CHILDREN AND PARENT'S PREFERENCES OF DENTISTS' ATTIRE IN PEDIATRIC DENTAL PRACTICE

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ABSTRACT

This study was conducted to evaluate children’s and parental preferences towards dentists’ attire. A questionnaire was designed containing a series of photographs of male and female dentists in different attires, and administrered to 150 parents and children. A majority (60%) of the children and parents preferred the traditional white coat. The least favored attire among both the children (2.7%) and parents (0%) were the casual attire. The children and parents both favored the use of protective wears, with no significant (p=.128) difference in their opinion. It can be concluded that both the children and parents preferred the traditional white coat attire for their dentists.

Key Words: Children, parents, attire, dentist, preferences.

INTRODUCTION

Some children do not cooperate during dental treatment and it becomes challenging to manage these children in clinic. The management difficulties are related not only to the technical procedures involved, but also to various emotional factors experienced by these children. The most common emotional factors during dental treatment are anxiety and fear, which might originate from previous traumatic experiences in the dental office or during their hospital visits for other reasons. Fear of dentists and dental treatment has been considered a major hindrance in the delivery of quality dental care. Surveys have indicated that 5-6% of the general population and 16% of school-age children have fear from dentists. The children with active caries are more afraid than other children due to their possible negative experiences during dental treatment. It is important for pediatric dentists to establish a friendly relationship with their child patients to reduce their pre-existing fears; and to be able to deliver an effective and efficient treatment. Miller emphasized the need to reduce a patient’s anxiety and fear of dentistry as much as possible. During the first dental visit, prior to any verbal communication, impression about a dentist is developed based on the clothing, grooming and cleanliness of the dentist. Psychologists also highlight the importance of appearance and its effects on first impression and interpersonal relationship.

The appearance and attire of medical professionals have long been considered important. Hippocrates wrote that a physician’s “dress should be neat and his person clean” for the public to believe that he/she is qualified to attend to their health. In Pediatrics, concept of “clown doctors” have been observed to be effective in managing children’s anxiety preoperatively. Children frequently make judgments about their dentist based on his or her appearance and often record and analyze their dentist’s every word, movement and gesture during a dental appointment. Cohen (1973) observed no significant difference between dentist in white jacket, shirt and tie, shirt and tie only and clinical gown; and concluded that dental attire has more effect on the dentist themselves than on the patient. However, Mistry and Tahmassebi (2009) found that parents preferred traditional white coat whereas children preferred the casual attire. Kuscu et al (2009) found that children preferred white coat attire, but highlighted the use of child-friendly attire in anxious children.

Many studies have looked into patient’s attitude towards professional attire, however dental literature lacks such reports. The objective of the present study was to determine children’s and their parents’ preferences toward the appearance/attire of the dentists among the children and parents attending King Saud University College of Dentistry (KSUCD) Clinics, in Riyadh, Saudi Arabia.

METHODOLOGY

The study was cross-sectional in design. A sample was selected from the children and the parents attending pediatric dentistry clinics of KSUCD over a period of three months from January to March 2016. Ethical approval was obtained from the College of Dentistry Research Center (CDRC). A total of 150 children and parents were selected for the study. Siblings of the child participants were excluded from the study to

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avoid attrition of the parents’ group. The parents were informed about the purpose of the study both verbally and in writing; and a written consent was obtained prior to administration of the questionnaire. All the participants were instructed to complete the questionnaire in the waiting area prior to the dental treatment. Guidance was provided to the participants if need in completion of the questionnaires.

**Questionnaires:** The questionnaires were tested on 20 participants who were not part of the main study and appropriate changes were made to improve the comprehensibility of the questionnaires. The demographic information collected included; gender and age of the participants.

The research questions included;
- the preference for a male or female dentist,
- five statements that listed participants’ preferences of how they would prefer their dentist to be dressed,
- photographs of dentists wearing various attires and,
- two pictures of a dentist, one with and the other without protective gear.

Photographs of a male and female dental student in different attires were taken in a photo studio using high resolution camera. The students volunteered for the photographs did not treat any of the participants in the study. The participants were asked to select one appropriate option for each question. The following seven attires were used in the pictures:

1. Traditional attire: Traditional white coat with formal shirt and trouser for the male dentist and formal shirt and skirt for the female.
2. Formal Saudi attire: Formal Saudi dress (thawb) for male dentist and formal Saudi dress (abaya) for the female dentist.
3. Casual attire: Casual T-shirt and denim jeans for the male dentist and casual shirt and skirt for female dentist.
4. Professional attire: Green clinical scrubs for both male and female dentists.
5. Child-friendly attire: Colored uniform with cartoon images for both male and female dentists.
6. Male and female dentists with head cap, face mask and visor.
7. Male and female dentist without the protective gear.

The data from the questionnaire were coded and entered into a computer using SPSS version 20 (SPSS Inc., Chicago, IL, USA) for statistical analysis. Various frequencies were generated. Pearson Chi-squared test was used to determine any associations. A \( p \leq 0.05 \) was considered as statistically significant.

**RESULTS**

A total of 150 children (60 males, 90 female), age between 9-13 years, with mean age of 9.9 ± 0.09 years; and 150 parents (12 males, 138 female) age between 27-50 years, with mean age of 33.3 ± 0.4 years completed the questionnaires. Fig 1 presents the results about attire preferences of the children and parents. The most favored attire was the traditional white coat in children (60%) and parents (60%) [Fig 1]. The casual attire was the least favored among the children (2.7%) and parent (0%). The children and parents both liked the traditional white coat more than the child-friendly attire. The children and parents both had higher (60% each) preference for white coat attires than non-white coat attires (40% each); the difference however was not statistically significant \( (p = 0.547) \) [Fig 2]. Fig 3 describes the children’s preferences of the attire in terms of their gender. Both male (20.6%) and female (39.3%) children liked traditional white coat attires the most followed by child-friendly attires (12% each). There was no overall significant difference \( (p = .169) \) in attire preferences in terms of children’s gender.

Both male and female children liked female dentist (87.1%) more than male dentists (11.9%) [Fig 4]. Female children mostly preferred to be treated by a female dentist, while the trend in male children to be treated by male dentist was less strong. Majority of the children (94%) and parents (97.3%) preferred the dentist wearing protective gear.

**DISCUSSION**

While making positive changes and adjustments that would make a pediatric dental practice look more acceptable to children, consideration must also be given to what type of attire a dentist should wear. Psychologists and sociologists have highlighted the importance of appearance and its effect upon first impressions and interpersonal relationships. Physical appearance plays an important role in the development of physician-patient relationship. Mistry and Tahmassebi studied the attitudes of children and parents towards dental attire, and found that parents favored traditional white coat dress as it gives an air of professionalism. Dunn et al found physical appearance to be a vital factor in an individual’s choice of a family physician and in the development of the physician-patient relationship.

The present study showed that both children and parents do have preferences regarding the dentist’s attire. The majority of the children in this study preferred their dentist wearing traditional white coat attire which is consistent with the results of other studies that have examined children’s preferences toward dentist attire. However, this finding differs from some studies where patients had least preference toward the white coat. Nevertheless, parents in the present study showed similar preferences to those reported by previous studies. Nair et al stated that parents are 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. The Saudi children are exposed to health care facilities from early childhood for preventive or curative care, so they are likely to be more comfortable with doctors wearing traditional white coats. Very young children also usually accompany their mothers when they visit health care facilities. McCarthy et al also reported that children are not afraid of the physicians in white coat, and consider a formally dressed physician to be more competent and concerned.

Child friendly attire was the second most favored among the children and parents supporting the findings of Kuscu et al who suggested wearing "Child friendly attire" in anxious children, to enhance easy first communication. On the other hand, children and parents in the present study were not in favor of casual attire, which is in agreement with the findings of Kelly et al. Despite recent changes in Western culture towards casual dress it appears that both older and younger generations in Saudi Arabia continue to expect a dentist to be formally dressed.

In the present study, female dentists were preferred by a great majority of the children. Several studies which have previously investigated patients’ preference of health care givers’ gender concluded that male patients prefer male care givers and female patients the female care givers. The results of the present study could be attributed to the fact that young children, whether male or female usually perceive mothers as kind and accommodating in nature. As these children will grow older; they would start preferring the same gender health care givers.

In the present study, almost all of the children and parents preferred the dentist with the protective gear (head cap, face mask and visor), which indicates their awareness of potential transmission of infective diseases from dentist to patient and patient to the dentist. The results of this study were in agreement with
a study by Shulman & Brehm who also showed that a majority of child patients preferred the dentists with protective gear. Similar results have been reported by several other studies.

CONCLUSIONS

— The majority of the children and parents in this study preferred their dentist wearing traditional white coat attire, followed by child-friendly attire.

— Female dentists were preferred over male dentists by both male and female children.

— Almost all of the children and parents preferred the dentist with the protective gear (head cap, face mask and visor).

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Conflict of interest None.

REFERENCES


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1 Manal AlMutairi:

   Concept, literature search, data acquisition, data analysis, manuscript preparation, manuscript editing, and manuscript review.

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   Study design, data analysis, statistical analysis, manuscript preparation, and manuscript editing.