dentist to wear goggles while treating them($k=0.379$). This showed a fair to moderate level of agreement (Table 5). Statistical significance was seen as greater proportion of younger children 73 (53.3%) in contrast to the older children 54 (44.3%) preferring their dentist to wear goggles ($p= 0.012$) (Table 3). Gender based analysis of the children showed that slightly more females 64 (49.2%) than males 63 (48.8%) would prefer their dentist wearing goggles ($p=0.238$) (Table 4).

More children 135 (52.1%) were interested in their dentists wearing safety head caps as compared to their parents 126 (48.6%) ($k=0.353$)(Table 5). This revealed a fair to moderate level of agreement. A greater proportion of younger children 78 (56.9%) were more interested than the older 57 (46.7%) ($p=0.120$) (Table 3), and more males 68 (52.7%) than females 67 (51.5) ($p=0.975$) regarding the use of safety caps (Table 4). More children 34 (25.2%) than parents 25 (19.5%) preferred the patterned safety head caps. (Table 5). A greater percentage of the younger children 23 (29.5%) in comparison to the

older children 11 (19.3%) preferred patterned caps (0.178) (Table 3). More females 25 (37.3%) than males 9(13.2%) liked patterned caps $p=$ (0.001) and this was statistically significance (Table 4).

Majority of children 249 (96.1%) and their parents 241 (93.1%) wanted the dentist to wear safety gloves ($k=0.022$) (Table 5). This indicated only a slight level of agreement. A higher percentage of children 123 (49.4%) and their parents 179 (74.3%) respectively preferred cream coloured gloves to other coloured gloves (Table 5).

Grooming of the dentist

Majority of the children 226 (87.3%) and their parents 232 (89.6%) wanted the dentist to wear identification badges, showing a fair to moderate level of agreement ($k=0.378$) (Table 5). On age-based analysis, 119 (86.9%) of the younger and 107 (87.7%) of the older children wanted the dentists to wear identification badges ($p=0.977$) (Table 3). A slightly higher percentage of the female children, 117 (90.0%) in contrast to the males 109 (84.5%) wanted their dentists to wear identification badges ($p=0.301$) (Table 4).

A greater proportion of children 149 (57.5%) as compared to their parents 91 (35.1%) wanted their dentists to wear wrist watches showing a fair to moderate level of agreement ($k=0.231$) (Table 5). A higher proportion of the younger children 86 (62.8%) (Table 3) ($p= 0.116$) and male children 77 (59.7%) were in favour of their dentist wearing wrist watches ($p=0.228$) (Table 4).

Regarding the use of perfume by the dentist, a greater percentage of children 131 (50.6%) in contrast to their parents 63 (24.3%) wanted their dentists to wear perfume ($k=0.314$). This revealed a fair to moderate level of agreement (Table 5). Also, greater percentage of the younger children 75 (54.7%) ($p=0.364$) (Table 3) and higher proportion of females 70 (53.8%) ($p=0.013$) wanted their dentist to wear perfume and this was statistically significant (Table 4).

A fair to moderate level of agreement was seen with many children 178 (68.7%) and their parents 169 (65.3%) being in favour of their dentists wearing closed shoes ($k=0.332$) (Table 3). A greater proportion of male children 100 (75.5%) in contrast to females 78 (60.0%) ($p=0.002$) preferred wearing closed shoes which was statistically significance (Table 4).

Most of the children 236 (91.1%) and their parents 248 (95.8%) wanted their dentists to wear neat and well ironed clothes, revealing a fair to moderate level of agreement ($k=0.231$) (Table 5). The younger children 128 (93.4%) ($p=0.016$) had a greater preference for this and was statistically significant (Tables 3). A greater percentage of the male children 118 (91.5%) wanted dentists to wear neat and well ironed clothes ($p=0.127$) (Table 4).

Concerning the attire of the dentist majority of the children 154 (59.5%) and their parents 145 (56.0%) preferred the professional white coat revealing a fair to moderate level of agreement ($k=0.523$) (Table 5). A greater proportion of the older children wanted their dentist to wear a white coat 75 (63.6%) relative to the younger children 79 (61.2%) ($p=0.800$) (Table 3). A greater percentage of male than female children 82 (66.1%) and 72 (58.5%) respectively preferred the white coat while more female than male children 22 (17.9%) and 13 (10.5%) respectively would desire the scrubs ($p= 0.398$) (Table 4).

A Cohen kappa statistic test of agreement was conducted to measure the level of agreement on some of the items as shown in Table 4. The proportion in agreement with positive responses between parent and children ranged from 0.53 for wearing of perfumes to 0.96 for name badges. However, fair to moderate level of agreement was noticed among all the variables with Kappa value ranging between 0.231 to 0.379 except for safety gloves ($k=0.022$) which indicated a slight agreement.

DISCUSSION

Dental anxiety remains the greatest challenge for the paediatric dentist while managing a child patients [15,16]. The prevalence of dental anxiety among Nigeria children is about 49.8% [17] despite the fact that many Nigerian children have never visited the dentist. This prevalence suggests that dental anxiety may be a major deterrent for dental attendance in these children [16].

Therefore, it is important to use any measure possible to ensure that such anxiety is prevented or alleviated so that treatment can be provided in a calm and relaxed patient while instilling a positive perception of the dentist in such children. A child's perception of the dentist begins even before a word is uttered by the dentist as the physical appearance plays a major role in the child and parent's assessment of the dentist. This assessment would ultimately determine the child-dentist and parent-dentist relationship [18].

In this study, we found that the perception of the children and their parents about the gender and physical appearance of the dentist varied. A greater proportion of children stated that they preferred to be treated by a female dentist rather than a male dentist while majority of their parents were indifferent. The preference for the female dentist among these children may be associated with the assumption that the female dentists will be gentle, motherly, interactive and more pleasant. This finding is similar to previous studies reported in literature [12,19,20]. However, the parents were indifferent about the gender of dentists and this may be because as adults, they are particular about their children having the best treatment irrespective of who provides it. Further analysis revealed a statistical significance of preference of the dentist gender with the gender of the children as female children preferred a female dentist while males preferred a male dentist. This same gender preference among the studied children may be attributed to the socialization process where females feel more comfortable around females and males around males.

Measures adapted in the dental setting to prevent cross infection includes the use of protective equipment. Protective equipment comprises of coats, masks goggles, head caps and gloves. Majority of the children and parents in this study wanted the dentist to wear face masks and this showed a fair to moderate agreement. Similar findings have been reported in literature [12]. Also, a greater percentage of the dyads opted for plain masks over the patterned ones. This may be due to their familiarity with designs of face masks in the Nigerian environment as currently only plain disposable masks are commonly used. This study was able to show a significant correlation between children's gender and type of face mask as female children in comparison to males had a greater preference for patterned masks. This may be related to the fact that female children generally appreciate bright colours and decorative items more than male children.

Only about half of the children and their parents favoured dentists use the eye goggles and showed a fair to moderate agreement. This is similar to the findings of Mistry et al., [13] and Mc Kenna et al., [25]. This may be attributed to the fact that goggles obscure the eyes thus preventing eye contact and possibly triggering fear and intimidation. Also, children may not see the need for goggles as they don't see the bacterial aerosol generated during treatment and are ignorant of its existence. The study demonstrated a significant finding regarding age of children and preference for goggles as the younger children strangely in comparison to the older children desiring their dentists to wear goggles. Maybe this perhaps reminds them of some loved cartoon characters like *Superman*.

This study revealed a significant relationship between gender of children and type of head cap as female children had a greater preference for the patterned safety head caps in contrast to the males. This could also be explained by the fact that females love bright and exciting colours.

Table 3: Dentist's gender and attires preferences by age of the children

Variable	Age categories		Total	X ² , P-value
	5-10years	Above 10 years		
Prefer dentist to treat				
Male	42(30.7)	27(22.1)	69(26.6)	
Female	77(56.2)	79(64.8)	156(60.2)	2.544, 0.280
Either	18(13.1)	16(13.1)	34(13.1)	
How important to you is the way your dentist dresses				
Not important	15(10.9)	21(17.2)	36(13.9)	
Important	55(40.1)	43(35.2)	98(37.8)	2.256, 0.324
Very important	67(48.9)	58(47.5)	125(48.3)	
Dentist to wear safety mask				
No	22(16.1)	14(11.5)	36(13.9)	
Yes	108(78.8)	97(79.5)	205(79.2)	2.396, 0.302
Indifferent	7(5.1)	11(9.0)	18(6.9)	
If Yes, type of safety mask (n=205)				
Plain	76(70.4)	69(71.1)	145(70.7)	0.014, 0.904
Patterned	32(29.6)	28(28.9)	60(29.3)	
Dentist to wear safety goggles				
No	51(37.2)	40(32.8)	91(35.1)	
Yes	73(53.3)	54(44.3)	127(49.0)	8.821, 0.012*
Indifferent	13(9.5)	28(23.0)	41(15.8)	
Dentist to wear safety head caps				
No	49(35.8)	48(39.3)	97(37.5)	
Yes	78(56.9)	57(46.7)	135(52.1)	4.237, 0.120
Indifferent	10(7.3)	17(13.9)	27(10.4)	
If Yes, type of safety head cap (N=135)				
Plain	55(70.5)	46(80.7)	101(74.8)	1.815, 0.178
Patterned	23(29.5)	11(19.3)	34(25.2)	
Dentist to wear safety gloves				
No	7(5.1)	3(2.5)	10(3.9)	1.221, 0.269
Yes	130(94.9)	119(97.5)	249(96.1)	
If yes, type of gloves (N=249)				
Cream	57(43.8)	66(55.5)	123(49.4)	
Pink	23(17.7)	14(11.8)	37(14.9)	
Blue	26(20.0)	22(18.5)	48(19.3)	4.262, 0.372
Green	15(11.5)	9(7.6)	24(9.6)	
Purple	9(6.9)	8(6.7)	17(6.8)	
Dentist should wear name badges				
No	11(8.0)	9(7.4)	20(7.7)	
Yes	119(86.9)	107(87.7)	226(87.3)	0.046, 0.977
Indifferent	7(5.1)	6(4.9)	13(5.0)	
Dentist should wear wrist watches				
No	30(21.9)	29(23.8)	59(22.8)	
Yes	86(62.8)	63(51.6)	149(57.5)	4.301, 0.116
Indifferent	21(15.3)	30(24.6)	51(19.7)	
Dentist should wear perfume				
No	35(25.5)	37(30.3)	72(27.8)	
Yes	75(54.7)	56(45.9)	131(50.6)	2.021, 0.364
Indifferent	27(19.7)	29(23.8)	56(21.6)	
Dentist should wear closed shoes				
No	12(8.8)	7(5.7)	19(7.3)	
Yes	103(75.2)	75(61.5)	178(68.7)	10.111, 0.006*
Indifferent	22(16.1)	40(32.8)	62(23.9)	
Dentist should wear neat ironed clothes				
No	5(3.6)	1(0.8)	6(2.3)	
Yes	128(93.4)	108(88.5)	236(91.1)	8.285, 0.016*
Indifferent	4(2.9)	13(10.7)	13(10.7)	
Types of dress (n=247)				
T-shirt	13(10.1)	15(12.7)	28(11.3)	
Traditional white coat	79(61.2)	75(63.6)	154(62.3)	1.006, 0.800
Child friendly scrubs	29(15.5)	15(12.7)	35(14.2)	
Formal wear	17(13.2)	13(11.0)	30(12.1)	

(*p<0.05)

Table 4: Dentists gender and attire preferences by gender of the children

Variable	Gender of child		Total	X ² , P-value
	Male	Female		
Prefer dentist to treat				
Male	52(40.3)	17(13.1)	69(26.6)	
Female	60(46.5)	96(73.8)	156(60.2)	26.058, 0.000*
Either	17(13.2)	17(13.1)	34(13.1)	
How important to you is the way your dentist dresses				
Not important	13(10.1)	23(17.7)	36(13.9)	
Important	44(34.1)	54(41.5)	98(37.8)	6.682, 0.035*
Very important	72(55.8)	53(40.8)	125(48.3)	
Dentist to wear safety mask				
No	18(14.0)	18(13.8)	36(13.9)	
Yes	105(81.4)	100(76.9)	205(79.2)	2.118, 0.347
Indifferent	6(4.7)	12(9.2)	18(6.9)	
If Yes, type of safety mask (n=205)				
Plain	83(79.0)	62(62.0)	145(70.7)	7.190, 0.007*
Patterned	22(21.0)	38(38.0)	60(29.3)	
Dentist to wear safety goggles				
No	50(38.8)	41(31.5)	91(35.1)	
Yes	63(48.8)	64(49.2)	127(49.0)	2.870, 0.238
Indifferent	16(12.4)	25(19.2)	41(15.8)	
Dentist to wear safety head caps				
No	48(37.2)	49(37.7)	97(37.5)	
Yes	68(52.7)	67(51.5)	135(52.1)	0.051, 0.975
Indifferent	13(10.1)	14(10.8)	27(10.4)	
If Yes, type of safety headcap (n=135)				
Plain	59(86.8)	42(62.7)	101(74.8)	10.384, 0.001*
Patterned	9(13.2)	25(37.3)	34(25.2)	
Dentist to wear safety gloves				
No	5(3.9)	5(3.8)	10(3.9)	0.000, 0.990
Yes	124(96.1)	125(96.2)	249(96.1)	
If yes, type of gloves (n=249)				
Cream	63(50.8)	60(48.0)	123(49.4)	
Pink	9(7.3)	28(22.4)	37(14.9)	
Blue	30(24.2)	18(14.4)	48(19.3)	14.856, 0.005*
Green	15(12.1)	9(7.2)	24(9.6)	
Purple	7(5.6)	10(8.0)	17(6.8)	
Dentist should wear name badges				
No	11(8.5)	9(6.9)	20(7.7)	
Yes	109(84.5)	117(90.0)	226(87.3)	2.402, 0.301
Indifferent	9(7.0)	4(3.1)	13(5.0)	
Dentist should wear wrist watches				
No	32(24.8)	27(20.8)	59(22.8)	
Yes	77(59.7)	72(55.4)	149(57.5)	2.960, 0.228
Indifferent	20(15.5)	31(23.8)	51(19.7)	
Dentist should wear perfume				
No	46(35.7)	26(20.0)	72(27.8)	
Yes	61(47.3)	70(53.8)	131(50.6)	8.742, 0.013*
Indifferent	22(17.1)	34(26.2)	56(21.6)	
Dentist should wear closed shoes				
No	10(7.8)	9(6.9)	19(7.3)	
Yes	100(77.5)	78(60.0)	178(68.7)	12.058, 0.002*
Indifferent	19(14.7)	43(33.1)	62(23.9)	
Dentist should wear neat ironed clothes				
No	5(3.9)	1(0.8)	6(2.3)	
Yes	118(91.5)	118(90.8)	236(91.1)	4.133, 0.127
Indifferent	6(4.7)	11(8.5)	13(10.7)	
Types of dress (n=247)				
T-shirt	14(11.3)	14(11.4)	28(11.3)	
Traditional white coat	82(66.1)	72(58.5)	154(62.3)	2.960, 0.398
Child friendly scrubs	13(10.5)	22(17.9)	35(14.2)	
Formal wear	15(12.1)	15(12.2)	30(12.1)	

(*p<0.05)

Table 5: Respondent's preference for dentist's attire

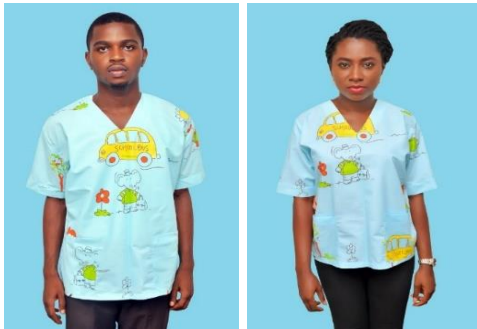
Variable	Child N=(259)	Parent N=(259)	Proportion in agreement	K value
Dentist to wear safety mask				
No	36(13.9)	18(6.9)		
Yes	205(79.2)	214(82.6)	0.94	0.378
Indifferent	18(6.9)	27(10.4)		
If yes, which of the safety mask	(N=205)	(N=214)		
Plain	145(70.7)	162(75.7)		
Patterned	60(29.3)	48(22.4)		
Either	-	4(1.9)		
Dentist to wear safety goggles	N=(259)	N=(259)		
No	91(35.1)	60(23.2)		
Yes	127(49.0)	130(50.2)	0.80	0.379
Indifferent	41(15.8)	69(26.6)		
Dentist to wear safety head caps				
No	97(37.5)	67(25.9)		
Yes	135(52.1)	126(48.6)	0.79	0.353
Indifferent	27(10.4)	66(25.5)		
If yes, which of the safety head cap	(N=135)	(N=126)		
Plain	101(74.8)	101(80.2)		
Patterned	34(25.2)	25(19.8)		
Dentist to wear safety gloves	N=(259)	N=(259)		
No	10(3.9)	18(6.9)		
Yes	249(96.1)	241(93.1)	0.90	0.022
If yes, type of gloves				
Cream	123(49.4)	179(74.3)		
Pink	37(14.9)	19(7.9)		
Blue	48(19.3)	27(11.2)		
Green	24(9.6)	8(3.3)		
Purple	17(6.8)	8(3.3)		
Dentist should wear name badges				
No	20(7.7)	16(6.2)		
Yes	226(87.3)	232(89.6)	0.96	0.379
Indifferent	13(5.0)	11(4.2)		
Dentist should wear wrist watches				
No	59(22.8)	61(23.6)		
Yes	149(57.5)	91(35.1)	0.80	0.231
Indifferent	51(19.7)	107(41.3)		
Dentist should wear perfume				
No	72(27.8)	88(34.0)		
Yes	131(50.6)	63(24.3)	0.53	0.314
Indifferent	56(21.6)	108(41.7)		
Dentist should wear closed shoes				
No	19(7.3)	9(3.5)		
Yes	178(68.7)	169(65.3)	0.68	0.332
Indifferent	62(23.9)	81(31.3)		
Dentist should wear neat ironed clothes				
No	6(2.3)	5(1.9)		
Yes	236(91.1)	248(95.8)	0.90	0.231
Indifferent	17(6.6)	6(2.3)		
Types of dress (N=247)				
T-shirt	28 (10.8)	15(5.8)	0.043	
Traditional white coat	154(59.5)	145(56.0)	0.522	
Child friendly scrubs	35(13.5)	46(17.8)	0.100	0.523
Formal wear	30(11.6)	30(11.6)	0.073	



T shirt and casual top



White traditional coat



Scrubs



Formal wear

Figure 1: Pictures shown to the children and parents



Face mask patterned

Face mask plain



Googles



Patterned cap (Medical Collection Beanie Back Tooth)



Plain cap



Blue gloves



Pink gloves



Purple gloves



Green gloves



Cream gloves

Figure 2: Protective Equipment

Majority of the parents and children were in favour of dentists wearing gloves with a fair to moderate agreement. A higher number children and their parents opted for cream coloured gloves over other colour of gloves, a finding similar to those of Panda et al., [12]. This may be due to the fact that other colours of gloves are not common in our environment. However, amongst those children that picked coloured gloves, more female children preferred pink and purple coloured gloves even though this was not statistically significant.

Concerning the badge, majority of the children (87.3%) and parents (89.6%) wanted the dentist to wear badges and this revealed a fair to moderate agreement. This is in consonance with other studies [10,13,23,24,25]. This may be because name tags are prominently used in hospitals as they play a pertinent role for proper identification and communication with the dentist and other health care professionals. However, issues regarding cross infection from these badges have been raised and thus it might be safer for dentists to have their names embroidered on their protective clinical wear.

More than half of the children wanted their dentists to wear wristwatches. This is in congruence with the study by Panda et al., [12]. The parents were less disposed to their children's dentists wearing wristwatches as slightly over a third wanted this. The wristwatch probably adds to the well-groomed image of their dentist but may constitute a cross infection risk. For this reason, the dentists could put a wrist watch on initially but should remove it at the examination and treatment phases.

This study also revealed that more than half of the children wanted their dentists to wear perfume. This finding is similar to that of Panda et al., [12]. However, only a quarter of parents indicated this. In the study by Mc Alsaheed [20], majority of the children stated that the dentists they had visited smelled good. This study demonstrated a significant association between the gender of the child and dentists use of perfume, as the females children had a greater preference for their dentists to use perfume.

The children and their parents also were in favour of the dentist wearing well ironed clothes and closed footwear. Our study also shows a definite significant association between gender and age regarding footwear as a proportion of the older children and male children were in favour of dentists to wear closed shoes. The younger children had a greater preference for dentists to wear neat ironed clothes and this showed a definite statistical association.

A higher proportion of children and their parents indicated preference for the white coat in contrast to dentist wearing T-shirts/casual wear, scrubs or formal wear. This finding is similar to those reported in literature [12,20,21] but differs from the findings of Wee et al., [22] and Mistry et al., [8]. The finding in this study may be associated with the fact that most parents and their wards are more familiar with the formal look and the white coat. In Nigeria, most doctors and dentists are dressed in the white coat. This look is associated with professionalism, competence, concern and healing [21]. More male than female children preferred this professional look but this was not statistically significant.

Even though only pictures of protective wear were shown due to non availability of disposable patterned face masks, head caps and coloured gloves are in our institutions, the outcome of the study will make a case for clinic practices in third world environments such as ours to advocate for authorities to place orders for more child friendly protective wear during dental visits.

CONCLUSION

Both children and their parents prefer the professional a white coat with varying degrees of preferences with regards to the type, colour and pattern of the protective apparel. It can therefore be inferred that the

choice of dentist's attire and protective apparel should depend on each individual child. Thus, an avenue should be given to each individual child to decide on the type and colour of apparel his or her dentists should wear, as this may invariably create rapport between the child and the dentist. However, due to the on going global Covid 19 pandemic, the Paediatric dentists will need to adhere to Covid 19 protocols while ensuring that the protective attires are child friendly.

Limitations

This study had certain limitations. The sample size of the study was small. A larger sample size would have been more representative of the population. Also, the age and gender based preferences of parents was not considered. Furthermore pictures rather than dentists being donned in them, vibrant coloured gloves, patterned disposable face masks and caps had to be shown as these are not available in our practices

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Conflict of Interest

The authors declare no conflict of interest.

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